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What Can We Learn from Guaranteed Basic Income Pilots in the United States? Evidence on Employment Effects

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Between 2017 and 2025, at least 122 pilots across 33 states and the District of Columbia evaluated the effects of a guaranteed basic income (GBI), allocating $481 million in GBI payments to more than 40,000 recipients. We summarize these studies' methodologies and findings, focusing on their employment effects. Among the 30 GBI pilots that are randomized controlled trials with published employment outcomes, employment increased by a mean of 0.8 percentage points. Among the four such pilots with a treatment group of at least 500 participants, which together comprise 55 percent of all treatment-group participants, the mean effect on employment is −3.2 percentage points, or a mean income elasticity of −0.18, which is consistent with estimates from the academic literature. We do not find strong patterns related to the pilots' timing or most of the participants' demographic characteristics. We suggest caution in relying on evidence from these pilots to inform future policy debates regarding a GBI's employment effect: Most of the pilots had small sample sizes and substantial attrition. Even the highest-quality pilots were conducted during the COVID-19 pandemic or soon thereafter, and they might not generalize to a permanent, universal, nationwide GBI implemented during current or future economic and policy conditions.

Over the past decade, interest has surged in a guaranteed basic income (GBI)—a regular, unconditional cash benefit targeted at specific subpopulations. Silicon Valley entrepreneurs such as Sam Altman have suggested a coming need for a universal basic income (which would cover the entire population) given the potential labor market displacements resulting from future technological advancement. Altman has argued that it is necessary to pilot a GBI on a smaller scale before expanding such a program to the entire nation (Altman 2016). He subsequently helped fund one of the largest GBI pilots to date (Vivalt et al. 2024).

Nonprofit organizations advocating for a GBI have supported other pilots. The Economic Security Project funded early GBI pilots in Jackson, Mississippi, in 2018 (Conti 2020) and in Stockton, California, in 2019 (West and Castro 2023). Meanwhile, Mayors for a Guaranteed Income, a coalition of mayors from across the United

States, has emerged as a primary advocacy organization for a GBI by securing support from local officials, providing guidance for facilitators, and funding pilots through private philanthropy. The COVID-19 pandemic accelerated the proliferation of GBI pilots as more public and private resources became available to address pandemic-related challenges, with many cities funding GBI pilots using federal funds from the American Rescue Plan Act.

The central objective of the GBI pilots conducted over the past decade has been to determine the effects that direct, unconditional cash transfers have on recipients—including the physical and mental health outcomes of adults and children and economic outcomes such as employment, income, and consumption. Yet for all the media attention on individual studies, relatively little is known about the comparative nature and efficacy of these pilots, or their findings in aggregate.

We produce summary statistics of the universe of GBI pilots that took place between 2017 and 2025 in the United States, based on information that the Stanford Basic Income Lab (BIL) assembled and that we collected from individual studies and other public information. We then turn our focus to GBI pilots that have published average treatment effects on the share of participants who are employed, summarizing their magnitude, determining how much effects vary based on the pilots' attributes, and contextualizing the results within the broader academic literature. We conclude by discussing the implications for the GBI policy debate.

Summary Statistics of the GBI Pilots

The universe of GBI pilots we study is derived from the BIL, which provides the location, duration, payment size, and number of recipients for each pilot, and it notes whether a pilot is a randomized controlled trial. The BIL uses an inclusive definition of guaranteed income: "any program (active or concluded) of regular, unconditional cash payments." Using this definition, the BIL captured 181 unique "guaranteed income" pilots in the United States as of November 17, 2025 (BIL 2020).

However, this universe includes cases we do not classify as GBI pilots and older cases that are not the focus of this report; the pilots we include occurred between 2017 and 2025. The negative income tax (NIT) experiments, which took place around the 1970s, did not constitute GBI pilots because their payments were reduced as participants' earnings rose. Furthermore, the NIT experiments were conducted nearly 50 years ago, so the evidence they produced might not generalize to current contexts. BIL (2020) also includes the Alaska Permanent Fund, which varies payments from year to year depending on state oil revenue, and tribal casino payments to tribe members. These are not GBI pilots but rather permanent policies.

For the purposes of our analysis, we focus on pilots that issue regular, unrestricted cash payments in which the total disbursement is not affected by any recipient behavior and the payments have a start and end date. We further restrict our sample to pilots that began between 2017 and 2025. These restrictions result in 122 unique pilots we consider, with the first pilot starting in 2017.[1]

Table 1 presents an overview of the GBI pilots in the United States that began between 2017 and 2025. Of the 122 pilots in our universe, 52 (43 percent) resulted in a published report tracking individual outcomes. Among those, 35 are randomized controlled trials that, via random assignment, compare a treatment group's outcomes with those of a control group to determine the causal effect of the GBI payments. Thirty of those (86 percent) report employment outcomes.

