Title

What are the effects of Children's Health Insurance Program Expansion on Health Insurance Coverage and Self-Rated Health of Immigrant Children?

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Abstract

After the reauthorization of the Children's Health Insurance Program (CHIP) in 2009, 21 states and the D.C. raised their CHIP income eligibility thresholds to further reduce the number of uninsured immigrant children. This study utilizes the 2008 panel of the Survey of Income and Program Participation to examine the impact of these expansions on public insurance enrollment and self-rated health among foreign-born children who became newly eligible for CHIP after the expansions. Using a difference-in-differences approach, I found that the 2009 expansions increased public insurance enrollment among the newly eligible foreign-born children and among U.S.-born children with foreign-born parents in expansion states. However, there was no evidence of a statistically significant relationship between the expansions and self-rated health for foreign-born children. Furthermore, when I employ a difference-in-difference-in-differences approach to control for state-level trends in comparing immigrant children and U.S.-born native children with U.S.-born parents, I found that the effect is not different from zero. This suggests that expanding eligibility for federally funded public insurance to foreign-born children within their first five years of legal residence could improve coverage for both foreign-born children and U.S.-born children with foreign-born parents, but the policy effects on coverage may not be different from those experienced by the U.S.-born children with U.S.-born parents. As CHIP was reauthorized for six years in January 2018, a better understanding of these differences in public insurance take-up could inform efforts to enroll children who remain uninsured.

I. Introduction

In February 2018, the Trump administration revealed that it was considering new regulations for immigrants to make it more difficult for them to stay in the U.S. if they or their

children received any form of public benefits. These federal public benefits include non-cash benefits such as Medicaid, Children's Health Insurance Program, food stamps, Head Start, or even the Earned Income Tax Credit, all of which had formerly been considered as acceptable. This has re-ignited discussion on whether the government should allow immigrants to receive public assistance benefits. Due to political sensitivity and controversy surrounding the issue, federal and state governments have made multiple changes in recent history. As a result, the foreign-born population in the U.S. has witnessed both retrenchment, in the form of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) or so-called "welfare reform", and an expansion of public health benefits available to them, in the form of the Children's Health Insurance Program Reauthorization Act (CHIPRA). This paper focuses on the effect of expansions of public health benefits to the foreign-born population by examining the policy effect of CHIPRA of 2009.

While extending the federal government support for the Children's Health Insurance Program, CHIPRA offered states a new option of expanding eligibility for Medicaid and Children's Health Insurance Program (CHIP). . The main purpose of the law was to enroll more uninsured low-income children in public health insurance by providing additional funds for CHIP, simplifying enrollment requirements, increasing outreach, and establishing new policy options for states to cover uninsured children. The most significantly affected groups among the immigrant population by the law include low-income foreign-born pregnant women and children who are lawful residents of the U.S. within their first five years after they entered the U.S (Kaiser Commission on Medicaid and the Uninsured, 2009).

In this paper, I explore the impact of state-level decisions to expand public health insurance coverage after the Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009. A state could opt to cover children, pregnant women or both groups with federal matching funds regardless of their entry date (Kaiser Commission on Medicaid and the Uninsured, 2009). Therefore, for the immigrant population, CHIPRA serves as an important turning point that can affect health insurance enrollment, healthcare utilization, and health status. However, the impact of CHIPRA has received relatively little attention from the research community. This is partly due to the complexity of the health care reform.

This paper aims to fill the gap in the existing immigrant health literature by shedding light on the impact of expanding health coverage to children of immigrant families. To begin, this study documents how immigrants' access to public health insurance changed after the policy implementation. Then, I explore the effect of the policy change by examining within state over-time variation in the provision of public health insurance to low-income immigrant children on their public health insurance coverage and self-rated health using the 2008 panel of the Survey of Income and Program Participation (SIPP) and difference-in-differences methods. This paper finds that CHIPRA increased public health insurance enrollment rate by 7.6-14.4 percentage points for foreign-born children in states that expanded eligibility compared to those living in non-expansion states and by 4.7 percentage points for children of immigrants in expansion states compared to those in non-expansion states. However, there was little evidence that the CHIPRA influenced self-health status in difference-in-differences (DD) model for both foreign-born children and children of immigrants. When an additional control was added by using the changes

in public health insurance enrollment and self-rated health for children in native families in the expansion states (DDD), the estimates for public insurance are not statistically different from zero for both foreign-born children and children of immigrants. Only foreign-born children in expansion states showed a 6.4-percentage-point decrease in self-rated health compared with native children in expansion states.

II. Background

1. Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009

Medicaid and Children's Health Insurance Program (CHIP) play a critical role in the U.S. health care system by providing health insurance coverage for low-income, uninsured population. CHIP and Medicaid are similar in that they help cover medical expenses for low-income children and that both programs are jointly funded by state and federal matching funds. However, there are important differences. CHIP is a block grant program, which has limits on federal allotments, while Medicaid is an entitlement program with no spending cap. CHIP allows more flexibility for states in program design. States cover uninsured children with household income up to 300% FPL by operating separate CHIP programs. Because CHIP has capped federal funding, unlike Medicaid, it sometimes requires beneficiaries to share costs by paying premiums and co-payments. (Rudowitz, Artiga, & Arguello, 2014; Harrington et al. 2014). Table 1 summarizes the main differences between Medicaid and CHIP.

<Table 1 about here>

The Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009 financed

the Children's Health Insurance Program (CHIP) for the subsequent 4 to 5 years to extend coverage. The Act offered states a new option of expanding eligibility for Medicaid and CHIP while expanding the federal government support for the Children's Health Insurance Program. Key provisions of CHIPRA 2009 include state options to cover legal immigrant children and pregnant women, to cover pregnant women with CHIP funds, and to provide states the flexibility to determine the income eligibility level to cover more children with low to moderate household income. Of those provisions, the state option to cover legal immigrant children and women altered immigrants' access to public health insurance by partially loosening the restriction placed by the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996. As of 2010, 21 states and the District of Columbia chose to adopt that option and expanded eligibility to low-income immigrant children during their first 5 years of legal residence (Fortuny and Chaudry 2011; Kaiser Commission on Medicaid and the Uninsured, 2009). Table 2 shows states' decisions on expanding eligibility to cover immigrants. Another important provision is the state option to expand income eligibility for all U.S.-citizens and noncitizens who qualify. According to Goldstein et al. (2014), 15 states have expanded upper-income eligibility between 2008 and 2012.

<Table 2 about here>

2. Welfare retrenchment for the foreign-born population: the 1996 Welfare Reform

The Welfare Reform (PRWORA) of 1996 provides an example of retrenchment of public assistance benefits that were once available to noncitizens. As an exogenous policy change, Welfare Reform has provided researchers with opportunities to examine how policy changes in program eligibility affects immigrant use of public assistance programs. Studies have found that

welfare reform has resulted in negative health outcomes and reduction in the use of federal public benefits for the immigrant population in the U.S. (Kaushal & Kaestner, 2001). The effect of Welfare Reform on program enrollment and health for the immigrant population is important background for this study as I can expect that expansion of access to public benefits will work in an opposite way from PRWORA.

The Welfare Reform Act of 1996 excluded many non-citizens from federal public assistance such as Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI), Medicaid, and CHIP. It divided immigrant into "qualified" and "non-qualified" where only legal permanent residents, refugees/asylees, and other special groups of immigrants such as victims of domestic violence or human trafficking could receive such federal aid. Lawfully residing immigrants including legal permanent residents and temporary visa holders during their first 5 years of residence in the U.S. prior were categorized as "non-qualified" and were denied access to federal benefits. In addition, states were not able to receive federal Medicaid or CHIP matching funds to cover "non-qualified" lawfully-residing immigrants. As a result, not only the unauthorized, but also most legal immigrants who had recently arrived in the U.S. were restricted from federal public benefits.

Previously, scholars have examined the impact of PRWORA on immigrants' access to health insurance, health care, and related health outcomes. Research has shown a decline in public health insurance enrollment among low-income women and children after welfare reform (Ku and Garrett 2000; Kronebusch 2001) and an increased risk of higher health care costs and infant mortality rates for Mexican-origin low-income immigrant women (Cho, 2011). According to Kalil and Crosby

(2010), after the Welfare Reform, preschool aged children of immigrants who lost their welfare benefits showed significant worse physical health conditions including general health status, number of sick days, respiratory illness and emergency room visits when compared to their native counterparts (Kalil & Crosby, 2010). Similarly, PRWORA resulted in the 9.9-10.7 percentage points increase in the rate of uninsured women, especially among low-educated, foreign-born, and unmarried women (Kaushal & Kaestner, 2005). Kaushal & Kaestner (2005) also showed that PRWORA was associated with an increase in the proportion of uninsured children of foreign-born women and U.S.-born children living with foreign-born mothers. In sum, existing literature shows that restricting eligibility for the foreign-born population with PRWORA led to a decline in public health insurance enrollment, increases in health care cost, and worse physical health conditions. These findings are relevant for my research questions on CHIPRA's effects on public health insurance enrollment and self-rated health for immigrant children. As retrenchment of public benefits decreased public health insurance enrollment and had negative effects on physical health conditions, I expect that expansion of public assistance, in the form of CHIP, will increase enrollment in public health insurance and positively affect physical health conditions for the targeted group of children.

4. Changes brought by CHIPRA and why the research on immigrant children's health matters

CHIPRA aimed at providing states flexibility to set income levels and legal status eligibility for the covered children in order to expand the federally funded Children's Health Insurance Program to low- and moderate-income uninsured children. If states opted into extended coverage to foreign-born children, the program was extended to children with household income up to 150%-400%.

Because states' decisions on upper-income eligibility thresholds are separate from their decision to opt-in for immigrant children, income eligibility is the same for the U.S.-born and foreign-born children in states where both groups are covered. Among the foreign-born children, legal immigrants within their first five years of residence in the U.S. within the household income threshold for the given state benefits the most by the law. Unauthorized immigrants are excluded from the eligibility expansion, and thus remain as disqualified.

Though nativity and legal status are well-known predictors of health insurance enrollment, U.S.-born children with immigrant parents show similar behavioral patterns as those of the foreign-born children (Hudson 2009)**.** However, whether they show the similar patterns with recently arrived in immigration children in terms of health insurance enrollment and health outcomes remains empirically untested. Therefore, exploring CHIPRA's effect on health insurance coverage and self-rated health of foreign-born children and children of immigrants can answer the question for a population with growing size and significance in the U.S. Research has shown that poor childhood health leads to lower socioeconomic status in adulthood (Perreira & Ornelas, 2011). Thus, it is not only timely but important to study the effect of CHIPRA on the children's health insurance enrollment given the heightened political attention to the immigrant population. To my knowledge, there are only handful studies that used pooled cross-sectional data to look at the impact of CHIPRA on health insurance enrollment but no study using the panel data (Saloner et al., 2014). Immigrant children, children of immigrants, and children in mixed-status families are the groups that are growing rapidly in size and importance in the U.S. population (Hipsman and Meissner, 2013). Due to lack of the nationally representative data that allow scholars to look at unique

demographic and health characteristics for this population such as legal status, originating country, year of arrival, legal status trajectory, and health status, less is known about their health status and behavior compared to their counterparts in the U.S.-native families.

III. Conceptual Framework

My conceptual framework builds on the findings on the unique challenges faced by children in immigrant and mixed-status families in public health insurance take-up and children's well-being (Dreby, 2015; Perreira & Ornelas, 2011; Vargas, 2015), and the negative health consequences of being uninsured (Kirby & Kaneda, 2010). Due to risk of deportation and fear of penalty on maintaining legal status, a large disparity between program eligibility and program take-up is observed not only among unauthorized immigrants but also among legal immigrants. Research has shown that immigrant children face unique challenges regarding access to healthcare. The number of uninsured foreign-born children is three times greater than that of U.S.-born children of native parents. The uninsured rate for U.S. born children who have foreign-born parents is twice higher than native children with parents who are U.S. citizens (Brown, Wyn, & Ojeda, 1999). It is not surprising that risk of deportation is associated with a decrease in Medicaid take-up (Vargas, 2015)., but also children with immigrant parents are more likely to be poor and less likely to be covered by private health insurance provided by employers than children with U.S. born parents (Hernandez, Denton, & McCartney, 2011). Children in mixed-status families, particularly with undocumented Mexican mothers, show higher risk of behavioral problems than children with documented or naturalized mothers (Landale, Hardie, Oropesa, & Hillemeier, 2015).

Being uninsured is related to several health risk factors. Studies show that the uninsured have poor access to health care, are less likely to have usual source of primary care, and more likely to be hospitalized for causes that are preventable (Shi 2000; Zuvekas and Weinick 1999; Haley and Zuckerman 2000; Hoffman et al. 2001). According to Kirby and Kaneda (2010), average Americans are expected live without health insurance for more than 10 years in their lifetime and 40 percent of these years are categorized as in less-healthy status. Their findings also demonstrate that there is a significant gap in health outcomes by health insurance enrollment status across race/ethnicity. African-Americans had a longer time without health insurance even though they had a short overall life expectancy compared to whites. (Kirby & Kaneda, 2010) In addition to racial disparity, the disparity in the health insurance enrollment rate and access to medical care based on immigrant legal status is likely to exist.

Health Insurance Coverage for Immigrant Population

Another major stream of research is on the effect of policy reform on the health insurance status of immigrant population (Goldstein, Kostova, Folts, & Kenney, 2014; Saloner, Koyawala, & Kenney, 2014; Kronik and Gilmer, 2002; LoSasso and Buchmueller, 2004). Goldstein and his colleagues (2014) look at the impact of CHIPRA on the newly eligible children including natives and immigrants and find that CHIPRA reduced the uninsured rate by 1.1-percentage-points. They also found that children living in the expansion states had a 2.9 percentage-point increase in public health insurance enrollment rate and a 1.8 percentage-point decrease in private insurance (Goldstein et al., 2014). Similarly, Saloner, Kayawala, and Kenney (2014) examine the effect of CHIPRA on low-income immigrant children using difference-in-difference model and finds that

immigrant children in the CHIP expansion states had a 14.9-percentage-point increase in overall insurance coverage including Medicaid, CHIP, or private, when compared to the foreign-born children living in states that did not expand eligibility (Saloner et al., 2014). They used cross-sectional data from 2003, 2007 and 2011-2012 rounds of the National Survey of Children's Health (NSCH) with 4,749 foreign-born children with household incomes below 300% of the federal poverty level. The strength of their study is that they were able to use the sample of foreign-born children to examine the direct effect of CHIPRA by looking at the foreign-born children. However, as the authors note, since the NSCH data do not have survey questions on legal status and therefore, the foreign-born children may include a large share of undocumented immigrant children who are not eligible for any federally funded public health insurance (Saloner, Koyawala, & Kenney, 2014). The varying size of the undocumented child population within states and over time may underestimate the effects they found. In addition, the low response rate (38.2%) for the post-period 2011-2012 survey and the reliance upon a survey method that used landline telephones present barriers to generalizability of their findings.

