

Facts About Immigrants' Low Use of Health Services and Public Benefits

September 2006

Low-income immigrants are less likely to receive means-tested public benefits than are low-income U.S. citizens. Immigrants' low use of public benefits is not due solely to restrictions placed on their eligibility for various programs. Even immigrants who are eligible are less likely to receive benefits than U.S. citizens. This issue brief examines immigrants' use of health services and public benefits, and reviews some of the reasons why immigrants should be granted the same access to public benefits as U.S. citizens.

Immigrants Use Less Health Care on Average Than U.S. Citizens Do

- The average immigrant utilizes less than half the dollar amount of health care services as the average native-born citizen. According to a study by Dr. Sarita Mohanty, U.S.-born persons receive about \$2,546 per capita in health care, compared to only \$1,139 for immigrants.¹
- Private insurers pay for more than half of health care expenditures for immigrants; only about one-fourth of health care expenditures for immigrants are reimbursed by government programs.²
- The oft-repeated claim that immigrants are responsible for high rates of emergency room (ER) usage is contradicted by research. Communities with high rates of emergency room usage tend to have relatively small percentages of noncitizen residents.³ Metropolitan areas with high immigrant populations such as Miami-Dade County and Phoenix have much lower rates of ER use than do areas with low numbers of immigrants, such as Cleveland.

Key Findings

- Immigrants use less health care on average than U.S. citizens do, and low-income immigrants are less likely to receive public benefits than are U.S. citizens.
- Federal law imposes harsh restrictions on immigrants' eligibility for various public benefits that do not apply to other residents.
- Immigrants make a variety of economic, social, and cultural contributions to the United States. Immigrants also are obligated to pay taxes that fund public services. For these and other reasons, they should have the same eligibility and access to public services as U.S. citizens.
- Opponents of immigration commonly frame immigration as a problem by using overheated rhetoric about costs of immigration — rhetoric that fails to acknowledge that the economic benefits of immigration far exceed its costs.



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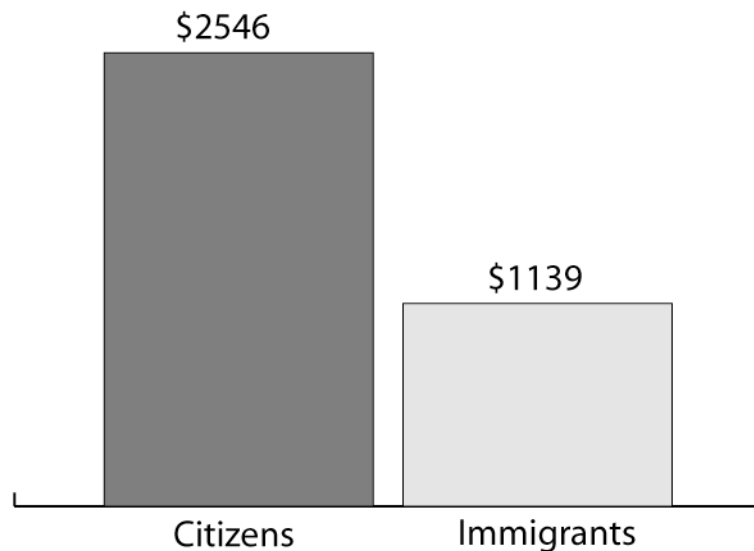
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Health Care Expenditures for Immigrants are Lower

Per capita health care expenditures for immigrants are considerably lower than for U.S.-born persons.



Source: Mohanty and others, Health Care Expenditures in the United States: A Nationally Representative Analysis, American Journal of Public Health, 1431-1438 (2005).

Low-income Immigrants Are Less Likely to Receive Public Benefits Than Are U.S. Citizens

- Low-income citizen children with citizen parents are almost twice as likely to receive Medicaid or State Children's Health Insurance Program (SCHIP) coverage as are low-income children who are not citizens. Only one in four low-income children who are not citizens have Medicaid coverage, compared to almost two out of every four low-income children who are citizens. Similarly, low-income parents who were born in the U.S. are much more likely to receive Medicaid or SCHIP coverage than parents who are noncitizens.⁴
- Noncitizens are much less likely to receive food stamps than are citizens. While noncitizens represent approximately 8 percent of the U.S. population, only about 3 percent of individuals receiving food stamps are noncitizens.⁵
- Like most other means-tested federal programs, the Food Stamp Program imposes harsh restrictions on eligibility that apply only to immigrants. However, low usage of food stamps by noncitizens is not due simply to these restrictions. According to the U.S. Dept. of Agriculture, those noncitizens who are

Children in low-income immigrant families are far less likely to receive public benefits than are children in low-income citizen families.

eligible for food stamps are significantly less likely to receive them than are all individuals who are eligible for the program — for example, about 45 percent of eligible noncitizens received food stamps in 2002, compared to almost 60 percent of eligible individuals overall.⁶