Combining data from the BIL and individual pilot studies—including information on payment amount, frequency, and number of recipients—we calculate that approximately $481 million has been spent on transfer payments for GBI recipients. This figure does not include

1 To determine whether a pilot should be included in our universe based on the study's dates and location and the nature of its payments, we rely on data provided for each pilot by the BIL and publicly reported information about the pilot, including published reports and media articles. We include one additional pilot not included in the BIL universe: the City of Rochester's Guaranteed Basic Income Pilot Program (Kalsi et al. 2025).

Table 1. Descriptive Statistics of the Universe of GBI Pilots in the US, 2017–25

Number of Pilots	122
With Published Outcomes	52
With Randomized Design	35
With Employment Outcomes	30
Total Amount Spent on Transfers	$481,432,400
Number of Transfer Recipients	40,921
Total Participants (Including Control Group)	61,664
Mean Total Payment per Recipient	$11,765
Mean Duration of Receipt (Months)	18.4
Mean Monthly Payment	$616

Source: Authors' calculations using BIL (2020); Kalsi et al. (2025); and various sources including pilot reports and public reporting on pilots.

Note: "Total Amount Spent on Transfers" includes only transfers to treatment-group participants; it excludes any payments to control-group participants and the value of any data-collection incentives. The number of total participants is understated because not all pilots report the control group's size. "Mean Total Payment per Recipient" is the total amount spent on transfers divided by the number of transfer recipients, and it thus represents the mean payment amount per recipient across the full period we studied. "Mean Duration of Receipt" and "Mean Monthly Payment" are unweighted means across pilots, not recipients. The universe of pilots represented in this table includes those that appear in the BIL dataset (as of November 17, 2025) and Kalsi et al. (2025), which does not appear in the BIL dataset. Pilots are excluded from the table if they were conducted outside the United States, finished before 2017, did not provide unconditional cash payments, or were a permanent policy as opposed to a temporary pilot. Information regarding the pilots is obtained from the BIL dashboard, and we supplemented and validated it when possible using information from pilot websites and supporting documents and public media reporting. Of the 122 pilots in the sample, 52 had published outcomes, and of those 52, 35 pilots had randomized controlled trials. Of the 35 pilots that had randomized controlled trials, 30 provided employment outcomes.

money spent on control groups, survey incentives, program delivery, or evaluation.[2]

We calculate that 40,921 individuals have received GBI payments from a pilot (excluding any control-group individuals who, in some cases, receive a modest monthly payment), and 61,664 individuals have been involved in the pilots as either treatment- or control-group members. There are far fewer control-group members (20,743) than there are GBI payment recipients, largely because not all GBI pilots use a comparison group. For context, the NIT experiments included 8,700 participants (Moffitt 1981), or 14 percent of the GBI pilot participants from 2017 to 2025. In our universe of pilots, the mean total payment to treatment-group participants during a study is $11,765, and the mean experimental duration is 18.4 months.

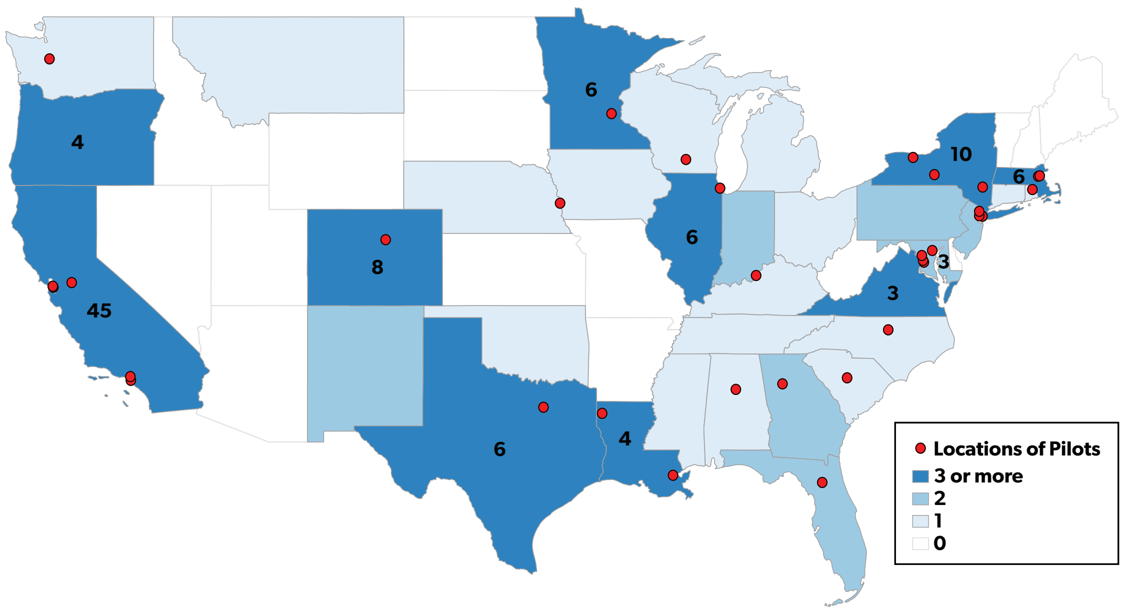
From 2017 to 2025, GBI pilots were conducted in 33 states and the District of Columbia, as reported in Figure 1. The states with the most pilots were California (45), New York (10), and Colorado (eight). Illinois, Massachusetts, Minnesota, and Texas each had six pilots; Oregon and Louisiana each had four; Virginia and the District of Columbia each had three; and all other states each had two or fewer pilots. The 30 pilots that were randomized controlled trials with published employment outcomes (denoted as red dots in Figure 1) were conducted in 21 states, including five in California, four in New York, and either one or two in the remaining 19 states and DC.[3]