To explore the changes brought about by CHIPRA, I conceptually distinguish short-term and long-term effects. I argue that changes in health insurance enrollment, particularly in public health insurance enrollment, will reveal the short-term and more direct consequence of CHIPRA as the law expands the coverage of federally funded public health insurance program to immigrants. I further hypothesize that as the CHIPRA extends the Children's Health Insurance Program (CHIP) eligibility criteria for low-income immigrant children, their public health insurance enrollment rate will increase in the states that opted in for CHIP expansion.

Research has well-documented that the health insurance enrollment is associated with positive health outcomes (chronic disease, mortality, self-rated health). Therefore, I argue that if CHIPRA has any effect on immigrant children's health, gaining access to health insurance coverage is the key mechanism by which the policy affects their health status. I expect that immigrant children's self-rated health will be higher in states that expanded CHIP eligibility as higher health insurance coverage leads to higher health service utilization and better prevention/treatment of diseases. The difference-in-differences model estimates the change in self-rated health for foreign-born children or children of immigrants in expansion states compared to changes experienced by foreign-born children or children of immigrants in non-expansion states. Furthermore, to ensure that any differences across states were specifically due to a policy affecting immigrant children, I employ difference-in-difference-in-differences models to control for state-level trends of U.S.-born children with native parents.

Self-reported Health as a Health Indicator

Self-reported overall health status has been used as a proxy measure for health and mortality (Idler & Angel, 1990; Idler & Benyamini, 1997; Kaplan & Camacho, 1983; Mossey & Shapiro, 1982). Since the 1950s when sociological studies using self-reported health emerged, the work on self-reported health and its relationship with mortality has flourished in the 1980s and 1990s. More recently, scholarly focus has been diversified. There is an ongoing interdisciplinary discussion on the conceptual model (Bailis, Segall, & Chipperfield, 2003; Jylhä, 2009), the association between self-reported health and inequality (Hildebrand & van Kerm, 2009; Larrimore, 2011; Maheswaran, Kupek, & Petrou, 2015), and differences in self-reported health among different culture and

ethnicity (Bombak & Bruce, 2012; Bratter & Gorman, 2011; Kandula, Lauderdale, & Baker, 2007). In addition. researchers have focused on the variations of self-reported health sub-populations: for different cultural/ethnic groups (Bombak & Bruce, 2012; Kandula et al., 2007), multiracial adults (Bratter & Gorman, 2011), and even the change in self-reported health in immigrants with longer period of residence in the U.S. (Antecol & Bedard, 2006)[1].

Methodological Considerations

Understanding the true beneficiaries of a policy change is a complex process. In particular, the foreign-born population is more heterogeneous in many aspects than the US native born because they have different characteristics such as legal status, originating countries, and years in the US that add more layers to demographic characteristics of the US population. When policies like CHIPRA targets the immigrant population, there is a component of availability and take-up rates at play: "An interesting component of trying to understand immigrant participation in public assistance is on the nature or behaviors that drive take-up rates. For example, if families participate at lower rates given they are eligible, is this reason attributed to the anti-immigrant climate in their communities? How does the enforcement of immigration in the interior impact take-up rates?" (Vargas 2015: 84) Against this backdrop, I disaggregate the immigrant population into two categories of 1) children who are directly affected by CHIPRA—the foreign-born children— and 2) those who are indirectly affected by the policy—children in the mixed-status families to explore

[1] As self-reported health might not be directly comparable across different culture/ethnic groups, those differences should properly be handled.

effect of CHIPRA.

Groups directly affected by CHIPRA

As CHIPRA aimed at expanding eligibility, the most affected groups are persons with household income between 138%-300% (varies by state[2]). People who belong to this group have household income above the income threshold for Medicaid eligibility but within the limit set by the state government. US-born natives are less likely to be affected by CHIPRA as most states offered CHIP prior to CHIPRA for those within the similar income threshold. The most directly affected group by CHIPRA include the foreign-born children and pregnant women[3] who are legal residents of the within their first five years of residence in the U.S. as they have become eligible for the CHIP if their household income falls between 138%-300%.

Groups indirectly affected by CHIPRA

In addition to the foreign-born children, U.S. born children in mixed immigration status families may be indirectly affected by CHIPRA. Research suggests that U.S.-born children with immigrant parents show similar behavioral patterns as those of immigrant children (Landale et al. 2015). Therefore, increased outreach advertising the new eligibility on CHIPRA to immigrant communities could affect the legal immigrants regardless of duration and the mixed-status families with U.S. born children (Saloner et al., 2014). As the new eligibility does not apply to unauthorized

[2] The level varies by state. 15 States expanded income eligibility threshold for all eligible children including U.S.-born native children (Goldstein et al. 2014).

[3] States opt in for separate choices whether to cover children only, pregnant women only, or both.

child immigrants, this group will not be affected by CHIPRA. The unauthorized are expected to remain marginalized from the public benefits as there is little support for including undocumented immigrants in the state health care program, shown from the research in New Mexico (Sanchez et al, 2011).

<Table 3 about here>

Challenges for identifying treatment group vs. comparison group

To ensure the efficacy of the research design on policy change, it is vital that the target group and comparison group are identified correctly. For this research, identifying the target group is relatively straightforward as a group likely to be affected by CHIPRA are clear. The ideal target group would be lawfully residing immigrant children who arrived in the U.S. within five years. Using parental migration history information from the 2008 panel of SIPP, I identify the foreign-born children who are likely be within their first five years in the U.S. However, as legal status information is limited, the sample also includes undocumented immigrant children who are not subject to CHIP expansion.

Data challenges

In studying health of immigrant population and exploring causal relationship, the greatest challenges come from the availability of data. Among the publicly available data on healthcare coverage and access at the national level, such as Current Population Survey, Survey of Income and Program Participation (SIPP), National Health Interview Survey (NHIS), National Health and

Nutrition Examining Survey (NHANES), and National Survey of Children's Health, and Medical Expenditure Panel Survey-Household Component, there is not a single survey with all the necessary information on immigration status, comprehensive measure of coverage and access, health outcomes and geographic identifiers (Johnson et al. 2010). Although SIPP has the most specific survey items on immigration such as legal status, year of arrival, and change of legal status, it does not ask questions related to immigration status for children aged between 0 and 14. NHIS has rich information about health status and behavior, but its public-use files do not have country of origin, citizenship status, and years in the U.S. Moreover, legal status components, which is crucial in understanding the effect of CHIPRA, are not available in NHIS. Therefore, some forms of creativity are required to examine immigrant health situations on the national level.

I utilize the Survey of Income and Program Participation (SIPP) for two reasons. First, it has the richest information on migration history including citizenship status, the immigrant legal status at the time of arrival, the date of entry to the U.S., region of origin, and the trajectory of legal status such as whether the person has become a permanent resident of the U.S. Unfortunately, children under 15 years are not in the survey universe for these specific questions on migration history. However, given that the new eligibility to CHIP for immigrant children is deeply related to their years in the U.S., and legal status, I view this information from their parents/guardian crucial. I identify foreign-born children by comparing the age of a child and the year when their parents first entered the U.S. In addition, a parent's year of arrival in the U.S. is useful in identifying recently arrived children who are the direct target group of the policy.

Second, the strength of SIPP in estimating the income of the poor and its panel structure, which covers pre- and post-CHIPRA enable me to study the policy impact on the same groups of people with the best available survey-based estimates.

IV. Research Design

The objective of this paper is to estimate the effect of CHIPRA on low-income immigrant children's public health insurance coverage and their self-rated health. Changes in eligibility for the Children's Health Insurance Program introduced by the CHIPRA generate a unique opportunity to study the effect of an exogenous policy change in public health insurance provision for immigrant families. I view public health insurance enrollment as a short-term, direct effect of CHIPRA whereas self-rated health is a relatively long-term effect of the policy. I argue that if CHIPRA has any effect on immigrant children's health, gaining access to health insurance coverage is the key mechanism by which the policy affects their health status. Thus, I hypothesize the following:

1. As the CHIPRA extends the Children's Health Insurance Program (CHIP) eligibility criteria for low-income immigrant children, their public health insurance enrollment rate will increase in the states that opted in for CHIP expansion.

2. As higher health insurance coverage leads to higher health service utilization and prevention/treatment of diseases, children's average self-rated health will be higher in the states with CHIP expansion.

To obtain estimates that can provide a causal interpretation, I use quasi-experimental method known as the difference-in-difference method. As a starting point, I compare the public health insurance enrollment and self-rated health of low-income children of immigrants living in states that expanded CHIP and those living in non-expansion states pre- and post-CHIPRA. This approach generates the difference-in-difference (DD) estimator.

$$\Delta^{2}_{Immigrant} = \left(Y^{PostCHIPRA}_{RS,Immigrant} - Y^{PreCHIPRA}_{RS,Immigrant}\right) - \left(Y^{PostCHIPRA}_{non-RS,Immigrant} - Y^{PreCHIPRA}_{non-RS,Immigrant}\right)$$

where the subscript RS denotes residence in a state that expanded CHIP eligibility to immigrants. $Y^{t}_{R,Immigrant}$ indicates the public health insurance enrollment or self-rated health at time t (Pre-CHIPRA or post-CHIPRA).

For comparison between children of immigrants living in expansion states vs. non-expansion states, the difference-in-difference model for the effect of CHIPRA expansion on 1) public health insurance enrollment and 2) self-rated health can be specified as following[4]:

$$Y_{is} = B_0 + B_1 PostCHIPRA_{is} + B_2 PostCHIPRA_{is} * ExpansionState_{is} + X_{is}\gamma + \zeta_s + e_{is}$$

where Y_{is} denotes 1) whether the child of immigrants *i* in state *s* is enrolled in public health insurance or 2) whether the child of immigrants *i* in state *s* rates her health as excellent or very good. $PostCHIPRA_{is}$ is a binary variable equal to 1 if the observation refers to post-CHIPRA

[4] The model excludes $ExpansionState_s$ dummy as state effects, a set of dummies for every state in the sample, except for a reference state that is omitted, replace the single $ExpansionState_s$ dumm (Angrist and Pishke, 2014).

(2010-2011) and 0 if it refers to pre-CHIPRA period (2004,2005, and 2009). $ExpansionState_{is}$ a dummy variable indicating provision of public health insurance programs to non-qualified immigrants after CHIPRA (22 states, *see* Table 1). B_2 is the difference-in-difference estimator indicating the policy impact on 1) public health insurance enrollment and 2) self-rated health pre- and post-CHIPRA in expansion states vs. non-expansion states. The vector X_{is} includes demographic characteristics such as gender, race, and education level as well as household characteristics such as metropolitan status, household types, household size, and total household income. Finally, ζ_s indicate state fixed effects.

As a next step, I employ the difference-in-difference-in-difference (DDD) approach to compare policy effects on low-income immigrant children compared to U.S.-born children with native parents in expansion states relative to the effect on immigrant children in non-expansion states compared with U.S.-born children with native parents in non-expansion states. This model can be conceptually explained with the following formulas:

$$\Delta^{\mathbf{3}} = \Delta^{\mathbf{2}}_{\boldsymbol{immigrant}} - \Delta^{\mathbf{2}}_{\boldsymbol{native}}$$

The final model can be specified as the following[5]:

$$Y_{ist} = B_0 + B_1 PostCHIPRA_{ist} + B_2 Immigrant_{ist} + B_3 PostCHIPRA_{ist} * ExpansionState_{ist} + B_4 Immigrant_{ist} * ExpansionState_{ist} + B_5 Immigrant_{ist} *$$

[5] Again, as state effects replace the single $ExpansionState_s$ dummy, which is a base term for the traditional difference-in-difference-in-differences model, this model excludes the $ExpansionState_s$ dummy (See footnote 4.).

$$PostCHIPRA_{ist} + B_6 Immigrant_{ist} * PostCHIPRA_{ist} * ExpansionState_{ist} + X_{is}\gamma + \zeta_s + e_{is}$$

where $Immigrant_{is}$ is a dummy variable equal to 1 if the child is from immigrant families and 0 if the child is from U.S.-born native families. The difference-in-difference-in-difference estimator is B_6.

For both models, this paper uses probit models for the dichotomous outcomes on 1) public health insurance enrollment and 2) self-rated health. I cluster my standard errors at the individual level because I use panel data that includes repeat observations for the same individuals (Koedel & Xiang, 2015). Results are shown as average marginal effects with standard errors in parenthesis and statistical significance indicated using standard notation. In difference-in-difference (DD) models and difference-in-difference-in-differences (DDD) models, I run subgroup analysis based on children's parental information on year of first arrival in the U.S. As CHIPRA expanded eligibility for lawful residents who arrived in the U.S. within 5 years, I restrict the groups to those who arrived in 2003, 2004 and 2005 to examine the policy effects for recent arrivals.

Parallel Trends

To use the difference-in-difference (DD) estimators to make causal interpretation, the parallel trends assumption should be met (Angrist and Pishke, 2014). As SIPP 2008 panel has only one pre-period data, I used the SIPP 2004 panel to look at the general trend from 2004 to 2005. According to Figure 1, the public health insurance enrollment trend is similar in 2004 and

2005 between the combined group of foreign born children and children in immigrant families residing in expansion states and those living in non-expansion states. Unfortunately, there was no SIPP data collection between 2006 and 2008, which is often mentioned as a critical challenge that the SIPP dataset possesses. An increase in the public health insurance rate is observed between 2005 and 2009 although these are from different individuals in separate SIPP panels of 2004 and 2008. On self-reported health, the trend is more similar during pre-CHIPRA period. Between 2004 and 2005, self-reported health increased for both in expansion states and non-expansion states. The increasing trend continues for two groups between 2009 and 2010. During the post-CHIPRA period between 2010 and 2011, self-rated health for those in expansion states shows slight decline, while immigrant children in non-expansion states still maintains increasing trend.