Federal Law Imposes Harsh Restrictions on Immigrants' Eligibility for Public Benefits That Don't Apply to Other Residents

- Undocumented immigrants are not eligible for federal public benefits, such as income supplements (e.g., Social Security, Supplemental Security Income (SSI), and Temporary Assistance for Needy Families (TANF)), health care (Medicaid and Medicare), and food stamps.
- Federal law also imposes harsh restrictions on lawfully present immigrants' eligibility for public benefits. Most documented immigrants cannot receive federal Medicaid, TANF, food stamps, or SSI during their first five years or longer in the U.S., regardless of how much they have worked or paid in taxes. These punitive restrictions depart from the traditional principle that immigrants, who have the same obligation to pay taxes and meet other civic duties as citizens, should not be subject to a separate, stricter set of eligibility rules.
- Many states view these restrictions as unfair and detrimental to the health and well being of the public. Over half have used their own funds to ensure that immigrant families who were rendered ineligible for federal benefits can secure critical services.

Immigrants Should Have the Same Access to Essential Services as U.S. Citizens

- Children of immigrant families will play an important role in the nation's future. Most children of immigrants will be lifelong U.S. residents and will become part of the nation's workforce. Some will serve in the U.S. military; some will become teachers and doctors; some will perform difficult labor, or work in other essential fields. Immigrant children, like U.S. citizen children, need access to health care, nutrition, and basic services that help them grow, learn, and become productive adults and workers.
- Policies that help immigrant children become successful adults are squarely in the national interest. It is shortsighted and would undermine important public policy goals to deny noncitizen children the same access to health care, adequate nutrition, and stable housing as citizen children.
- More generally, immigrants make a variety of economic, social and cultural contributions to the United States and, as taxpayers, are obligated to pay taxes that fund public benefits.
- One aspect of immigrants' civic contributions that is often overlooked is their military service. As of April 2003, there were almost 70,000 immigrants serving in the armed

forces of the United States, about half of whom were not citizens. Immigrants are required to register with the Selective Service and, if a draft were instituted, would be required to serve if drafted.⁷ Moreover, one in five recipients of the Congressional Medal of Honor are foreign-born, and a significant number of soldiers killed or wounded in the Iraq war are immigrants.

Opponents of Immigration Commonly Fail to Acknowledge the Overall Benefits of Immigration

Writing more than sixty years ago, a noted historian of immigration observed that “by long established custom whoever speaks of immigration must refer to it as a ‘problem.’”⁸ In current debates, opponents of immigration commonly frame immigration as a “problem” by using overheated rhetoric about costs of immigration — rhetoric that fails to acknowledge that the economic benefits of immigration far exceed its costs and that immigrants actually tend to use public benefits and other services less frequently than citizens.

This rhetoric has had harmful policy consequences. In 1996, Congress imposed extensive and unprecedented restrictions on the eligibility of lawfully present immigrants for subsidized health insurance and various other public benefits, despite the fact that immigrants are obligated to pay taxes to support these benefits. More recently, opponents of comprehensive immigration reform have relied on this rhetoric to stall immigration legislation that has broad public support. A balanced assessment of the evidence leads to the inescapable conclusion that the benefits of immigration far outweigh the costs. Moreover, ensuring that immigrants who live, work, and pay taxes in U.S. communities have the same access to essential services will improve public health and the well-being of all people living in the United States, not just immigrants.

¹ Sarita A. Mohanty, “Unequal Access: Immigrants and U.S. Health Care” (Immigration Policy Center, July 2006).

² *Id.*

³ Peter Cunningham, “What Accounts for Differences in the Use of Hospital Emergency Departments Across U.S. Communities?” *HEALTH AFFAIRS*, July 18, 2006.

⁴ Leighton Ku, Shawn Fremstad, and Matthew Broaddus, “Noncitizens’ Use of Public Benefits Has Declined Since 1996” (Center on Budget and Policy Priorities, Apr. 2003).

⁵ U.S. Dept. of Agriculture, *CHARACTERISTICS OF FOOD STAMP HOUSEHOLDS: FISCAL YEAR 2003* (Nov. 2004).

⁶ Karen Cunningham, “Food Stamp Program Participation Rates: 2003” (Mathematica Policy Research Inc, July 2005).

⁷ Elizabeth Grieco, “The Foreign Born in the Armed Forces” (Migration Policy Institute, July 1, 2003).

⁸ Marcus Lee Hansen, “The Problem of the Third Generation Immigrant,” *AUGUSTANA HISTORICAL SOCIETY PUBLICATIONS*, 1938, quoted in Richard Vedder and others, “The Immigration Problem: Then and Now,” *THE INDEPENDENT REVIEW*, Winter 2000, 1999, at 348, www.independent.org/pdf/tir/tir_04_3_vedder.pdf.