The GBI pilots in Table 1 and Figure 1 vary in their designs, data collection, and study quality, even among the randomized controlled trials. One of the largest, most comprehensive, and highest-quality GBI pilots in the United States from 2017 to 2025 is the OpenResearch Unconditional Income Study (ORUS). ORUS was a randomized controlled trial in Illinois and Texas that provided 1,000 individuals with monthly payments of $1,000 each for three years, for a total transfer of $36,000 per recipient, at a total cost of $36.0 million from the transfers alone. The study's key advantages are its large sample size and its little to no attrition due to its reliance on a combination of administrative data and detailed and reliable survey data collection. Notable findings include moderate employment reductions (Vivalt et al. 2024), few significant effects on health outcomes (Miller et al. 2024), and increased consumption (Bartik et al. 2024).

2 The $481 million expenditure includes transfers for all treatment-group recipients, regardless of whether they participated in all survey data collection. It is calculated as the product of treatment group size, monthly payment amount, and the number of months that payment was received. To the extent that some treatment-group recipients stopped collecting payments at some point during the study, our total expenditure estimate would overstate actual transfer spending.

3 Because some pilots were conducted across multiple states and each location is marked individually in Figure 1, the total number of pilots marked in Figure 1 exceeds 30.

Figure 1. Number of GBI Pilots by State and Locations of Pilots That Are Randomized Controlled Trials with Reported Employment Effects, 2017–25



Source: Authors' calculations using BIL (2020) and various sources including pilot reports and public reporting on pilots.
Note: The value inside a state represents the number of GBI pilots that took place in the state between 2017 and 2025. States that do not contain a value have either zero GBI pilots (shaded white) or one or two (shaded a pale blue). Red dots indicate the locations of the 30 GBI pilots that were a randomized controlled trial with published employment outcomes.

A similarly large pilot in terms of the amount spent on GBI payments and treatment-group size is the Basic Income Guaranteed: Los Angeles Economic Assistance Pilot (BIG:LEAP), a randomized controlled trial conducted in Los Angeles. It provided 12 monthly payments of $1,000 to 3,202 recipients, for a total cost of $38.4 million (Kim et al. 2024). However, its original sample experienced an overall attrition rate of 55 percent due to the pilot's reliance on survey data alone. Other notable randomized pilots with substantial treatment group sizes are Chelsea Eats in Massachusetts (1,067 individuals) and the Compton Pledge in California (695 individuals).

Most of the pilots are much smaller. Among the 122 unique pilots, 30 have fewer than 100 treatment-group members, and 18 have fewer than 50 treatment-group members. Almost all the pilots that track outcomes rely exclusively on survey data and are thus subject to misreporting and nonresponse bias. Notably, attrition tends to be substantial when it is documented.

The studies naturally track different variables with different definitions, but some definitions are unconventional, such as categorizing those engaged in unpaid at-home caregiving as being "employed." This can make it difficult to compare outcomes across studies. The outcomes from the 70 pilots without published reports to date cannot be compared at all.

Employment Effects in GBI Pilots

A central empirical question in the GBI literature is the intervention's labor-supply effects. Because a GBI is not designed to phase out as earnings rise, it does not discourage work through a substitution effect. However, by increasing a household's income, a GBI may cause individuals to work less because having a higher income likely leads to consuming more of all goods, including leisure, which translates into less time working.

Alternatively, a GBI may increase employment if the payments are used to reduce barriers to entry into the labor market, such as by covering childcare or transportation expenses, though evidence for this particular channel is limited. Ultimately, a GBI's effect on employment is an empirical question.

This section summarizes GBI pilots' employment effects and evaluates what factors, if any, drive their heterogeneous findings. Throughout, our goal is not to uncover a single income elasticity parameter. The pilots focus on different subpopulations with different methodologies and unique limitations, making it difficult to credibly pool the studies. Instead, we summarize the range of employment effects and explore some of the factors that might explain their variation.

Employment Effects and Other Study Characteristics

Of the universe of GBI pilots with published reports, 30 include average treatment effects on employment participation—that is, whether an individual is employed. Throughout this section, we use the term "employment" to refer to employment participation, as opposed to the intensive margin response on the number of hours worked. We first report descriptive statistics for these pilots related to their study design, sample composition, and employment outcomes.