In sum, I argue that the assumption of parallel trend is not violated as the general trend is similar before the policy but it changes in a specific direction during the post-CHIPRA period between 2009 and 2010.

V. Data

I present the findings using the 2008 panels of the Survey of Income and Program Participation (SIPP). Each wave of the SIPP contains a core interview with information on demographics, household income, program participation, and employment. In addition to the core interview, each wave has a variety of topical items that include migration history, medical expenses, adult well-being, and fertility history. In wave 2, the SIPP provides information on

immigration including U.S. citizenship status, the immigration status at the time of the respondent's arrival in the U.S., the date of entry to the U.S., country of origin, and whether the person has gained permanent resident status. The SIPP's most powerful use is for longitudinal analysis over relatively short periods (ie: month-to-month; annualized; up to 4 years). It provides the best available survey-based estimates of the income of the poor including immigrants.

Measures

Public Health Insurance Enrollment. SIPP measures whether the person is enrolled in health insurance and the type of insurance at each wave. Medicaid and other state health insurance program recipients are coded as enrolled in public health insurance (=1). Because the self-reported health is only measured three times in the 2008 panel, I use wave 4 of the 2008 panel, which was measured in 2009, as pre-CHIPRA data and wave 7 and 10 of the 2008 panel, which were surveyed in 2010 and 2011 respectively, as post-CHIPRA period for public health insurance enrollment.

Health Status. Despite its relatively rich information on immigration status, SIPP has limited options of health outcome variables. SIPP focuses on capturing information on program participation and health care utilization. I use self-reported health status as a proxy of a child's health status. SIPP measures children's self-reported health by asking a single question of how you would rate your child's overall health to a parent/guardian of the child and providing an option of five response categories of poor, fair, good, very good, and excellent. In my analysis, I code self-reported health as a dichotomous variable, collapsing poor, fair, and good as 0 and very good and

excellent as 1[6]. The 2008 panel contains the self-reported health question in three topical modules in wave 4, 7, and 10. Wave 4, 7, 10 were measured in 2009, 2010, and 2011 respectively. After the enactment of CHIPRA, states had to go through adoption process before they can finally take the option in CHIP. More specifically, for immigrants, citizenship documentation changes that simplified documentation process became effective on January 1, 2010. Therefore, I treat 2009 as pre-CHIPRA period. The analytical sample includes children aged 0 to 18 whose household income falls under 300% of federal poverty line, which is the upper limit for CHIP benefits in many states.

Immigration Status. Using immigration history from topical module of wave 2, I identify children who are foreign-born or who have one or more parents who are foreign-born. SIPP only asks the migration history question to those aged 15 or older, along with the region of birth, detailed immigrant legal status—whether US-born or naturalized citizens, legal permanent residents, or other types of immigrants, and year of arrival in the U.S. I create a proxy measure for identifying foreign-born children using a child's age and parent's year of arrival in the U.S. information. If the child's age was at least one year greater than her parent's year of arrival in the U.S., the child is coded as foreign-born. By using this approach, I am unable to identify foreign-born infants who

[6] Scholars have often employed self-rated health as a dichotomous variable. However, ways to code self-reported health into a binary variable vary by studies. The first and more frequent version is to recode the measure into poor and fair vs. good, very good, or excellent (Bratter and Gorman 2011; Hansen et al. 2010; Sentell and Braun 2012). The other coding strategy is to group poor, fair, and good into 0 and very good and excellent into 1 (Mollborn et al. 2014; Huang et al. 2018). I use the latter way to deal with disproportionate distribution of responses reporting very good and excellent child health conditions in my sample.

are aged 1 or less. Additionally, I identify children of immigrants as children with at least one non-US citizen parent. U.S.-born children with immigrant parents living in states that expanded CHIP eligibility are not directly targeted by CHIPRA, however, they are most likely to be indirectly benefited from greater acknowledgement of the policy and enhanced information dissemination through extensive outreach to immigrant communities. In addition, studies show that children in immigrant families behave in a similar way as foreign-born children (Hudson, 2009). Thus, I create two treatment groups: 1) foreign-born children for direct policy effects; and 2) children who have one or more foreign-born parents to examine indirect policy effects.

Controls. I control for individual demographic characteristics including gender, race, age, work-limiting disability, region of origin and household characteristics including metropolitan status, household income, the number of people in household, and the household type. In addition, I employ for year effects, and state fixed effects.

Sample

There are total of 29,608 observations of children whose household income is below 300% of FPL in my sample. Among those, 1,653 are foreign-born children and 4,080 are children who have at least one foreign-born parent. 23,875 children are from U.S.-born native families. I use two treatment groups to differentiate the policy target group into directly affected group and indirectly affected group: 1) 1,653 foreign-born children are directly affected by the state option to eliminate the restriction in the eligibility for CHIP and 2) 4,080 children with at least one foreign-born parent are indirectly affected by the policy as they hold U.S. citizenship

and their eligibility for CHIP did not change due to states' decision to opt-in to CHIPRA to cover immigrant children. Using difference-in-difference model, I first explore the effects of CHIPRA on foreign-born children by immigrant children in expansion states vs. non-expansion states. The total sample with 29,608 observations is used for difference-in-difference-in-difference model comparing immigrant children and U.S. native children in expansion states after CHIPRA.

VI. Results

Table 4 shows the descriptive statistics for children under 300% of federal poverty level, divided by children's immigrant status and whether their state of residence has expanded CHIP. The mean duration in the U.S. for foreign-born children was 11.93 years. Among the foreign-born, those within 5 years of U.S. residence had the mean duration of 3.84 years. The mean duration in the U.S. for native born children in immigrant families and native families are the same as child's age, which are 8.29 years and 9.83 years respectively. The sample of foreign-born children has the lowest health insurance enrollment rate (43.86%) and the highest rate of living in metropolitan areas (89.72%). About 50 percent of the sample is female. In addition, the large share of children in immigrant families live in metropolitan area (86.23%) whereas 74.03% of children in native families lived in urban areas. Among the children in immigrant families, 74.49 percent identify themselves as Hispanic followed by non-Hispanic white (12.28%), Asian (6.08%), and non-Hispanic black (6.03%). The health insurance enrollment rate is lower for children in immigrant families (79.09%) than that of children in native families (86.45%). However, the public health insurance enrollment rate is the highest for children in immigrant families (59.93%) followed by foreign-born children (43.86%) and children in native families

(43.77%). The mean household size is slightly larger for foreign-born children (5.11) and children in immigrant families (5.07) than for children in native families (4.59). Children in immigrant families report lower average monthly household income of $2,652.56 compared to that of foreign-born children's families ($2,934.60) and native families ($2,966.44). The descriptive statistics are similar to Saloner et al (2014)'s sample[7].

<Table 4 about here>

Table 5 presents trends in the public health insurance enrollment rate for children in immigrant families and native families with household income less than 300% FPL. Across all survey years, U.S.-born children in native families show the highest general health insurance enrollment rates and private health insurance rates. For example, in 2009, 86.61 percent of children in native families had health insurance coverage whereas 79.65 percent of children in immigrant families and 70.17 percent of foreign-born children had health insurance coverage. On the contrary, children in immigrant families show the highest public insurance enrollment rates ranging from 59.79% to 62.08% in expansion states and from 54.31% to 58.70% in non-expansion states between 2009 and 2011 among three groups. Foreign-born children in expansion states show an increase in public insurance enrollment rates from 43.98% in 2009 to 46.38% in 2011 whereas foreign-born children in non-expansion states had a decrease in public insurance enrollment from 41.63% in 2009 to 36.64% in 2010, and then a slight increase to

[7] except for the age categories of respondents. My sample does not include foreign-born infants who are from 0 to 1 year old due to use of proxy measures comparing parental arrival year in the U.S. and child age

37.50% in 2011. U.S.-born native children in expansion and non-expansion states had similar public insurance enrollment rates with foreign-born children in the 40% range.

<Table 5 about here>

Table 6 shows trends in self-reported health status of foreign-born children, children in immigrant families and children in native families. The largest share of children from all three groups report that their health is excellent throughout the survey period. For foreign-born children, the percentage of those who answered that their health is very good or excellent slightly declined in 2010 and then increased in 2011 regardless of whether they live in states with the CHIP expansion or not. In contrast, the proportion of children with at least one immigrant parent who answered their health was either very good or excellent increased significantly in 2010 in both expansion and non-expansion states. Then, this binary self-rated health status for this group decreased between 2010 and 2011. U.S.-born native children in native families in non-expansion states show a slight decrease in bivariate health status from 83.26% in 2009 to 81.76% in 2010, and then a jump to 85.16% in 2011. However, for native children in expansion states, the trend rises between 2009 and 2010, and then stays the same in 2011.

<Table 6 about here>

Compared to foreign-born children in states that did not expand CHIP, foreign-born children in states that expanded eligibility experienced an increase in public health insurance enrollment. Table 7a displays the regression results of difference-in-difference (DD) model

examining the effect of CHIPRA on public health insurance enrollment and self-rated health for the foreign-born children within their first 5 years of residence in the United States[8]. This is to capture specific policy effects for recently arrived immigrant children as CHIPRA expanded eligibility for lawful residents who arrived in the U.S. within 5 years. The first column shows public health insurance enrollment and the second column presents self-rated health. In column 1, foreign-born children showed a 14.2-percentage-point increase in public insurance enrollment, which is statistically significant at .10 level. On self-rated health, the foreign-born children within their first 5 years in the U.S. experienced a 1.9-percentage-point decrease in self-rated health status. However, the estimate is not statistically significant at any conventional level with large standard errors. I also control for demographic characteristics. The results show that household size, single female household and single male household are significantly and positively associated with public health insurance enrollment of low-income foreign-born children (see Appendix for full tables).

<Table 7a about here>

<Table 7b about here>

In Table 7b, I present difference-in-difference estimates for my second treatment group, U.S.-born children with immigrant parents, to capture the indirect effects of CHIPRA on their

[8] Using their parental year of arrival in the U.S., I have coded the children of immigrants who arrived in or after 2004 as the foreign-born children within their first 5 years of residence in the U.S. In addition, I run sensitivity analyses for those who arrived in 2003 and in 2005 and show the results in Appendix. The results of these sensitivity analyses are similar to the main model, with a slightly higher p-values. The CHIPRA came into effect in most states in 2010.

public insurance enrollment and self-rated health. The difference-in-differences (DD) estimates for children of immigrants show that children with immigrant parents experienced a 4.7-percentage-points increase in public insurance enrollment. It is statistically significant at .10 level.

Table 8 presents regression estimates from difference-in-difference-in-differences (DDD) models on public health insurance take-up and self-rated health for a) the foreign-born children within their first 5 years of residence and b) children of immigrants. DDD estimates show differences in outcomes between effects on foreign-born children in states that expanded CHIP eligibility compared with U.S.-born native children with non-immigrant parents in expansion states relative to effect on foreign-born children in non-expansion states compared with U.S.-born native children with native parents in non-expansion states. These models add an extra layer to the DD models and control for idiosyncratic shocks that may have affected the socioeconomic situations in the expansion states by using the changes in outcome variables for children in native families. Neither DDD estimates on public health insurance nor self-rated health are statistically different from zero. In Panel A of Table 8, the targeted foreign-born children in expansion states show an increase in public insurance enrollment rate by 9.6 percentage points. However, none of these DDD estimates on public health insurance and self-rated health are statistically significant using the lowest conventional significance level though some of the p-values are quite close to the threshold. For children of immigrants shown in row B of Table 8, the DDD estimates are not statistically significant at the .10 level.

Sensitivity analyses

This section conducts three different sensitivity analyses to help explain the statistical significance observed in the main DD model and statistical insignificance observed in the DDD models. First, to capture specific policy effects for recently arrived immigrant children as CHIPRA expanded eligibility for lawful residents who arrived in the U.S. within 5 years, I use parental U.S. arrival information. My main target group of children for CHIPRA is the foreign-born children who arrived in or after 2004. In addition to this group, I run sensitivity analysis using the year of arrival information to account for possible measurement errors. Specifically, I repeat the same models for two more groups of children with adjacent years of arrival information: 1) children with parents who entered the U.S. in 2003 and onwards; and 2) in or after 2005. In these models, I find that there are qualitatively similar patterns of CHIPRA's impact on increasing public insurance enrollment rate among the target group of the policy, though the estimates are not statistically significant at any conventional level. In Table 9, the full sample of the foreign-born children (column 1) showed a 7.6-percentage-point increase in public insurance enrollment, but the p-value (0.119) is lower than the lowest conventional standard of .10. As I restrict my sample to those who arrived in the U.S. after 2003, the size of coefficient increases to 9.4 percentage points (p-value: 0.130), 14.2 percentage points for those who arrived after 2004 (p-value:.064), and 14.4 percentage points for those who arrived after 2005 (p-value: .105). Among demographic controls, household size, single female household and single male household are significantly and positively associated with public health insurance enrollment of low-income foreign-born children.

For the sample of the children of immigrants, the direction and size of marginal effect fluctuate and become statistically insignificant as I limit the sample by parental year of arrival in

the U.S. information (See Table 15). This suggests that the U.S.-born native children with immigrant parents in expansion states have experienced an increase in public health insurance with indirect policy effects of CHIPRA, but there are no specific policy effects for children of immigrants with parents who recently arrived in the U.S. For controls, age is negatively associated with public insurance enrollment, whereas household size, and being in single female household are positively associated with public health insurance enrollment rate.

Secondly, to examine whether decision to increase income eligibility threshold that apply to both immigrant and native children affected DDD results, I run subgroup analyses on 15 states that expanded income eligibility of CHIP to native children comparing the outcome with other states that did not expand income eligibility (Table 21-23). None of the estimated effects showed significant results for the sample of the foreign-born children and children of immigrants.

