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EXPLAINER

Immigrants and the Use of Public Benefits in the United States

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Other than refugees, noncitizens living in the United States face significant restrictions on access to public benefits funded by the federal government, including programs such as Medicaid, food stamps (the Supplemental Nutrition Assistance Program), and cash assistance programs such as Supplemental Security Income (SSI) and Temporary Assistance to Needy Families (TANF). This is particularly the case for unauthorized immigrants, who except in very limited circumstances are barred from all federally funded public benefits. Immigrants on temporary visas, such as international students or seasonal workers, are likewise barred. Even most legal permanent residents (aka green-card holders) face a five-year waiting period before they can qualify for federal benefits. These restrictions are longstanding, in many cases dating back to a 1996 federal welfare reform law. States and localities use an online service run by the Department of Homeland Security, known as SAVE, to determine whether applicants are eligible for benefits based on their immigration status.

Restrictions on Access to Federal Public Benefits for Noncitizens

Noncitizens—a term that covers immigrants of all statuses except for naturalized citizens—are generally ineligible for federally funded programs including the Children's Health Insurance Program (CHIP), Medicaid, Supplemental Nutrition Assistance Program (SNAP), Supplemental Security Income (SSI), and Temporary Assistance to Needy Families (TANF) if they are not refugees or in a refugee-like status and have not spent five years with a green card (or other such status). Children can access SNAP during their first five years on a green card, and in some states that have elected to supplement federal coverage with their own resources, children and pregnant women can access Medicaid and/or CHIP during their first five years as legal permanent residents.

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), which provides nutrition assistance for young children and pregnant and postpartum women, is one of the few major public benefits programs for which immigrants are eligible regardless of immigration status.

Some other programs that provide additional support, such as Medicare and Social Security, have eligibility requirements that naturally restrict immigrant access compared to that of the U.S. born. For instance, Medicare requires 40 quarters of qualified work (about 10 years) to be eligible, in addition to legal status, and so is unavailable for some immigrants—even naturalized citizens—who arrive at older ages.

Unauthorized immigrants face the greatest restrictions on benefits use. Other than WIC, unauthorized immigrants are generally ineligible for federally funded supports except for emergency Medicaid, primary and preventive health care at Federally Qualified Health Centers (FQHCs), free/reduced school lunch, and short-term access to shelters and soup kitchens in emergency situations.

Access Does Not Translate to Use, Necessarily

Immigrants who are eligible for federally funded benefits generally access them at lower rates than the U.S. born, for a number of reasons.

Not least is what is known as the "chilling effect" of the public charge rule, a designation that dates back to 1882 that can create negative immigration consequences for people deemed a public charge. After the Trump administration in 2018 announced its intention to amend the public charge rule to make certain immigrants ineligible for a green card if they had used public benefits, noncitizen participation in Medicaid and other public benefits programs declined. Despite the fact the Biden administration reversed the changes and largely reverted to the earlier definition of public charge, ongoing litigation and political rhetoric have led to persistent misinformation and confusion, with studies demonstrating immigrant families' avoidance of needed public benefits turns on their fears of the consequences real or imagined of using public benefits.

Access to most federally funded public benefits requires interactions with federal agencies such as the Social Security Administration, through work-authorized Social Security numbers and/or tax filings. Immigrants may be less aware of these agencies or face language barriers accessing the relevant information.

Several studies have shown that even among the U.S.-born population, burdensome bureaucratic demands discourage the participation of low-income and marginalized groups. Requirements to re-establish eligibility based on income or frequently resubmit forms can pose barriers to access or continued use of federal programs. A recent example of this was the resumption of periodic Medicaid recertification requirements that had been suspended during the COVID-19 pandemic. As of September 2024, the recertification requirements had resulted in the disenrollment of 25 million people. The loss of Medicaid coverage likely was disproportionately higher among federally eligible noncitizens, especially those with language barriers.

A Mixed Benefits Picture for Mixed-Status Families

Restrictions on noncitizens' benefits eligibility can have spillover effects on their U.S.-born children. Mixed-status families (ones that have at least one member who is unauthorized and typically a child who is a U.S. citizen) can find themselves adversely affected by restrictions on noncitizens' access to certain public benefit programs, even when the U.S.-citizen child is fully eligible.

For instance, SNAP allows eligible individuals to apply for food stamps even if the household includes someone with an ineligible immigration status. However, the government adjusts the benefit amounts to match the number of eligible household members. The result is that U.S.-citizen children in mixed-status households get a lower amount per person than a similar household with all eligible individuals.

Further, unauthorized immigrant parents may be afraid to access benefits for their eligible children, fearing that interaction with the government could expose them to the risk of deportation or that using benefits could harm their future ability to obtain legal status.

A Patchwork Quilt of Benefits by State

While noncitizens face key restrictions on access to federally funded benefit programs, the picture becomes much less clear-cut when viewed state by state because federal law allows states to offer some alternatives. For example, in the case of Medicaid, states may elect a "federal option" that allows them to use a mix of state and federal funds to expand eligibility for some specific categories of noncitizens who would otherwise not be eligible under federal law. Since 2009, 40 states have elected this federal option to extend Medicaid coverage to certain lawfully present immigrant children or pregnant women without a five-year waiting period.

States cannot use the federal option to expand benefits eligibility to unauthorized immigrants. But they can opt to fund their own programs to cover unauthorized immigrants or other federally ineligible noncitizens. In the case of public health insurance, as of October 2024, the District of Columbia and 11 states (California, Connecticut, Illinois, Maine, Massachusetts, New Jersey, New York, Oregon, Rhode Island, Vermont and Washington) administered their own Medicaid-like programs to cover certain groups of unauthorized immigrants, most typically children.

In 2023, California voted to become the first state (effective in 2027) to provide food assistance for all residents ages 55 and older, regardless of immigration status. Elsewhere, states have opened cash assistance programs such as SSI and TANF to very narrow subcategories of unauthorized immigrants, such as survivors of trafficking, domestic violence, or other crimes.

These rules for noncitizen access to public benefits, which can vary by state and by program and immigration status, can make a clear-cut federal landscape appear patchier and more confusing.

Resources Box

Migration Policy Institute, Immigrants' Eligibility for U.S. Public Benefits**,** January 2024.

National Immigration Law Center, Overview of Immigrant Eligibility for Federal Programs, May 2024.

Urban Institute, Mixed-Status Families and Immigrant Families with Children Continued Avoiding Safety Net Programs in 2023, August 2024.

KFF, Medicaid Enrollment and Unwinding Tracker, September 2024.

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