As reported in Table 2, the 30 pilots included in our analysis vary in their design. The treatment group sizes range from 100 to 3,202 participants, with a mean of 359. The treatment group size in half of the pilots is 151 or fewer participants, which is relatively small for detecting meaningful changes in employment. Control group sizes range from 84 to 4,992. On an annualized basis (calculated as the monthly GBI payment times 12), the mean GBI payment is $7,177, with a range of $3,996 to $12,000.

The GBI payments are large relative to baseline household incomes. While we would ideally observe a comprehensive income measure that adjusts for taxes and transfers (including pandemic-related benefits), we are forced to rely on the income measures as they are presented in the pilot reports. These measures are typically more limited and do not precisely define the income sources that the pilots included. Expressed as a share of mean baseline household income of each pilot's treatment group, the GBI payment represents an income increase of between 17.8 and 87.1 percent, with a mean of 39.5 percent. The GBI payments are provided for an average of 19.2 months, with the longest pilot providing payments for 76 months (Sauval et al. 2024).

Among the 26 pilots for which we can determine attrition rates, the mean is 37 percent. This substantial attrition could bias treatment effects if it is nonrandom across the treatment and control groups.

Demographic variables for the treatment group are reported in most but not all pilot studies. For each variable, Table 2 summarizes the distribution of pilot-level means across all pilots that reported that variable. Baseline employment rates for treatment-group participants tend to be relatively low but vary substantially, ranging from 0.22 to 0.81, with a mean of 0.53. In the average treatment group, 74 percent of participants have children, 71 percent are women, 15 percent are married, 50 percent are black, and 27 percent are Hispanic. For comparison, in 2024, the population living in poverty in the United States was 23 percent black and 29 percent Hispanic (Shrider and Bijou 2025, fig. 3). The high concentration of black individuals in the pilots may stem from an explicit focus on specific racial groups, a higher prevalence of pilots in areas with relatively higher concentrations of black individuals within their low-income populations, or a combination of factors.

Our primary outcome of interest is a GBI's average treatment effect on employment—that is, whether a recipient is engaged in paid labor-market activities when the final pilot payment is made.[4] In our analysis, we classify full- and part-time work, self-employment, and gig work as employment regardless of pilots' alternative definitions, when pilots make these categories available in their studies.[5] We prioritize estimated employment

4 Some studies define "end line employment" as the recipient's employment status after the intervention is withdrawn (e.g., six months after payments cease). We use the employment status when the final payment is made. Goodman-Bacon and Palmer (2024b) report the effect of a GBI solely on a labor-supply index that combines extensive and intensive margins. To maintain comparability with other studies, we rely on a set of exploratory outcomes from Goodman-Bacon and Palmer (2024a) that includes current employment.

5 Due to reporting limitations, we are unable to exclude unpaid household work in Thomas et al. (2025). The authors report that a GBI had a positive treatment effect on employment inclusive of unpaid household work. But notably, the study also reports a positive treatment effect on the share of income from earnings, suggesting that a GBI potentially encourages employment.

Table 2. Descriptive Statistics of GBI Pilots with Randomized Designs and Published Employment Effects, 2017–25

Characteristic	Mean	Median	Standard Deviation	Minimum	Maximum	*N*
Study Design Attributes						
Treatment Group Size	359	151	582	100	3,202	30
Control Group Size	503	175	934	84	4,992	30
Annualized Payment	$7,177	$6,000	$2,495	$3,996	$12,000	30
Total Payment	$11,501	$9,000	$7,539	$2,700	$36,000	30
Payment Duration (Months)	19.2	15.0	12.3	9.0	76.0	30
Attrition (as a Share of Total)	0.37	0.36	0.18	0.00	0.67	26
Sample Composition						
Mean Baseline Annual Household Income	$19,242	$17,733	$5,719	$9,204	$31,836	28
Baseline Employment Rate	0.53	0.54	0.16	0.22	0.81	29
Share with Children	0.74	0.72	0.25	0.23	1.00	26
Share Who Are Female	0.71	0.75	0.23	0.00	1.00	28
Share Who Are Married	0.15	0.16	0.09	0.00	0.28	21
Share Who Are Black	0.50	0.46	0.28	0.03	0.97	29
Share Who Are Hispanic	0.27	0.20	0.23	0.00	0.90	27
Study Outcomes						
Effect on Share Employed	0.008	−0.005	0.084	−0.189	0.200	30
Percentage Effect on Employment	1.5%	−1.4%	15.7%	−31.8%	31.5%	29
Percentage Change in Income from GBI	39.5%	32.4%	19.3%	17.8%	87.1%	28
Employment Elasticity	0.04	−0.05	0.46	−0.84	1.22	27

Source: Authors' calculations.