Lastly, I conduct robustness checks focus on the comparison group of my difference-in-difference-in-differences model, the U.S. born native children with non-immigrant parents. A major concern with the DDD estimates is that my comparison group might also be affected by CHIPRA. For this, I have looked into the comparison group for DDD model, the U.S.-born native children with native parents. To examine if null finding from DDD models are due to the possibility that U.S.-born native children with native parents are also affected by CHIPRA in some way, mostly by expansion in income eligibility threshold, I run sensitivity analyses on these children only using difference-in-differences models. The models capture the differences in outcome experienced by U.S.-born native children with native parents in expansion states compared to U.S.-

born native children with native parents in non-expansion states (Table 21). The subgroup analyses on native children in 15 states that expanded income eligibility threshold find that U.S.-born native children in expansion states experienced a 11.9-percentage-point increase in public insurance rate (Table 22) and a 13.8-percentage-point increase in self-rated health (Table 23). The estimated effects for both outcomes are significant at .05 level. It is noteworthy that the direction of estimated effect for self-rated health shifted to positive for U.S.-born native children in native families. The overall results indicate that U.S.-born native children with non-immigrant parents also benefited from CHIPRA and this influenced my DDD estimates for the foreign-born children and children of immigrants.

In sum, the analyses find that CHIPRA increased public health insurance enrollment rate by 14.2 percentage points for foreign-born children who are directly targeted policy in states that expanded eligibility compared to those living in non-expansion states and by 4.7 percentage points for children of immigrants in expansion states compared to those in non-expansion states. However, there is little evidence that the CHIPRA influenced self-health status in difference-in-differences model for both foreign-born children and children of immigrants. In difference-in-difference-in-differences model (DDD) for foreign-born children and children of immigrants, the estimates for public insurance are not statistically different from zero. Only foreign-born children in expansion states showed a 6.4-percentage-point decrease in self-rated health compared with native children in expansion states, relative to effect on foreign-born children in non-expansion states compared with native children in the same states. However, when the sample is limited to children of immigrants within 15 states that raised income eligibility for CHIP for native children, children of

immigrants experienced a 13.2-percentage-point increase in public insurance enrollment (p-value:0.046) and 23.7-percentage-points decrease in self-rated health (p-value: 0.000).

VI. Discussion

This paper examined the impact of state provision of public health insurance benefits to immigrant children who were not accessible to the same benefits comparing outcomes between pre- and post-CHIPRA. Using the 2008 SIPP, this paper finds that there is some empirical evidence of the short-term effects of CHIP expansion on immigrant children's public health insurance enrollment but little evidence on long-term effects proxied by self-reported health status. Specifically, the paper finds that the specific target group, foreign-born children in expansion states who arrived in the U.S. after 2004, experiences a 7.6-14.4-percentage-points increase in public health insurance enrollment rates when compared to those in non-expansion states.

The findings of this study are generally in line with the findings of earlier studies on the effect of CHIPRA. Saloner and his colleagues (2014) found that the CHIPRA increased overall health insurance rate by 14.9 percentage points for the foreign-born children residing in the expansion states. Goldstein et al. (2014) suggested that the CHIPRA decreased the proportion of the uninsured by 1.1 percentage points and increased for native children who became newly eligible in the expansion states, compared to children who are residents of non-expansion states. The major contribution of this paper is that it targets foreign-born children who arrived in the U.S within recent five years of policy implementation using the panel data for the first time.

Using nationally-representative panel data strengthens the generalizability of findings.

The paper also looks at have one or more foreign-born family members as a treatment group and uses a nationally representative panel data on the same individuals over three different time points, which enhances generalizability of the finding. Unlike Saloner et al (2014)'s finding, this paper was unable to find an effect of CHIPRA for foreign-born children or children of immigrants residing in expansion states when they were compared to U.S.-born native children with native parents within the same state. The difference-in-difference-in-differences (DDD) estimates on public health insurance enrollment for foreign-born children and children of immigrants were in positive direction, but without any statistical power. This may suggest that CHIPRA may have affected low-income native children in other aspects of the policy, for example, by expanding income threshold for eligibility.

It is important to mention that there is limitation that due to the data structure that only asks immigrant status to respondents aged 15 or more, this research proxied the foreign-born children by comparing the age of children and their parents' year of arrival in the U.S. information. To examine broader effects of the policy, this paper separately looks at children of immigrants who have at least one foreign-born parent. Though this group may not be the specific target group of the policy, these children capture an important indirect effect of policy by assuming that U.S.-born children with foreign-born family members, mostly parents, behave in a similar pattern as the foreign-born children (Hudson, 2009). Additionally, there is possibility that some aspects of the policy such as increase in advertisement of policy and outreach may have

resulted in indirect effects in U.S.-born children with immigrant parents.

Moreover, there is a possibility of overstating the effect of CHIPRA in this study if any other factors that reduced public insurance enrollment in non-expansion states took place at the same time. In contrary, the relatively small sample sizes of lawfully residing immigrant children may lead to underestimation of the policy effect. For example, if the number of affected individuals with their specific legal status is only 10 percent, estimates obtained using this group will be 10 percent as large the true effect. This is a common problem for immigrant health research owing to sample size considerations. In addition, small sample size of immigrant children limits statistical power. Finally, the short study period after the enactment of CHIPRA may explain the results with little treatment effect for long-term effect on self-rated health. Lastly, due to small sample size of the legally residing foreign-born children, states with small foreign-born population are dropped out of the sample. In the target group analyses, states with few immigrant population including North Dakota, Idaho, Arkansas, New Hampshire, Maine, and Vermont were excluded from the sample. Thus, the impact of CHIPRA found in this study could be driven by a number of large states, which are frequent immigrant destination.

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Table 1. Medicaid and CHIP Assistance and State-Funded Health Coverage for Immigrants (as of 2010)

	Federal Option	State-Only Health Coverage	
	Lawfully residing children	Qualified immigrants (<5 years)	Non-qualified immigrants
Alabama			
Alaska		Yes	Yes
Arizona			
Arkansas			
California	Yes	Yes	Yes
Colorado			
Connecticut	Yes		
Delaware	Yes	Yes	Yes
District of Columbia	Yes	Yes	Yes
Florida			Yes
Georgia			
Hawaii	Yes	Yes	Yes
Idaho			
Illinois		Yes	Yes
Indiana			
Iowa	Yes		
Kansas			
Kentucky			
Louisiana			
Maine	Yes		
Maryland	Yes		
Massachusetts	Yes	Yes	Yes
Michigan			
Minnesota	Yes	Yes	Yes
Mississippi			
Missouri			
Montana	Yes		
Nebraska	Yes	Yes	
Nevada			
New Hampshire			
New Jersey	Yes	Yes	Yes
New Mexico	Yes	Yes	Yes
New York	Yes	Yes	Yes
North Carolina	Yes		
North Dakota			
Ohio			Yes
Oklahoma			
Oregon	Yes		
Pennsylvania		Yes	Yes

Rhode Island	Yes		Yes
South Carolina			
South Dakota			
Tennessee			
Texas	Yes		
Utah			
Vermont			
Virginia	Yes	Yes	Yes
Washington	Yes	Yes	Yes
West Virginia			
Wisconsin	Yes		
Wyoming			
Total	**22**	**15**	**17**

source: Fortuny and Chaudry (2011)
Notes: Blank indicates "No."

Table 2. Medicaid vs. Children's Health Insurance Program

	Medicaid	CHIP
Overall control	States are required to follow all Medicaid program rules	States have more control over program design such as income eligibility
Program type	Entitlement program; no spending cap	Block grant program with limits on federal allotments
Income eligibility	Below 138%	Varies by states (upto 300% for federal matching)
Cost-sharing (Premium and co-payment)	Required to follow program rules	Varies by states, but must be nominal for children from families with household incomes below 150% of FPL; For higher-income families, cost-sharing cannot exceed 5% of total income

Table 3. Groups Affected by the Reauthorization of Children's Health Insurance Program

	U.S.-born native children		Immigrant children		
	All family members are U.S.-born native	Has at least one parent who is immigrant	Legal resident (Permanent residents)	Temporary legal resident	Unauthorized
Less than 5 years in the U.S.	N/A	Indirectly affected by CHIPRA	Directly affected by CHIPRA	Directly affected by CHIPRA	Not affected
5 or more years in the U.S.	N/A	Indirectly affected by CHIPRA	Indirectly affected by CHIPRA	Indirectly affected by CHIPRA	Not affected

Table 4. Sample descriptive statistics, 2008 SIPP (in % or mean)

	Foreign-born Children within 5 years of residence			*All Foreign-born Children*			*Children in Immigrant Families*			*Children in Native Families*		
	All	**CHIP expansion**	**No CHIP expansion**	**All**	**CHIP expansion**	**No CHIP expansion**	**All**	**CHIP expansion**	**No CHIP expansion**	**All**	**CHIP expansion**	**No CHIP expansion**
Individual characteristics												
Duration in the U.S (Mean)	3.84	3.87	3.75	11.93	12.13	11.35	8.29	8.40	8.00	9.83	9.94	9.75
Age (Mean)	12.07	12.12	11.95	13.29	13.40	13.00	8.29	8.40	8.00	9.83	9.94	9.75
Infant	-	-	-	-	-	-	4.07	3.82	4.70	2.67	2.50	2.80
Children aged 1-5	4.96	4.54	6.16	2.54	2.20	3.50	30.17	29.67	31.45	21.03	20.31	21.60
Children aged 6-11	41.94	41.01	44.55	28.13	26.86	31.78	39.09	39.12	39.02	36.72	36.69	36.74
Children aged 12-18	53.10	54.45	49.29	69.33	70.94	64.72	26.67	27.39	24.83	39.59	40.50	38.86
Female	48.26	47.90	49.29	47.79	47.51	48.60	50.54	49.80	52.44	48.44	48.85	48.12
Hispanic	46.77	45.04	51.66	53.24	52.33	55.84	74.49	73.23	77.70	16.85	25.17	10.13
White, non-Hispanic	24.07	23.87	24.64	21.48	19.43	27.34	12.28	11.56	14.11	57.19	49.73	63.22
Black, non-Hispanic	13.03	13.11	12.80	9.26	9.39	8.88	6.03	5.97	6.18	18.06	16.50	19.31
Asian, non-Hispanic	11.54	13.45	6.16	12.58	15.18	5.14	6.08	7.91	1.39	1.90	2.66	1.28
Other	4.59	4.54	4.74	3.45	3.67	2.80	1.13	1.33	0.61	6.01	5.94	6.06
Enrolled in health insurance	68.49	70.59	62.56	68.36	69.88	64.02	79.09	80.12	76.48	86.45	87.19	85.85
Enrolled in public health insurance	43.18	43.87	41.23	43.86	45.47	39.25	59.93	61.36	56.27	43.77	43.88	43.67
Household characteristics												
Household living in metropolitan area	90.82	90.59	91.47	89.72	89.47	90.42	86.23	86.66	85.10	74.03	80.04	69.18
Number of persons in the household (Mean)	1.60	1.57	1.70	5.11	5.14	5.07	5.07	5.09	5.03	4.59	4.59	4.58

Total monthly household income (Mean)	2,906.54	2880.97	2978.65	2934.60	2875.66	3090.04	2652.56	2,690.28	2562.59	2966.44	3,054.86	2,894.56
Observations	806	595	211	1,653	1,225	428	4,080	2,932	1,148	23,875	10,665	13,210

Notes: Data from the 2008 Survey of Income and Program Participation. The sample is restricted to individuals aged less than 19 and with household income less than 300% of the Federal Poverty Line. Means are unweighted.

Table 5. Trends in public health insurance enrollment for children under 300% FPL in the 50 states and DC (years 2009-2011) (%)

	Pre-CHIPRA		Post-CHIPRA			
	CHIP expansion states	No CHIP expansion states	CHIP expansion states		No CHIP expansion states	
Year	2009	2009	2010	2011	2010	2011
Foreign-born children						
Enrolled in health insurance	70.17	64.11	68.59	71.05	61.07	68.18
Public insurance	43.98	41.63	46.73	46.38	36.64	37.50
Private insurance	29.64	24.40	28.14	27.30	26.72	32.95
N (=1,653)	523	209	398	304	131	88
Children of immigrants						
Enrolled in health insurance	79.65	77.78	80.27	80.46	73.35	78.53
Public insurance	59.79	58.70	62.33	62.08	54.31	55.59
Private insurance	23.47	22.46	21.30	22.37	20.56	26.18
N (=4,080)	1,027	414	953	952	394	340
Children in native families						
Enrolled in health insurance	86.61	85.44	86.92	88.22	85.10	87.30
Public	43.73	43.86	43.73	44.24	42.58	44.69
Private	46.48	46.35	46.45	47.44	46.35	47.63
N (=23,875)	3,974	5,061	3,533	3,158	4,408	3,741

Table 6. Trends in self-reported health for children in the 50 states and DC (years 2009-2011) (%)

	Pre-CHIPRA		Post-CHIPRA			
	CHIP expansion states	No CHIP expansion states	CHIP expansion states		No CHIP expansion states	
Year	2009	2009	2010	2011	2010	2011
Foreign-born children						
Excellent	47.23	40.19	48.24	44.74	45.04	45.45
Very Good	33.46	40.67	31.16	34.87	38.17	38.64
Good	15.87	17.70	17.09	16.12	16.03	14.77
Fair	3.06	1.44	2.76	3.95	0.76	1.14
Poor	0.38	0	0.75	0.33	0	0
Bivariate (very good, or excellent)	80.69	80.86	79.40	79.61	83.21	84.09
N	523	209	398	304	131	88
Children of immigrants						
Excellent	44.89	39.13	54.55	50.53	46.45	37.06
Very Good	32.91	32.13	28.59	32.25	30.96	42.35
Good	18.79	24.88	14.66	15.23	20.05	18.24
Fair	3.21	3.38	1.99	1.89	2.28	1.76
Poor	0.19	0.48	0.21	0.11	0.25	0.59
Bivariate (very good, or excellent)	77.80	71.26	83.11	82.77	77.41	79.41
N	1,027	414	953	952	394	340
Children in native families						
Excellent	51.31	52.95	54.77	54.02	51.79	53.01
Very Good	31.53	30.31	30.09	30.84	29.97	32.16

Good	14.65	14.42	12.62	12.67	16.24	12.70
Fair	2.19	2.00	1.95	2.25	1.75	1.87
Poor	0.33	0.32	0.57	0.22	0.25	0.27
Bivariate (very good, or excellent)	82.84	83.26	84.86	84.86	81.76	85.16
N	3,974	5,061	3,533	3,158	4,408	3,741

Table 7a. Difference-in-Difference Estimates

The effects of expanding legal status eligibility for immigrants under the CHIPRA 2009 for the foreign-born children within their first 5 years of residence in the U.S.