Note: The pilots represented in this table, listed in Table A1, are randomized controlled trials with published employment outcomes. Information about these pilots was obtained from the BIL dashboard and supplemented and validated by pilot reports. "Annualized Payment" is the monthly GBI payment multiplied by 12. "Total Payment" is the total amount of GBI payment distributed to each member of the treatment group over the entire study. Attrition and the treatment effect on the share who are employed are calculated based on relevant values in the pilot report when not directly reported. "Percentage Effect on Employment" is calculated as the effect on the share who are employed divided by the baseline employment rate. "Percentage Change in Income from GBI" is calculated as the annualized GBI payment divided by annual household income. "Employment Elasticity" is calculated as the percentage change in employment divided by the percentage change in income. There were fewer than 30 pilots used to calculate the statistics in some rows because for some pilots, the values or necessary inputs to the values are unavailable.

impacts directly reported in a study, if available, that are consistent with our employment definition. Otherwise, we calculate the implied impact as the difference between the treatment group's employment rate at the end of the pay period and the study's baseline employment rate, minus the difference over the same period for the control group.

When baseline employment rates are not reported, we compare employment rates between the treatment and control group at the end of the study period. If employment rates are not reported at the end of a study, we instead rely on rates reported either before or after the end of the study period, if available. When a pilot reports employment rates for multiple treatment arms, we rely on the treatment arm that the report focuses on the most. We include the point estimate for each pilot regardless of whether it is statistically significant.

As reported in Table 2, GBI pilots have a wide range of employment effects that cluster around zero. A GBI's effect on employment at the end of payment receipt ranges from a decrease of 18.9 percentage points to an increase of 20.0 percentage points, with a mean of a 0.8 percentage point increase and a median of a 0.5 percentage point decrease. Table 2 also reports income elasticities, calculated as the percentage change in employment divided by the percentage change in household income. The income elasticities similarly vary widely, ranging from −0.84 to 1.22, with a mean of 0.04 and a median of −0.05.

Timing

All the GBI pilots took place at least in part during an abnormal time. The COVID-19 pandemic posed an unprecedented shock to the United States economy. In February 2020, the national unemployment rate was 3.5 percent, a 50-year low. In March, rising infections led the federal government to declare a national health emergency, and states issued stay-at-home orders. By April, the economic shutdown contributed to the unemployment rate rising to a historic 14.8 percent. This most pervasively affected the leisure and hospitality sector, which disproportionately employs workers from historically disadvantaged groups, including those with less education (Falk et al. 2021).

The federal government responded to the pandemic and the associated economic shutdowns with policies that, among other measures, provided financial assistance to individuals and families. These measures included three rounds of economic impact payments: $1,200 per adult and $500 per child in March 2020, $600 for each adult and child in December 2020, and $1,400 for each adult and child in March 2021.[6]

Congress also authorized bolstered unemployment assistance starting in March 2020. Pandemic Unemployment Assistance covered workers not eligible for standard unemployment insurance. Federal Pandemic Unemployment Compensation provided a supplement to all unemployed workers of $600 per week from March 2020 through July 2020, then $300 per week from December 2020 through September 2021, although some states opted out sooner (Whittaker and Isaacs 2022). Pandemic Emergency Unemployment Compensation provided additional weeks of unemployment benefits to individuals who had exceeded the time limit of their state's unemployment benefits.

Additionally, in March 2021, Congress made temporary changes to the child tax credit (CTC): It increased the maximum per-child credit from $2,000 to $3,600 for children under the age of six and $3,000 for children age six to 17, made the credit fully refundable, and eliminated the earnings requirement. Rather than offsetting federal income tax liability during the year and paying the refundable portion at tax-filing time, half of the 2021 CTC was paid in direct monthly benefit payments to parents from July to December 2021, and the other half was paid when families filed their 2021 taxes, typically by April 2022.

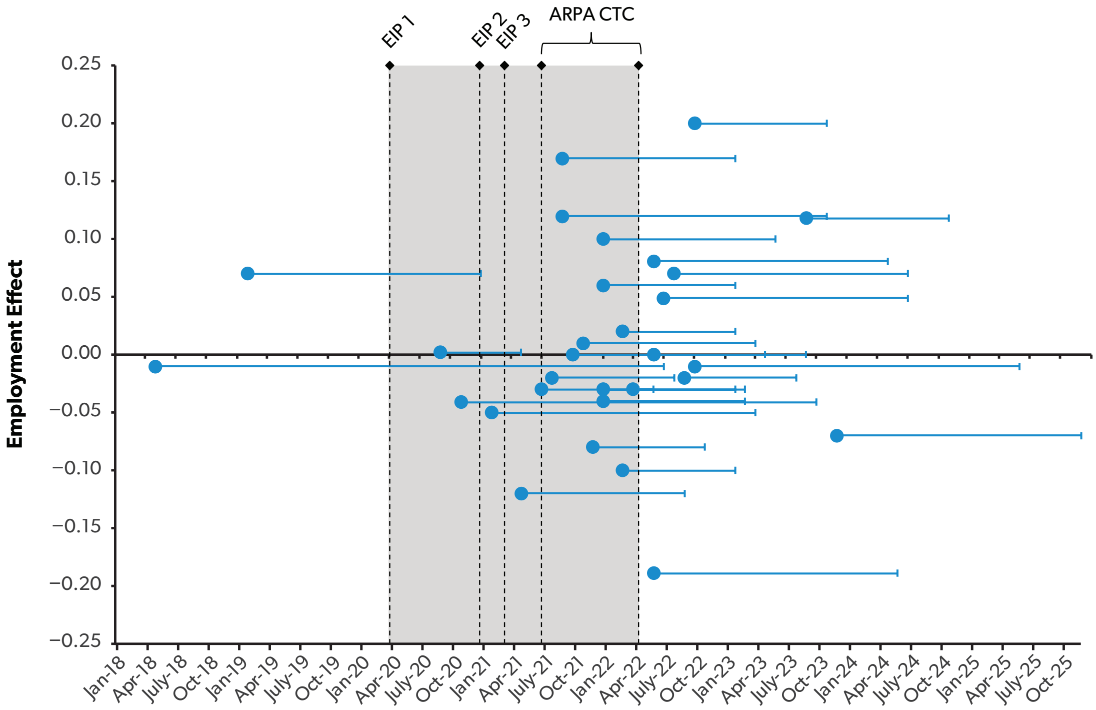
Finally, amid other temporary policy changes like the cessation of student loan payments and the closing and reopening of schools, various transfer programs were made more generous: The Supplemental Nutrition Assistance Program increased its benefits, Medicaid allowed continuous enrollment, and the Emergency Rental Assistance Program provided temporary aid for rent and utility costs.

None of the pilots concluded before the onset of the COVID-19 pandemic, and the latest pilot began in December 2023, just seven months after the federal public health emergency was officially declared over yet still during a period of historically high inflation. Figure 2 reports the timing of each pilot relative to the federal government's pandemic-era income-transfer policies. Each line segment represents a different pilot, with the dot representing its start date and the vertical hash mark representing its end date. The vertical position of the pilot's line segment indicates its employment effect. Select fiscal policies that target specific households are also represented, including the three rounds of economic impact payments and the period when the monthly CTC payments were distributed under the American Rescue Plan Act.

From the figure, it is clear that many pilots started while other government programs were providing substantial transfers to households, especially expanded monthly CTC payments under the American Rescue Plan

6 Tax filers with an adjusted gross income above $150,000 (for those who were married and filing jointly), $112,500 (head-of-household filers), or $75,000 (single filers) were not eligible for the full payment.

Figure 2. Timeline and Employment Effects of GBI Pilots with Randomized Designs and Published Employment Effects Relative to Pandemic-Era Income-Transfer Policies, 2017–25



Source: Authors' calculations.

Note: The pilots represented in this figure, listed in Table A1, are randomized controlled trials with published employment outcomes. Each line segment represents a different pilot, with a dot representing its start date and a vertical hash mark representing its end date. The position of a pilot's line segment along the *y*-axis indicates its employment effect. The gray shaded region denotes a period when economic impact payments (EIPs) and the American Rescue Plan Act (ARPA) CTC payments were made. The enactment of each EIP and the start and end dates of the ARPA CTC (with the final payment made when households filed their 2021 taxes, which we assumed to be April 2022) are represented as vertical dashed lines.

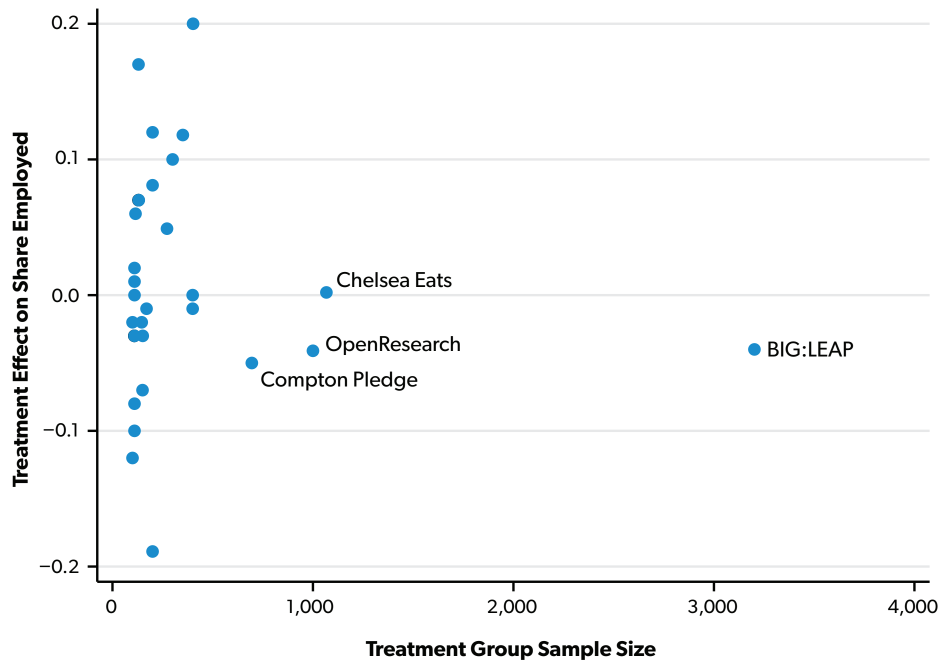
Act. By the time most pilots began, the national unemployment rate had already fallen to levels much closer to its pre-pandemic low from its historic high in April 2020, but the recently recovered labor market at the onset of many pilots may have shaped the effects of GBI payments.