Coefficients and (individual-level clustered standard errors)		
Variables	Public insurance	Self-rated health
Post CHIPRA	-.107 (.068)	-0.239 (0.058)
CHIPRA*Expansion	0.142* (0.075)	-0.019 (0.058)
Observations[1]	806	806

*p<.10; **p<.05; ***p<.01

Table 7b. Difference-in-Difference Estimates:

The effects of expanding legal status eligibility for immigrants under the CHIPRA 2009 for the children of immigrants

Coefficients and (individual-level clustered standard errors)		
Variables	Public insurance	Self-rated health
Post CHIPRA	0.003	0.080
CHIPRA*Expansion	0.047	-0.022
Observations	4,080	4,080

*p<.10; **p<.05; ***p<.01

[1] This indicates the number of observations across the panel data. The number of individuals in my sample is 410.

Table 8: Difference-in-Difference-in-Difference Estimates

Coefficients and (individual-level clustered standard errors)		
Variables	Public insurance	Self-rated health
A. Foreign-born children within their first 5 years of residence		
Post CHIPRA	0.024***	0.012*
	(0.007)	(0.007)
Foreign-born	-0.012	0.038
	(0.042)	(0.036)
CHIPRA*Expansion*Foreign-born	0.096	-0.031
	(0.069)	(0.053)
Observations	24,677	24,677
B. Children of Immigrants		
Post CHIPRA	0.021***	0.016**
	(0.007)	(0.007)
Children of Immigrants (CoI)	0.021	-0.081***
	(0.021)	(0.017)
CHIPRA*Expansion*CoI	0.017	-0.025
	(0.026)	(0.025)
Observations	29,608	29,608

*p<.10; **p<.05; ***p<.01

APPENDIX.

Table 9 Estimated Effects (DD) of the CHIP Expansion on Public Insurance for the Foreign-born Children under 300% FPL, SIPP 2008; Final sample (children with both public insurance and self-rated health information)

	All Foreign-born children				Parents entered the US after 2003				Parents entered the US after 2004				Parents entered the US after 2005			
VARIABLES	Coef.	aster	se	pval	Coef.	aster	se	pval	Coef.	aster	se	pval	Coef.	aster	se	pval
Post CHIPRA	-0.044		(0.046)	0.343	-0.045		(0.059)	0.448	-0.107		(0.073)	0.458	-0.070		(0.087)	0.419
Post*Expansion	**0.076**		**(0.049)**	**0.119**	**0.094**		**(0.062)**	**0.130**	**0.142**	*****	**(0.075)**	**0.064**	**0.144**		**(0.089)**	**0.105**
Hispanic	0.075	*	(0.043)	0.082	0.050		(0.050)	0.311	0.080		(0.057)	0.161	0.030		(0.066)	0.653
Asian, non-Hispanic	-0.036		(0.052)	0.492	-0.025		(0.060)	0.680	-0.096		(0.072)	0.181	-0.073		(0.089)	0.414
Black, non-Hispanic	-0.005		(0.050)	0.913	-0.028		(0.055)	0.619	-0.046		(0.061)	0.450	-0.063		(0.068)	0.350
Other race	-0.007		(0.088)	0.938	-0.118		(0.095)	0.215	-0.042		(0.107)	0.691	-0.015		(0.123)	0.905
Female	0.029		(0.026)	0.258	0.028		(0.031)	0.363	0.015		(0.037)	0.684	0.024		(0.043)	0.576
Age	0.003		(0.006)	0.650	-0.001		(0.008)	0.871	-0.006		(0.009)	0.510	-0.003		(0.010)	0.797
Living in metropolitan area	-0.077		(0.048)	0.111	-0.100	*	(0.060)	0.096	-0.179	**	(0.073)	0.014	-0.229	***	(0.081)	0.004
Work-limiting disabilities	0.152		(0.109)	0.164	0.278	**	(0.119)	0.019	0.271	**	(0.116)	0.019	0.170		(0.139)	0.219
Household size	0.065	***	(0.009)	0.000	0.064	***	(0.011)	0.000	0.058	***	(0.014)	0.000	0.056	***	(0.017)	0.001
Monthly household income	-0.000	***	(0.000)	0.000	-0.000	***	(0.000)	0.000	-0.000	***	(0.000)	0.000	-0.000	***	(0.000)	0.000
Years in the U.S.	0.002		(0.005)	0.687	0.007		(0.006)	0.263	0.011		(0.007)	0.132	0.009		(0.009)	0.311
Born in Latin America	-0.149	**	(0.062)	0.016	-0.060		(0.088)	0.494	-0.026		(0.108)	0.813	-0.073		(0.127)	0.562
Born in Asia	-0.013		(0.093)	0.889	-0.001		(0.116)	0.992	0.056		(0.130)	0.667	-0.028		(0.148)	0.848
Born in Africa	0.184		(0.119)	0.123	0.211	*	(0.126)	0.093	0.282	**	(0.136)	0.038	0.336	**	(0.163)	0.039
Born in Europe	-0.008		(0.102)	0.941	-0.052		(0.122)	0.670	-0.016		(0.124)	0.898				
Married household																
Single female household	0.160	***	(0.037)	0.000	0.164	***	(0.046)	0.000	0.192	***	(0.059)	0.001	0.262	***	(0.067)	0.000
Single male household	0.091	*	(0.048)	0.056	0.099	*	(0.052)	0.059	0.098		(0.060)	0.103	0.145	*	(0.076)	0.057
SIPP 2008 wave 7	-0.015		(0.025)	0.544	-0.040		(0.031)	0.194	-0.052		(0.037)	0.156	-0.016		(0.040)	0.693
Observations	1,653				1,110				806				654			

Standard errors in parentheses; *** p<0.01, ** p<0.05, * p<0.10;
Standard errors clustered at individual level; The model includes state fixed effects

Table 10 Estimated Effects (DD) of the CHIP Expansion on Self-rated Health for the Foreign-born Children under 300% FPL, SIPP 2008; Final sample (children with both public insurance and self-rated health information)

	All Foreign-born children				Parents entered the US after 2003				Parents entered the US after 2004				Parents entered the US after 2005			
VARIABLES	Coef.	aster	se	pval	Coef.	aster	se	pval	Coef.	aster	se	pval	Coef.	aster	se	pval
Post CHIPRA	0.037		(0.039)	0.341	0.003		(0.052)	0.950	-0.025		(0.058)	0.660	0.005		(0.061)	0.935
Post*Expansion	**-0.048**		**(0.041)**	**0.248**	**-0.000**		**(0.056)**	**0.999**	**-0.008**		**(0.061)**	**0.891**	**-0.067**		**(0.066)**	**0.306**
Hispanic	-0.072	**	(0.033)	0.029	-0.071	*	(0.039)	0.070	-0.092	**	(0.045)	0.041	-0.132	***	(0.049)	0.008
Asian, non-Hispanic	-0.013		(0.036)	0.714	-0.037		(0.040)	0.352	0.000		(0.052)	0.994	-0.054		(0.056)	0.332
Black, non-Hispanic	-0.033		(0.045)	0.459	-0.021		(0.051)	0.675	-0.064		(0.058)	0.276	-0.092		(0.067)	0.172
Other race	-0.005		(0.064)	0.940	-0.049		(0.082)	0.547	-0.107		(0.083)	0.201	-0.173	*	(0.090)	0.054
Female	0.018		(0.021)	0.393	0.044	*	(0.024)	0.070	0.041		(0.028)	0.149	0.025		(0.031)	0.421
Age	-0.004		(0.005)	0.370	-0.002		(0.005)	0.760	0.006		(0.005)	0.264	0.014	**	(0.006)	0.016
Living in metropolitan area	-0.025		(0.038)	0.510	-0.001		(0.050)	0.991	-0.002		(0.058)	0.971	-0.003		(0.061)	0.955
Work-limiting disabilities	-0.312	***	(0.086)	0.000	-0.447	***	(0.110)	0.000	-0.449	***	(0.098)	0.000	-0.433	***	(0.114)	0.000
Household size	0.006		(0.007)	0.352	0.014	*	(0.008)	0.082	0.015		(0.011)	0.146	0.017		(0.011)	0.132
Monthly household income	0.000		(0.000)	0.446	0.000		(0.000)	0.609	0.000	**	(0.000)	0.024	0.000	*	(0.000)	0.055
Years in the U.S.	-0.001		(0.004)	0.770	-0.004		(0.004)	0.350	-0.009	*	(0.005)	0.054	-0.015	***	(0.005)	0.003
Born in Latin America	0.014		(0.042)	0.733	0.028		(0.059)	0.632	-0.060		(0.062)	0.334	-0.174	***	(0.062)	0.005
Born in Asia	-0.095		(0.070)	0.170	-0.117		(0.080)	0.145	-0.156	*	(0.090)	0.083	-0.155		(0.096)	0.105
Born in Africa	0.141		(0.107)	0.187	0.127		(0.120)	0.291	0.099		(0.110)	0.366	0.057		(0.178)	0.749
Born in Europe	-0.074		(0.078)	0.345	-0.161		(0.123)	0.190	-0.287	**	(0.128)	0.024				
Single female household	0.000		(0.028)	0.988	-0.042		(0.034)	0.222	-0.007		(0.043)	0.863	-0.014		(0.049)	0.773
Single male household	0.014		(0.039)	0.727	0.016		(0.044)	0.709	0.074		(0.057)	0.198	0.105	*	(0.064)	0.099
SIPP 2008 wave 7	-0.003		(0.025)	0.914	-0.008		(0.030)	0.796	-0.008		(0.035)	0.814	0.022		(0.037)	0.554
Observations	1,653				1,079				784				633			

Standard errors in parentheses; *** p<0.01, ** p<0.05, * p<0.10; Standard errors clustered at individual level; The model includes state fixed effects

Table 11 Estimated Effects (DDD) of the CHIP Expansion on Public Insurance for the Foreign-born Children under 300% FPL, SIPP 2008; Final sample (children with both public insurance and self-rated health information)

	All Foreign-born children				Parents entered the US after 2003				Parents entered the US after 2004				Parents entered the US after 2005			
VARIABLES	Coef.	aster	se	pval	Coef.	aster	se	pval	Coef.	aster	se	pval	Coef.	aster	se	pval
Post CHIPRA	0.021	***	(0.007)	0.003	0.022	***	(0.007)	0.003	0.024	***	(0.007)	0.001	0.022	***	(0.007)	0.002
Foreign-born (FB)	-0.018		(0.031)	0.560	-0.027		(0.037)	0.471	-0.012		(0.042)	0.782	-0.020		(0.050)	0.684
Post*Expansion	0.015		(0.009)	0.101	0.008		(0.010)	0.432	0.005		(0.010)	0.607	0.006		(0.010)	0.565
FB*Expansion	-0.007		(0.036)	0.852	0.008		(0.044)	0.856	-0.050		(0.050)	0.319	-0.054		(0.059)	0.361
Post*FB	-0.057		(0.040)	0.156	-0.065		(0.053)	0.218	-0.037		(0.060)	0.538	0.008		(0.070)	0.905
Post*Expansion*FB	**0.067**		**(0.046)**	**0.147**	**0.092**		**(0.060)**	**0.127**	**0.096**		**(0.069)**	**0.163**	**0.059**		**(0.078)**	**0.452**
Hispanic	0.156	***	(0.009)	0.000	0.161	***	(0.010)	0.000	0.163	***	(0.011)	0.000	0.161	***	(0.011)	0.000
Asian, non-Hispanic	0.074	***	(0.021)	0.001	0.061	**	(0.027)	0.023	0.042		(0.029)	0.152	0.053	*	(0.031)	0.081
Black, non-Hispanic	0.154	***	(0.010)	0.000	0.158	***	(0.010)	0.000	0.154	***	(0.011)	0.000	0.153	***	(0.011)	0.000
Other race	0.082	***	(0.015)	0.000	0.085	***	(0.015)	0.000	0.088	***	(0.015)	0.000	0.090	***	(0.015)	0.000
Female	-0.001		(0.007)	0.935	-0.002		(0.007)	0.740	-0.003		(0.007)	0.678	-0.003		(0.007)	0.691
Age	-0.010	***	(0.004)	0.007	-0.008	*	(0.004)	0.052	-0.008	**	(0.004)	0.044	-0.007		(0.004)	0.128
Living in metropolitan area	-0.020	**	(0.009)	0.023	-0.024	***	(0.009)	0.010	-0.026	***	(0.009)	0.006	-0.026	***	(0.009)	0.005
Work-limiting disabilities	0.264	***	(0.030)	0.000	0.259	***	(0.030)	0.000	0.257	***	(0.030)	0.000	0.255	***	(0.030)	0.000
Household size	0.038	***	(0.003)	0.000	0.039	***	(0.003)	0.000	0.039	***	(0.003)	0.000	0.038	***	(0.003)	0.000
Monthly household income	-0.000	***	(0.000)	0.000	-0.000	***	(0.000)	0.000	-0.000	***	(0.000)	0.000	-0.000	***	(0.000)	0.000
Years in the U.S.	0.003		(0.004)	0.385	0.001		(0.004)	0.774	0.002		(0.004)	0.653	0.000		(0.004)	0.951
Born in Latin America	-0.044		(0.028)	0.114	-0.057	*	(0.034)	0.095	-0.055		(0.036)	0.125	-0.062	*	(0.037)	0.092
Born in Asia	0.081	*	(0.046)	0.078	0.055		(0.050)	0.265	0.062		(0.050)	0.220	0.045		(0.051)	0.384
Born in Africa	0.153		(0.101)	0.131	0.126		(0.100)	0.208	0.147		(0.102)	0.149	0.150		(0.115)	0.191
Born in Europe	0.021		(0.062)	0.732	0.007		(0.070)	0.922	0.011		(0.070)	0.881	0.016		(0.078)	0.839
Born in other regions	-0.125		(0.108)	0.250	-0.163		(0.113)	0.150	-0.158		(0.114)	0.165	-0.161		(0.114)	0.157
Single female household	0.171	***	(0.008)	0.000	0.170	***	(0.009)	0.000	0.172	***	(0.009)	0.000	0.175	***	(0.009)	0.000
Single male household	0.108	***	(0.013)	0.000	0.107	***	(0.014)	0.000	0.108	***	(0.014)	0.000	0.110	***	(0.014)	0.000
SIPP 2008 wave 7	-0.026	***	(0.005)	0.000	-0.028	***	(0.005)	0.000	-0.029	***	(0.005)	0.000	-0.027	***	(0.005)	0.000
Observations	29,608				25,302				24,677				24,392			