In addition, unemployment rates varied substantially following the pandemic, which could have affected pilots across the country differently. While Figure 2 does not show a clear directional pattern, the timing of the pandemic and fiscal stimulus could have shaped GBI pilots' employment effects, and this would consequently limit the pilots' generalizability to more normal economic conditions. Notably, pilots conducted after the fiscal response nonetheless occurred during abnormal macroeconomic conditions, with the labor market normalizing but inflation increasing to levels not seen since the 1970s. It is difficult to predict how the changing circumstances during and after the COVID-19 pandemic shaped the results of GBI pilots operating at the same time.

Sample Size

One of the most striking differences among the pilots is their sample size. Of the 30 pilots in the analysis sample, 20 have no more than 200 participants in the treatment group, and another six pilots have between 272 and 402 participants in the treatment group. The

Figure 3. Treatment Effect on the Share Who Are Employed by Treatment-Group Size (GBI Pilots with Randomized Designs and Published Employment Effects, 2017–25)



Source: Authors' calculations.

Note: The pilots represented in this figure, listed in Table A1, are randomized controlled trials with published employment outcomes. Each dot is a unique pilot with a randomized design and published employment effects. The *x*-axis corresponds with the treatment group size, and the *y*-axis corresponds with the treatment effect on the share who are employed. Pilots with at least 500 treatment-group participants are labeled.

other four pilots have treatment group sizes of 695 (Compton Pledge), 1,000 (ORUS), 1,067 (Chelsea Eats), and 3,202 (BIG:LEAP), and they together comprise 55 percent of all treatment-group participants (5,964 out of a total of 10,781 individuals across the 30 pilots in the analysis sample).

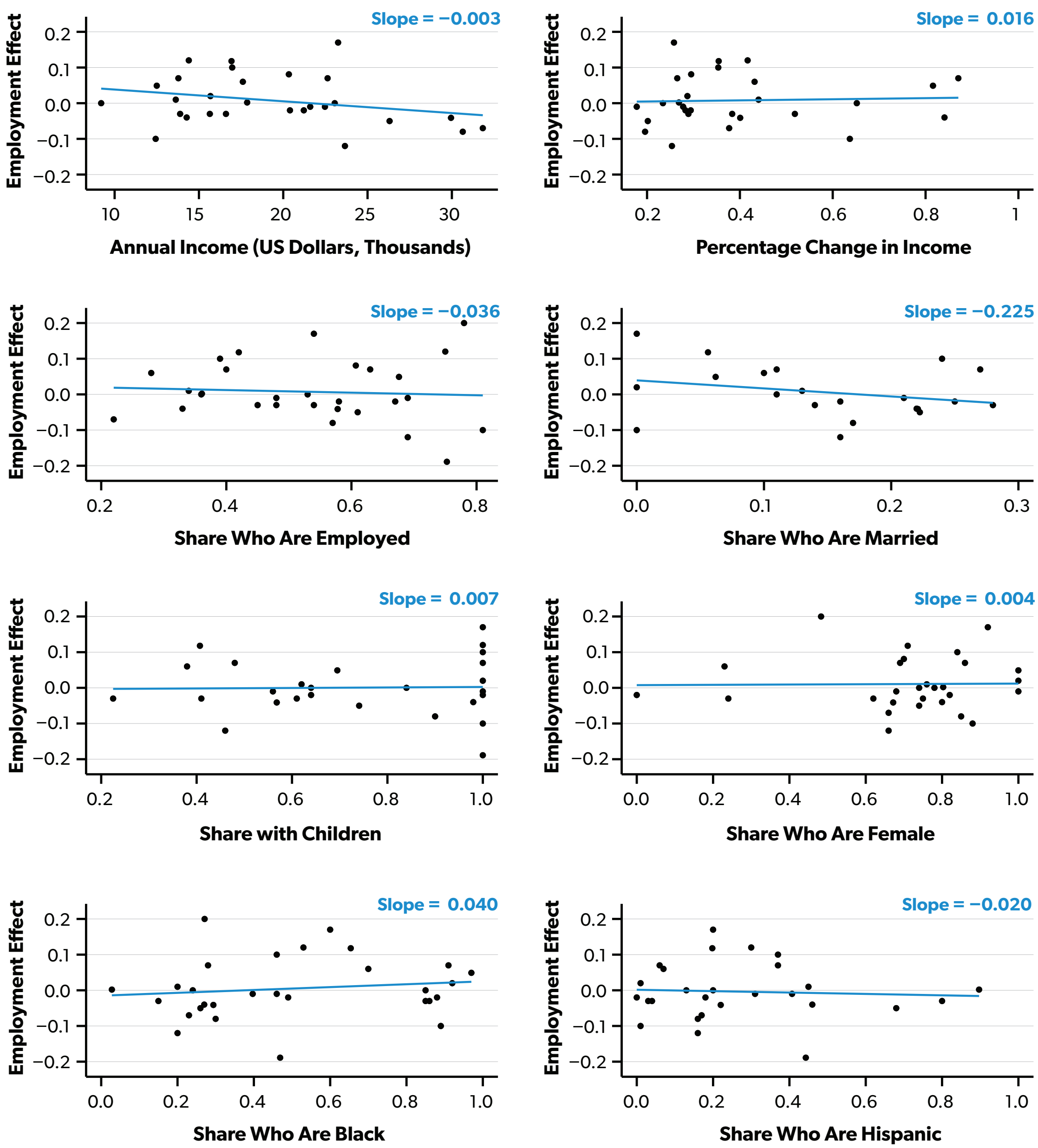
There is no inherent reason why otherwise equivalent studies with larger sample sizes would have smaller or larger effects, on average. However, the larger pilots' estimated treatment effects should have lower standard errors due to their larger samples. It is also possible that study quality is positively correlated with the sample size if better-funded efforts dedicate more resources to expanding the sample and investing in the quality of survey instruments, follow-up with participants, and other elements that improve a study's quality. Alternatively, the studies may have traded lower sample sizes for higher study quality.