Standard errors in parentheses; *** p<0.01, ** p<0.05, * p<0.10; Standard errors clustered at individual level; The model includes state fixed effects

Table 12 Estimated Effects (DDD) of the CHIP Expansion on Public Insurance for the Foreign-born Children under 300% FPL, by States that Expanded CHIP Eligibility for Native Children, SIPP 2008

	Within 15 States that Expanded CHIP to Native-born Children				Outside 15 States that Expanded CHIP to Native-born Children			
VARIABLES	Coef.	aster	se	pval	Coef.	aster	se	pval
Post CHIPRA	-0.024	*	(0.014)	0.094	0.036	***	(0.008)	0.000
Foreign-born (FB)	-0.041		(0.074)	0.581	-0.008		(0.034)	0.805
Post*Expansion	0.049	***	(0.017)	0.004	0.002		(0.011)	0.828
FB*Expansion	0.036		(0.082)	0.657	-0.028		(0.041)	0.491
Post*FB	-0.010		(0.077)	0.901	-0.071		(0.046)	0.119
Post*Expansion*FB	**0.064**		**(0.091)**	**0.483**	**0.066**		**(0.053)**	**0.211**
Hispanic	0.184	***	(0.018)	0.000	0.145	***	(0.011)	0.000
Asian, non-Hispanic	0.098	**	(0.040)	0.014	0.062	**	(0.025)	0.014
Black, non-Hispanic	0.167	***	(0.020)	0.000	0.147	***	(0.012)	0.000
Other race	0.108	***	(0.028)	0.000	0.069	***	(0.017)	0.000
Female	0.007		(0.013)	0.614	-0.004		(0.008)	0.578
Age	-0.014	*	(0.008)	0.072	-0.009	**	(0.004)	0.030
Living in metropolitan area	0.004		(0.016)	0.812	-0.035	***	(0.011)	0.001
Work-limiting disabilities	0.226	***	(0.051)	0.000	0.278	***	(0.037)	0.000
Household size	0.034	***	(0.005)	0.000	0.040	***	(0.003)	0.000
Monthly household income	-0.000	***	(0.000)	0.000	-0.000	***	(0.000)	0.000
Years in the U.S.	0.009		(0.007)	0.217	0.001		(0.004)	0.766
Born in Latin America	0.099	*	(0.060)	0.097	-0.076	**	(0.031)	0.014
Born in Asia	0.241	**	(0.118)	0.041	0.059		(0.049)	0.223
Born in Africa	0.154		(0.124)	0.217	0.147		(0.129)	0.256
Born in Europe	0.277	***	(0.105)	0.008	-0.079		(0.072)	0.272
Born in other regions	-0.115		(0.293)	0.694	-0.116		(0.115)	0.312
Single female household	0.168	***	(0.016)	0.000	0.174	***	(0.010)	0.000
Single male household	0.143	***	(0.029)	0.000	0.095	***	(0.015)	0.000
SIPP 2008 wave 7	0.003		(0.009)	0.759	-0.036	***	(0.006)	0.000
Observations	7,866				21,742			

Standard errors in parentheses; *** p<0.01, ** p<0.05, * p<0.10; Standard errors clustered at individual level; The model includes state fixed effects

Table 13 Estimated Effects (DDD) of the CHIP Expansion on Self-rated Health for the Foreign-born Children under 300% FPL, SIPP 2008; Final sample (children with both public insurance and self-rated health information)

	All Foreign-born children				Parents entered the US after 2003				Parents entered the US after 2004				Parents entered the US after 2005			
VARIABLES	Coef.	aster	se	pval	Coef.	aster	se	pval	Coef.	aster	se	pval	Coef.	aster	se	pval
Post CHIPRA	0.020	***	(0.006)	0.002	0.015	**	(0.007)	0.028	0.012	*	(0.007)	0.075	0.012	*	(0.007)	0.063
Foreign-born (FB)	0.014		(0.025)	0.581	0.036		(0.031)	0.245	0.038		(0.036)	0.281	0.026		(0.041)	0.524
Post*Expansion	0.019	**	(0.009)	0.023	0.021	**	(0.009)	0.021	0.024	***	(0.009)	0.009	0.022	**	(0.009)	0.019
FB*Expansion	0.005		(0.030)	0.859	-0.048		(0.036)	0.186	-0.033		(0.042)	0.440	-0.020		(0.048)	0.679
Post*FB	0.020		(0.033)	0.551	-0.023		(0.041)	0.583	-0.018		(0.044)	0.678	0.024		(0.051)	0.640
Post*Expansion*FB	**-0.064**	*****	**(0.039)**	**0.100**	**-0.003**		**(0.049)**	**0.944**	**-0.031**		**(0.053)**	**0.562**	**-0.082**		**(0.060)**	**0.175**
Hispanic	-0.058	***	(0.007)	0.000	-0.049	***	(0.008)	0.000	-0.049	***	(0.008)	0.000	-0.051	***	(0.008)	0.000
Asian, non-Hispanic	-0.035	**	(0.015)	0.017	-0.043	**	(0.018)	0.020	-0.028		(0.021)	0.168	-0.035		(0.021)	0.107
Black, non-Hispanic	-0.033	***	(0.008)	0.000	-0.033	***	(0.008)	0.000	-0.036	***	(0.008)	0.000	-0.037	***	(0.008)	0.000
Other race	-0.047	***	(0.011)	0.000	-0.039	***	(0.012)	0.001	-0.041	***	(0.012)	0.000	-0.042	***	(0.012)	0.000
Female	0.004		(0.005)	0.374	0.007		(0.005)	0.208	0.006		(0.005)	0.242	0.005		(0.005)	0.343
Age	-0.004		(0.003)	0.118	-0.003		(0.003)	0.308	-0.002		(0.003)	0.563	-0.002		(0.003)	0.509
Living in metropolitan area	0.010		(0.006)	0.105	0.011	*	(0.007)	0.084	0.012	*	(0.007)	0.071	0.012	*	(0.007)	0.072
Work-limiting disabilities	-0.252	***	(0.019)	0.000	-0.248	***	(0.019)	0.000	-0.247	***	(0.019)	0.000	-0.243	***	(0.019)	0.000
Household size	-0.010	***	(0.002)	0.000	-0.011	***	(0.002)	0.000	-0.011	***	(0.002)	0.000	-0.011	***	(0.002)	0.000
Monthly household income	0.000	***	(0.000)	0.000	0.000	***	(0.000)	0.000	0.000	***	(0.000)	0.000	0.000	***	(0.000)	0.000
Years in the U.S.	0.001		(0.003)	0.603	-0.000		(0.003)	0.926	-0.002		(0.003)	0.601	-0.001		(0.003)	0.667
Born in Latin America	0.022		(0.022)	0.326	0.018		(0.026)	0.490	0.016		(0.026)	0.532	0.008		(0.026)	0.748
Born in Asia	-0.042		(0.030)	0.159	-0.034		(0.032)	0.285	-0.027		(0.032)	0.397	0.002		(0.035)	0.965
Born in Africa	0.096		(0.065)	0.140	0.093		(0.065)	0.148	0.084		(0.063)	0.180	0.115		(0.074)	0.119
Born in Europe	0.011		(0.042)	0.796	0.005		(0.046)	0.917	0.001		(0.046)	0.985	0.019		(0.050)	0.704
Born in other regions	-0.007		(0.064)	0.907	-0.005		(0.069)	0.937	-0.006		(0.069)	0.925	-0.004		(0.069)	0.953
Single female household	-0.028	***	(0.006)	0.000	-0.033	***	(0.006)	0.000	-0.032	***	(0.007)	0.000	-0.032	***	(0.007)	0.000
Single male household	-0.036	***	(0.010)	0.001	-0.027	**	(0.011)	0.015	-0.026	**	(0.011)	0.023	-0.028	**	(0.011)	0.015
SIPP 2008 wave 7	-0.018	***	(0.005)	0.000	-0.016	***	(0.005)	0.002	-0.017	***	(0.005)	0.001	-0.016	***	(0.005)	0.002
Observations	29,608				25,302				24,677				24,392			

Standard errors in parentheses; *** p<0.01, ** p<0.05, * p<0.10; Standard errors clustered at individual level; The model includes state fixed effects

Table 14 Estimated Effects (DDD) of the CHIP Expansion on Public Insurance for the Foreign-born Children under 300% FPL, by States that Expanded CHIP Eligibility for Native Children, SIPP 2008

	Within 15 States that Expanded CHIP to Native-born Children				Outside 15 States that Expanded CHIP to Native-born Children			
VARIABLES	Coef.	aster	se	pval	Coef.	aster	se	pval
Post CHIPRA	0.018		(0.012)	0.142	0.020	***	(0.008)	0.007
Expansion states	-0.011		(0.029)	0.699	0.029		(0.020)	0.154
Foreign-born (FB)	0.018		(0.063)	0.772	0.009		(0.027)	0.733
Post*Expansion	0.015		(0.016)	0.356	0.021	**	(0.010)	0.035
FB*Expansion	0.008		(0.070)	0.907	0.009		(0.033)	0.785
Post*FB	-0.068		(0.084)	0.418	0.046		(0.036)	0.211
Post*Expansion*FB	**-0.026**		**(0.092)**	**0.780**	**-0.071**		**(0.044)**	**0.103**
Hispanic	-0.037	***	(0.014)	0.008	-0.064	***	(0.008)	0.000
Asian, non-Hispanic	-0.080	***	(0.029)	0.005	-0.015		(0.017)	0.368
Black, non-Hispanic	-0.030	*	(0.016)	0.056	-0.035	***	(0.009)	0.000
Other race	-0.072	***	(0.021)	0.001	-0.037	***	(0.013)	0.007
Female	0.008		(0.010)	0.430	0.003		(0.006)	0.568
Age	-0.006		(0.006)	0.262	-0.003		(0.003)	0.305
Living in metropolitan area	0.000		(0.012)	0.990	0.016	**	(0.007)	0.031
Work-limiting disabilities	-0.276	***	(0.037)	0.000	-0.243	***	(0.022)	0.000
Household size	-0.017	***	(0.003)	0.000	-0.007	***	(0.002)	0.000
Monthly household income	0.000	***	(0.000)	0.000	0.000	***	(0.000)	0.009
Years in the U.S.	0.004		(0.006)	0.515	0.000		(0.003)	0.958
Born in Latin America	-0.068		(0.046)	0.143	0.045	*	(0.025)	0.069
Born in Asia	-0.018		(0.087)	0.840	-0.052	*	(0.032)	0.098
Born in Africa	0.018		(0.076)	0.810	0.138		(0.089)	0.119
Born in Europe	-0.091		(0.071)	0.198	0.065		(0.055)	0.237
Born in other regions	-0.152		(0.158)	0.335	0.038		(0.060)	0.521
Single female household	-0.038	***	(0.012)	0.002	-0.025	***	(0.007)	0.001
Single male household	-0.038	*	(0.022)	0.091	-0.034	***	(0.012)	0.003
SIPP 2008 wave 7	-0.016		(0.010)	0.102	-0.018	***	(0.006)	0.002
Observations	7,866				21,742			

Standard errors in parentheses; *** p<0.01, ** p<0.05, * p<0.10; Standard errors clustered at individual level; The model includes state fixed effects

Part II: Children of Immigrants (Native-born children with foreign-born parents)

Table 15 Estimated Effects (DD) of the CHIP Expansion on Public Insurance for the Children of Immigrants under 300% FPL, SIPP 2008

	All children of immigrants				Parents entered the US after 2003				Parents entered the US after 2004				Parents entered the US after 2005			
VARIABLES	Coef.	aster	se	pval	Coef.	aster	se	pval	Coef.	aster	se	pval	Coef.	aster	se	pval
Post CHIPRA	0.003		(0.026)	0.913	-0.035		(0.046)	0.445	0.034		(0.050)	0.498	0.049		(0.053)	0.350
Post*Expansion	**0.047**	*****	**(0.028)**	**0.100**	**0.062**		**(0.051)**	**0.224**	**-0.009**		**(0.057)**	**0.874**	**-0.022**		**(0.061)**	**0.722**
Hispanic	0.085	***	(0.031)	0.006	0.068		(0.042)	0.109	0.087	*	(0.046)	0.060	0.088	*	(0.050)	0.078
Asian, non-Hispanic	-0.005		(0.048)	0.923	-0.037		(0.062)	0.550	-0.025		(0.070)	0.717	-0.004		(0.074)	0.957
Black, non-Hispanic	-0.014		(0.046)	0.754	-0.021		(0.066)	0.755	-0.132	*	(0.072)	0.066	-0.123	*	(0.074)	0.096
Other race	-0.037		(0.082)	0.653	-0.289	*	(0.173)	0.094	-0.271		(0.167)	0.104	-0.140		(0.152)	0.357
Female	-0.013		(0.018)	0.465	0.015		(0.027)	0.571	0.023		(0.030)	0.442	0.016		(0.031)	0.601
Age	-0.013	***	(0.002)	0.000	-0.014	***	(0.003)	0.000	-0.014	***	(0.003)	0.000	-0.013	***	(0.003)	0.000
Living in metropolitan area	0.018		(0.028)	0.529	-0.000		(0.039)	0.994	-0.019		(0.042)	0.648	-0.024		(0.045)	0.592
Work-limiting disabilities	0.203		(0.144)	0.160	0.074		(0.146)	0.610	0.077		(0.154)	0.617	0.069		(0.157)	0.659
Household size	0.024	***	(0.008)	0.001	0.045	***	(0.010)	0.000	0.038	***	(0.011)	0.001	0.038	***	(0.012)	0.002
Monthly household income	-0.000	***	(0.000)	0.000	-0.000	***	(0.000)	0.000	-0.000	***	(0.000)	0.000	-0.000	***	(0.000)	0.000
Born in Latin America	-0.006		(0.057)	0.920	-0.063		(0.072)	0.382	-0.063		(0.078)	0.419	-0.089		(0.081)	0.271
Born in Asia	0.404	***	(0.145)	0.005												
Born in other regions	-0.047		(0.246)	0.850	-0.012		(0.240)	0.961	0.003		(0.241)	0.989	-1.563	***	(0.123)	0.000
Single female household	0.175	***	(0.024)	0.000	0.139	***	(0.035)	0.000	0.156	***	(0.040)	0.000	0.154	***	(0.041)	0.000
Single male household	0.058		(0.036)	0.102	0.097	*	(0.053)	0.069	0.116	**	(0.057)	0.041	0.135	**	(0.062)	0.028
SIPP 2008 wave 7	-0.012		(0.014)	0.406	-0.009		(0.021)	0.658	-0.007		(0.023)	0.780	-0.002		(0.024)	0.934
Observations	7,837				3,372				2,700				2,356			

Standard errors in parentheses; *** p<0.01, ** p<0.05, * p<0.10; Standard errors clustered at individual level; The model includes state fixed effects

Table 16 Estimated Effects (DD) of the CHIP Expansion on Self-rated Health for the Children of Immigrants under 300% FPL, SIPP 2008

	All children of immigrants				Parents entered the US after 2003				Parents entered the US after 2004				Parents entered the US after 2005			
VARIABLES	Coef.	aster	se	pval	Coef.	aster	se	pval	Coef.	aster	se	pval	Coef.	aster	se	pval
Post CHIPRA	0.080	***	(0.024)	0.001	0.126	***	(0.037)	0.001	0.066		(0.043)	0.127	0.085	*	(0.046)	0.065
Post*Expansion	**-0.022**		**(0.026)**	**0.409**	**-0.044**		**(0.043)**	**0.306**	**0.033**		**(0.050)**	**0.503**	**-0.005**		**(0.053)**	**0.931**
Hispanic	-0.045	*	(0.025)	0.075	-0.012		(0.037)	0.736	0.003		(0.040)	0.932	-0.018		(0.043)	0.679
Asian, non-Hispanic	0.038		(0.039)	0.320	0.123	**	(0.058)	0.034	0.190	***	(0.066)	0.004	0.157	**	(0.069)	0.022
Black, non-Hispanic	0.097	**	(0.041)	0.017	0.258	***	(0.061)	0.000	0.227	***	(0.069)	0.001	0.197	***	(0.071)	0.005
Other race	-0.089		(0.067)	0.184	0.207		(0.142)	0.147	0.175		(0.149)	0.242	0.139		(0.153)	0.364
Female	0.010		(0.014)	0.479	0.031		(0.020)	0.122	0.018		(0.022)	0.409	0.011		(0.023)	0.628
Age	0.000		(0.002)	0.760	-0.004	*	(0.002)	0.081	-0.005	*	(0.002)	0.067	-0.005	**	(0.003)	0.044
Living in metropolitan area	-0.004		(0.021)	0.843	-0.053	*	(0.030)	0.077	-0.056	*	(0.033)	0.090	-0.063	*	(0.036)	0.082
Work-limiting disabilities	-0.368	***	(0.096)	0.000	-0.259	**	(0.101)	0.010	-0.255	***	(0.098)	0.010	-0.255	**	(0.099)	0.010
Household size	-0.001		(0.005)	0.793	0.004		(0.007)	0.596	0.010		(0.008)	0.234	0.007		(0.008)	0.385
Monthly household income	-0.000		(0.000)	0.881	0.000	***	(0.000)	0.002	0.000	***	(0.000)	0.004	0.000	***	(0.000)	0.009
Born in Latin America	0.005		(0.054)	0.926	0.018		(0.067)	0.792	0.061		(0.076)	0.422	0.038		(0.081)	0.641
Born in Asia	-0.229	***	(0.083)	0.006	-0.187	***	(0.063)	0.003	-0.184	***	(0.063)	0.004	0.002		(0.138)	0.989
Born in other regions	-0.189		(0.162)	0.242	-0.115		(0.152)	0.448	-0.153		(0.148)	0.303	0.887	***	(0.077)	0.000
Single female household	-0.013		(0.018)	0.481	-0.020		(0.026)	0.429	-0.028		(0.028)	0.325	-0.012		(0.029)	0.675
Single male household	-0.078	***	(0.030)	0.009	0.014		(0.043)	0.748	0.005		(0.046)	0.910	-0.010		(0.049)	0.832
SIPP 2008 wave 7	-0.008		(0.014)	0.601	0.013		(0.021)	0.535	0.007		(0.023)	0.777	0.018		(0.024)	0.462
Observations	4,080				1,614				1,359				1,247			

Standard errors in parentheses; *** p<0.01, ** p<0.05, * p<0.10; Standard errors clustered at individual level; The model includes state fixed effects

Table 17 Estimated Effects (DDD) of the CHIP Expansion on Public Insurance for the Children of Immigrants under 300% FPL, SIPP 2008; Final sample (children with both public insurance and self-rated health information)

	All children of immigrants				Parents entered the US after 2003				Parents entered the US after 2004				Parents entered the US after 2005			
VARIABLES	Coef.	aster	se	pval	Coef.	aster	se	pval	Coef.	aster	se	pval	Coef.	aster	se	pval
Post CHIPRA	0.021	***	(0.007)	0.003	0.022	***	(0.007)	0.002	0.023	***	(0.007)	0.002	0.021	***	(0.007)	0.004
Children of Immigrant (CoI)	0.021		(0.021)	0.320	0.059	**	(0.027)	0.028	0.053	*	(0.030)	0.082	0.045		(0.033)	0.173
Post*Expansion	0.015		(0.010)	0.128	0.007		(0.010)	0.489	0.008		(0.010)	0.430	0.006		(0.010)	0.518
CoI*Expansion	0.053	**	(0.025)	0.034	0.007		(0.033)	0.839	-0.008		(0.037)	0.821	-0.025		(0.041)	0.532
Post*CoI	-0.012		(0.022)	0.585	-0.033		(0.032)	0.302	0.001		(0.036)	0.987	0.017		(0.038)	0.648
Post*Expansion*CoI	**0.017**		**(0.026)**	**0.526**	**0.035**		**(0.038)**	**0.353**	**0.004**		**(0.042)**	**0.930**	**0.010**		**(0.045)**	**0.830**
Hispanic	0.135	***	(0.010)	0.000	0.145	***	(0.011)	0.000	0.151	***	(0.011)	0.000	0.150	***	(0.011)	0.000
Asian, non-Hispanic	0.050	**	(0.021)	0.019	0.040		(0.027)	0.133	0.022		(0.029)	0.449	0.037		(0.031)	0.227
Black, non-Hispanic	0.151	***	(0.010)	0.000	0.155	***	(0.010)	0.000	0.152	***	(0.011)	0.000	0.152	***	(0.011)	0.000
Other race	0.081	***	(0.015)	0.000	0.085	***	(0.015)	0.000	0.087	***	(0.015)	0.000	0.090	***	(0.015)	0.000
Female	-0.001		(0.007)	0.898	-0.003		(0.007)	0.697	-0.003		(0.007)	0.659	-0.003		(0.007)	0.666
Age	-0.014	***	(0.004)	0.000	-0.012	***	(0.004)	0.003	-0.012	***	(0.004)	0.002	-0.010	**	(0.004)	0.015
Living in metropolitan area	-0.022	**	(0.009)	0.012	-0.025	***	(0.009)	0.006	-0.027	***	(0.009)	0.003	-0.028	***	(0.009)	0.003
Work-limiting disabilities	0.266	***	(0.030)	0.000	0.259	***	(0.030)	0.000	0.257	***	(0.030)	0.000	0.256	***	(0.030)	0.000
Household size	0.037	***	(0.003)	0.000	0.038	***	(0.003)	0.000	0.038	***	(0.003)	0.000	0.038	***	(0.003)	0.000
Monthly household income	-0.000	***	(0.000)	0.000	-0.000	***	(0.000)	0.000	-0.000	***	(0.000)	0.000	-0.000	***	(0.000)	0.000
Years in the U.S.	0.007	**	(0.004)	0.047	0.005		(0.004)	0.184	0.006		(0.004)	0.132	0.004		(0.004)	0.343
Born in Latin America	-0.056	**	(0.028)	0.044	-0.068	**	(0.034)	0.046	-0.062	*	(0.036)	0.083	-0.068	*	(0.036)	0.063
Born in Asia	0.076		(0.046)	0.100	0.048		(0.050)	0.333	0.055		(0.051)	0.276	0.038		(0.052)	0.456
Born in Africa	0.146		(0.098)	0.135	0.127		(0.098)	0.195	0.144		(0.100)	0.149	0.148		(0.113)	0.190
Born in Europe	0.015		(0.061)	0.800	0.000		(0.069)	0.999	0.002		(0.069)	0.972	0.013		(0.077)	0.862
Born in other region	-0.115		(0.108)	0.286	-0.158		(0.111)	0.157	-0.155		(0.111)	0.162	-0.160		(0.111)	0.149
Single female household	0.177	***	(0.008)	0.000	0.174	***	(0.009)	0.000	0.176	***	(0.009)	0.000	0.178	***	(0.009)	0.000
Single male household	0.109	***	(0.013)	0.000	0.107	***	(0.014)	0.000	0.109	***	(0.014)	0.000	0.111	***	(0.014)	0.000
SIPP 2008 wave 7	-0.026	***	(0.005)	0.000	-0.028	***	(0.005)	0.000	-0.028	***	(0.005)	0.000	-0.026	***	(0.005)	0.000
Observations	29,608				25,302				24,677				24,392			

Standard errors in parentheses; *** p<0.01, ** p<0.05, * p<0.10; Standard errors clustered at individual level; The model includes state fixed effects

Table 18 Estimated Effects (DDD) of the CHIP Expansion on Public Insurance for the Children of Immigrants under 300% FPL, by States that Expanded CHIP Eligibility for Native Children, SIPP 2008

	Within 15 States that Expanded CHIP to Native-born Children				Outside 15 States that Expanded CHIP to Native-born Children			
VARIABLES	Coef.	aster	se	pval	Coef.	aster	se	pval
Post CHIPRA	-0.018		(0.014)	0.202	0.032	***	(0.008)	0.000
Children of Immigrant (CoI)	0.128	**	(0.051)	0.013	0.003		(0.028)	0.910
Post*Expansion	0.043	**	(0.018)	0.015	0.004		(0.011)	0.714
CoI*Expansion	-0.018		(0.060)	0.761	0.076	**	(0.033)	0.021
Post*CoI	-0.115	**	(0.056)	0.039	0.021		(0.028)	0.453
Post*Expansion*CoI	**0.132**	****	**(0.066)**	**0.046**	**-0.015**		**(0.033)**	**0.646**
Hispanic	0.149	***	(0.020)	0.000	0.127	***	(0.011)	0.000
Asian, non-Hispanic	0.071	*	(0.042)	0.088	0.043	*	(0.025)	0.082
Black, non-Hispanic	0.161	***	(0.020)	0.000	0.146	***	(0.012)	0.000
Other race	0.106	***	(0.028)	0.000	0.069	***	(0.017)	0.000
Female	0.006		(0.013)	0.647	-0.005		(0.008)	0.543
Age	-0.011		(0.007)	0.121	-0.010	**	(0.004)	0.012
Living in metropolitan area	0.004		(0.016)	0.820	-0.036	***	(0.011)	0.001
Work-limiting disabilities	0.228	***	(0.051)	0.000	0.278	***	(0.037)	0.000
sehold size	0.033	***	(0.005)	0.000	0.039	***	(0.003)	0.000
Monthly household income	-0.000	***	(0.000)	0.000	-0.000	***	(0.000)	0.000
Years in the U.S.	0.008		(0.007)	0.296	0.003		(0.004)	0.533
Born in Latin America	0.097		(0.060)	0.108	-0.082	***	(0.031)	0.007
Born in Asia	0.241	**	(0.119)	0.043	0.058		(0.048)	0.229
Born in Africa	0.175		(0.120)	0.144	0.147		(0.127)	0.246
Born in Europe	0.275	***	(0.106)	0.009	-0.080		(0.071)	0.258
Born in other region	-0.133		(0.284)	0.638	-0.106		(0.115)	0.355
Single female household	0.171	***	(0.016)	0.000	0.179	***	(0.010)	0.000
Single male household	0.144	***	(0.028)	0.000	0.097	***	(0.015)	0.000
SIPP 2008 wave 7	0.005		(0.009)	0.600	-0.036	***	(0.006)	0.000
Observations			7,866				21,742	

Standard errors in parentheses; *** p<0.01, ** p<0.05, * p<0.10; Standard errors clustered at individual level; The model includes state fixed effects

Table 19 Estimated Effects (DDD) of the CHIP Expansion on Self-rated Health for the Children of Immigrants under 300% FPL, SIPP 2008; Final sample (children with both public insurance and self-rated health information)

	All children of immigrants				Parents entered the US after 2003				Parents entered the US after 2004				Parents entered the US after 2005			
VARIABLES	Coef.	aster	se	pval	Coef.	aster	se	pval	Coef.	aster	se	pval	Coef.	aster	se	pval
Post CHIPRA	0.016	**	(0.007)	0.018	0.012	*	(0.007)	0.085	0.011	*	(0.007)	0.091	0.012	*	(0.007)	0.077
Children of Immigrant (CoI)	-0.081	***	(0.017)	0.000	-0.122	***	(0.026)	0.000	-0.111	***	(0.030)	0.000	-0.136	***	(0.032)	0.000
Post*Expansion	0.014		(0.009)	0.124	0.019	**	(0.009)	0.045	0.017	*	(0.009)	0.065	0.016	*	(0.009)	0.080
CoI*Expansion	0.039	*	(0.021)	0.063	0.050		(0.033)	0.130	0.034		(0.038)	0.372	0.074	*	(0.040)	0.065
Post*CoI	0.057	***	(0.020)	0.004	0.089	***	(0.030)	0.003	0.054		(0.034)	0.116	0.082	**	(0.036)	0.024
Post*Expansion*CoI	**-0.025**		**(0.025)**	**0.311**	**-0.027**		**(0.038)**	**0.489**	**0.026**		**(0.044)**	**0.558**	**-0.020**		**(0.046)**	**0.667**
Hispanic	-0.047	***	(0.007)	0.000	-0.040	***	(0.008)	0.000	-0.042	***	(0.008)	0.000	-0.043	***	(0.008)	0.000
Asian, non-Hispanic	-0.029	**	(0.015)	0.048	-0.041	**	(0.018)	0.022	-0.025		(0.021)	0.219	-0.030		(0.022)	0.159
Black, non-Hispanic	-0.032	***	(0.008)	0.000	-0.032	***	(0.008)	0.000	-0.035	***	(0.008)	0.000	-0.036	***	(0.008)	0.000
Other race	-0.048	***	(0.011)	0.000	-0.040	***	(0.012)	0.001	-0.041	***	(0.012)	0.000	-0.043	***	(0.012)	0.000
Female	0.005		(0.005)	0.338	0.007		(0.005)	0.195	0.006		(0.005)	0.232	0.005		(0.005)	0.329
Age	-0.005	*	(0.003)	0.073	-0.004		(0.003)	0.128	-0.003		(0.003)	0.360	-0.003		(0.003)	0.345
Living in metropolitan area	0.011	*	(0.006)	0.074	0.011	*	(0.007)	0.082	0.012	*	(0.007)	0.068	0.012	*	(0.007)	0.065
Work-limiting disabilities	-0.252	***	(0.019)	0.000	-0.246	***	(0.019)	0.000	-0.245	***	(0.019)	0.000	-0.242	***	(0.019)	0.000
Household size	-0.010	***	(0.002)	0.000	-0.011	***	(0.002)	0.000	-0.011	***	(0.002)	0.000	-0.011	***	(0.002)	0.000
Monthly household income	0.000	***	(0.000)	0.000	0.000	***	(0.000)	0.000	0.000	***	(0.000)	0.000	0.000	***	(0.000)	0.000
Years in the U.S.	0.002		(0.003)	0.539	0.001		(0.003)	0.821	-0.001		(0.003)	0.746	-0.001		(0.003)	0.787
Born in Latin America	0.022		(0.022)	0.319	0.019		(0.026)	0.449	0.018		(0.026)	0.487	0.010		(0.026)	0.701
Born in Asia	-0.041		(0.030)	0.166	-0.033		(0.032)	0.304	-0.026		(0.033)	0.424	-0.001		(0.036)	0.980
Born in Africa	0.090		(0.065)	0.164	0.084		(0.064)	0.194	0.074		(0.063)	0.238	0.103		(0.072)	0.152
Born in Europe	0.015		(0.042)	0.728	0.010		(0.046)	0.832	0.006		(0.046)	0.890	0.024		(0.051)	0.644
Born in other region	-0.011		(0.061)	0.861	-0.003		(0.064)	0.969	-0.003		(0.064)	0.961	0.001		(0.063)	0.990
Single female household	-0.031	***	(0.006)	0.000	-0.035	***	(0.007)	0.000	-0.033	***	(0.007)	0.000	-0.034	***	(0.007)	0.000
Single male household	-0.037	***	(0.010)	0.000	-0.027	**	(0.011)	0.013	-0.026	**	(0.011)	0.021	-0.028	**	(0.011)	0.014
SIPP 2008 wave 7	-0.018	***	(0.005)	0.000	-0.017	***	(0.005)	0.002	-0.018	***	(0.005)	0.001	-0.017	***	(0.005)	0.002
Observations	29,608				25,302				24,677				24,392			

Standard errors in parentheses; *** p<0.01, ** p<0.05, * p<0.10; Standard errors clustered at individual level; The model includes state fixed effects

Table 20 Estimated Effects (DDD) of the CHIP Expansion on Self-rated Health for the Children of Immigrants under 300% FPL, by States that Expanded CHIP Eligibility for Native Children, SIPP 2008

	Within 15 States that Expanded CHIP to Native-born Children				Outside 15 States that Expanded CHIP to Native-born Children			
VARIABLES	Coef.	aster	se	pval	Coef.	aster	se	pval
Post CHIPRA	0.001		(0.012)	0.944	0.021	***	(0.008)	0.008
Children of Immigrant (CoI)	-0.210	***	(0.039)	0.000	-0.050	**	(0.019)	0.010
Post*Expansion	0.024		(0.016)	0.143	0.010		(0.011)	0.345
CoI*Expansion	0.191	***	(0.047)	0.000	0.002		(0.023)	0.934
Post*CoI	0.239	***	(0.047)	0.000	0.013		(0.022)	0.547
Post*Expansion*CoI	**-0.237**	*******	**(0.057)**	**0.000**	**0.025**		**(0.028)**	**0.358**
Hispanic	-0.023		(0.015)	0.125	-0.053	***	(0.008)	0.000
Asian, non-Hispanic	-0.072	**	(0.029)	0.011	-0.009		(0.017)	0.599
Black, non-Hispanic	-0.028	*	(0.016)	0.071	-0.034	***	(0.009)	0.000
Other race	-0.071	***	(0.021)	0.001	-0.037	***	(0.013)	0.006
Female	0.008		(0.010)	0.444	0.004		(0.006)	0.529
Age	-0.009		(0.006)	0.122	-0.003		(0.003)	0.317
Living in metropolitan area	0.000		(0.012)	0.997	0.017	**	(0.007)	0.020
Work-limiting disabilities	-0.272	***	(0.037)	0.000	-0.243	***	(0.022)	0.000
Household size	-0.017	***	(0.003)	0.000	-0.007	***	(0.002)	0.000
Monthly household income	0.000	***	(0.000)	0.000	0.000	**	(0.000)	0.024
Years in the U.S.	0.005		(0.005)	0.326	-0.000		(0.003)	0.948
Born in Latin America	-0.062		(0.047)	0.191	0.045	*	(0.024)	0.064
Born in Asia	-0.011		(0.090)	0.907	-0.053	*	(0.032)	0.098
Born in Africa	-0.001		(0.081)	0.988	0.136		(0.089)	0.125
Born in Europe	-0.093		(0.075)	0.218	0.069		(0.054)	0.206
Born in other region	-0.127		(0.154)	0.409	0.029		(0.059)	0.625
Single female household	-0.038	***	(0.012)	0.002	-0.028	***	(0.007)	0.000
Single male household	-0.039	*	(0.022)	0.079	-0.036	***	(0.012)	0.002
SIPP 2008 wave 7	-0.016	*	(0.009)	0.082	-0.019	***	(0.006)	0.002
Observations	7,866				21,742			

Standard errors in parentheses; *** p<0.01, ** p<0.05, * p<0.10; Standard errors clustered at individual level; The model includes state fixed effects

III. U.S. Native Children with non-immigrant parents

Table 21. Estimated Effects (DD) of the CHIP Expansion on Public Insurance and Self-rated Health for the U.S.-born children with non-immigrant parents under 300% FPL, SIPP 2008

	Public Insurance				Self-rated Health			
VARIABLES	Coef.	aster	se	pval	Coef.	aster	se	pval
Post CHIPRA	0.067	***	(0.023)	0.004	0.069	**	(0.028)	0.013
Post*Expansion	**0.034**		**(0.031)**	**0.265**	**0.076**	******	**(0.038)**	**0.045**
Hispanic	0.461	***	(0.036)	0.000	-0.154	***	(0.035)	0.000
Asian, non-Hispanic	0.260	***	(0.095)	0.006	-0.241	***	(0.083)	0.004
Black, non-Hispanic	0.502	***	(0.034)	0.000	-0.139	***	(0.034)	0.000
Other race	0.273	***	(0.048)	0.000	-0.195	***	(0.048)	0.000
Female	-0.005		(0.024)	0.823	0.017		(0.023)	0.451
Age	-0.018	***	(0.002)	0.000	-0.014	***	(0.002)	0.000
Living in metropolitan area	-0.088	***	(0.030)	0.004	0.055	*	(0.028)	0.055
Work-limiting disabilities	0.851	***	(0.098)	0.000	-0.997	***	(0.083)	0.000
Household size	0.121	***	(0.009)	0.000	-0.051	***	(0.007)	0.000
Monthly household income	-0.000	***	(0.000)	0.000	0.000	***	(0.000)	0.000
Single female household	0.561	***	(0.029)	0.000	-0.154	***	(0.028)	0.000
Single male household	0.377	***	(0.048)	0.000	-0.144	***	(0.049)	0.003
SIPP 2008 wave 7	-0.087	***	(0.017)	0.000	-0.088	***	(0.023)	0.000
Constant	-0.083		(0.103)	0.423	1.401	***	(0.111)	0.000
Observations	23,714				23,714			

Standard errors in parentheses; *** p<0.01, ** p<0.05, * p<0.10; Standard errors clustered at individual level; The model includes state fixed effects

Table 22 Estimated Effects (DD) of the CHIP Expansion on Public Insurance for the U.S.-born children with non-immigrant parents under 300% FPL, by States that Expanded CHIP Eligibility for Native Children, SIPP 2008

	Within 15 States that Expanded CHIP to Native-born Children				Outside 15 States that Expanded CHIP to Native-born Children			
VARIABLES	Coef.	aster	se	pval	Coef.	aster	se	pval
Post CHIPRA	-0.042		(0.046)	0.356	0.108	***	(0.027)	0.000
Post*Expansion	**0.119**	****	**(0.056)**	**0.036**	**0.003**		**(0.037)**	**0.931**
Hispanic	0.573	***	(0.079)	0.000	0.424	***	(0.041)	0.000
Asian, non-Hispanic	0.489	***	(0.179)	0.006	0.188	*	(0.114)	0.098
Black, non-Hispanic	0.543	***	(0.067)	0.000	0.485	***	(0.040)	0.000
Other race	0.386	***	(0.094)	0.000	0.222	***	(0.056)	0.000
Female	0.030		(0.045)	0.510	-0.022		(0.028)	0.430
Age	-0.012	***	(0.005)	0.009	-0.021	***	(0.003)	0.000
Living in metropolitan area	-0.062		(0.054)	0.250	-0.109	***	(0.036)	0.003
Work-limiting disabilities	0.764	***	(0.172)	0.000	0.884	***	(0.119)	0.000
Household size	0.099	***	(0.017)	0.000	0.133	***	(0.010)	0.000
Monthly household income	-0.000	***	(0.000)	0.000	-0.000	***	(0.000)	0.000
Single female househol	0.569	***	(0.058)	0.000	0.560	***	(0.034)	0.000
Single male household	0.473	***	(0.101)	0.000	0.344	***	(0.054)	0.000
SIPP 2008 wave 7	-0.012		(0.031)	0.689	-0.114	***	(0.021)	0.000
Observations		6,626				17,085		

Standard errors in parentheses; *** p<0.01, ** p<0.05, * p<0.10; Standard errors clustered at individual level; The model includes state fixed effects

Table 23. Estimated Effects (DD) of the CHIP Expansion on Self-rated Health for the U.S.-born children with non-immigrant parents under 300% FPL, by States that Expanded CHIP Eligibility for Native Children, SIPP 2008

	Within 15 States that Expanded CHIP to Native-born Children				Outside 15 States that Expanded CHIP to Native-born Children			
VARIABLES	Coef.	aster	se	pval	Coef.	aster	se	pval
Post CHIPRA	0.012		(0.052)	0.815	0.089	***	(0.033)	0.007
Post*Expansion	**0.138**	****	**(0.070)**	**0.048**	**0.053**		**(0.046)**	**0.243**
Hispanic	-0.088		(0.074)	0.236	-0.171	***	(0.040)	0.000
Asian, non-Hispanic	-0.317	*	(0.174)	0.068	-0.200	**	(0.094)	0.033
Black, non-Hispanic	-0.184	***	(0.069)	0.007	-0.126	***	(0.039)	0.001
Other race	-0.315	***	(0.089)	0.000	-0.144	**	(0.057)	0.012
Female	0.021		(0.044)	0.626	0.014		(0.027)	0.599
Age	-0.014	***	(0.005)	0.002	-0.015	***	(0.003)	0.000
Living in metropolitan area	0.037		(0.052)	0.474	0.063	*	(0.034)	0.064
Work-limiting disabilities	-1.091	***	(0.160)	0.000	-0.952	***	(0.096)	0.000
Household size	-0.073	***	(0.013)	0.000	-0.040	***	(0.009)	0.000
Monthly household income	0.000	***	(0.000)	0.000	0.000	***	(0.000)	0.009
Single female househol	-0.162	***	(0.056)	0.004	-0.149	***	(0.033)	0.000
Single male household	-0.069		(0.105)	0.512	-0.164	***	(0.054)	0.003
SIPP 2008 wave 7	-0.078	*	(0.043)	0.072	-0.091	***	(0.027)	0.001
Observations		6,626				17,085		

Standard errors in parentheses; *** p<0.01, ** p<0.05, * p<0.10; Standard errors clustered at individual level; The model includes state fixed effects

Figure 1. Trends in Public Health Insurance for Immigrant Children (Foreign-born and Children of Immigrants) under 300% FPL in the 50 states and DC (years 2004-2011) (%)

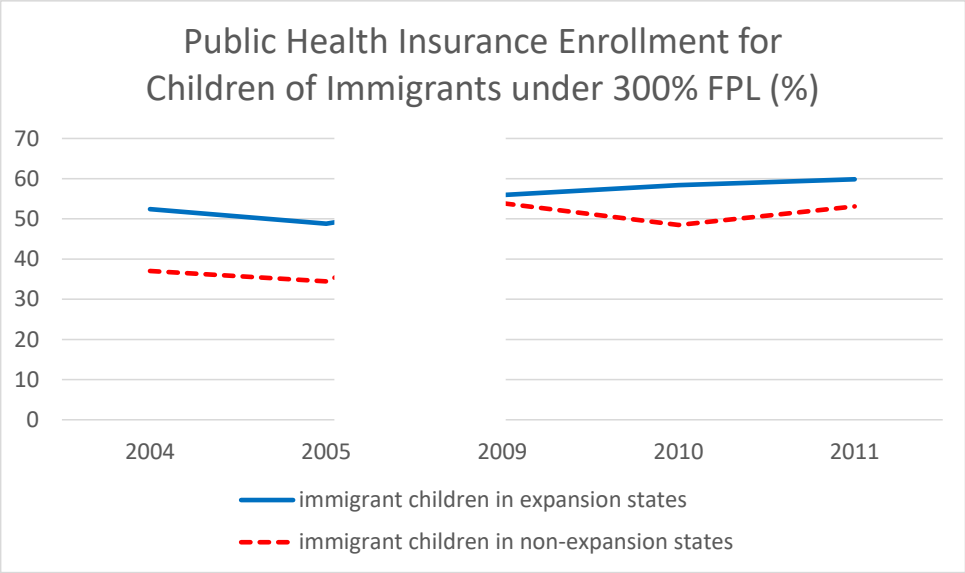

Figure 2 Trends in Self-rated Health for Immigrant Children (Foreign-born and Children of Immigrants) under 300% FPL in the 50 states and DC (years 2004-2011) (%)