Figure 3 plots the treatment effect on employment and treatment group size for each pilot. Not surprisingly, treatment effect estimates vary widely among pilots with relatively smaller treatment groups, reflecting their imprecision and thus higher propensity for estimates that deviate further from their (unobserved) population effect. The four pilots with a larger treatment group are clustered closer together. The average treatment effect across these four studies is also lower, −3.2 percentage points, compared with an average of 0.8 percentage points for the full set of pilots.

Individual Characteristics

We next evaluate how much the treatment effect on employment varies according to the characteristics of treatment-group participants. Samples composed of sub-populations whose employment decisions tend to respond more strongly to income changes would likely have larger treatment effects. Goodman-Bacon and Palmer (2024b) plot average treatment effects of a

Figure 4. Treatment Effect on the Share Who Are Employed (GBI Pilots with Randomized Designs and Published Employment Effects, 2017–25)



Source: Authors' calculations.

Note: The pilots represented in this figure, listed in Table A1, are randomized controlled trials with published employment outcomes. In each panel, each dot is a unique pilot with a randomized design and published employment effects. The *x*-axis corresponds with a specific variable, and the *y*-axis corresponds with the treatment effect on the share who are employed. "Annual Income" corresponds with annual household income. "Percentage Change in Income" corresponds with the annualized GBI payment divided by annual household income.

GBI across a number of baseline characteristics, including labor-supply effects versus baseline income, from seven GBI pilots. We expand on their analysis by using our broader set of pilots and considering other characteristics. We present these two-way relationships in Figure 4, in which each dot in a given panel represents a unique pilot. We also include a line of best fit and its slope.

Figure 4 reports a modest negative relationship between the average treatment effect and baseline household income, consistent with the pattern Goodman-Bacon and Palmer (2024b) found using their more-limited set of pilots. While we might expect that employment effects would have a larger magnitude (i.e., be more negative) when the percent increase in income arising from the GBI payment is higher, no such relationship is evident. For each of the demographic variables shown—the share of participants who have children and who are employed, married, female, black, or Hispanic—there is no visible relationship with the treatment effect, except for a modest negative relationship between the treatment effect and the share who are married. This latter result may reflect stronger income effects among married women.[7] The lack of visible relationships for the other demographic variables could stem from similar employment effects across subpopulations or imprecision in the treatment effect estimates that outweighs any underlying relationships.

Comparison with Previous Literature

In this section, we compare employment effects found in our set of GBI pilots with the broader literature on how income affects employment. Because the GBI pilots all provide cash transfers that do not depend on earnings, they represent a pure income effect. Thus, we convert the average treatment effects into elasticities and compare them with income effect elasticities from the academic literature.

We calculate income elasticities from the GBI pilots by dividing the percentage change in employment by the percentage change in income. The percentage change in employment is calculated as the average treatment effect on the share who are employed divided by the baseline employment rate, and the percentage change in income is calculated as the annualized amount of GBI (12 times the monthly payment) divided by the baseline annual household income. As previously noted, reported baseline incomes are likely understated in the pilot surveys, and thus the magnitudes of our calculated elasticities are likely muted as well.

Elasticities from the GBI pilots are reported in Table 3, Panel A. Because baseline incomes are not reported in two studies and baseline employment is not reported in a third, Table 3 includes only 27 observations before imposing any sample restrictions. The mean (median) elasticity is 0.04 (−0.05) among all GBI pilots, with a range of −0.84 to 1.22. Among the 23 pilots with treatment groups with fewer than 500 participants, the mean (median) elasticity is 0.07 (0.00). Among the four pilots with treatment groups with at least 500 participants, the mean (median) elasticity is −0.18 (−0.16).

Table 3, Panel B contextualizes these elasticities with other income elasticities from the academic literature. The median income elasticity from the full set of GBI pilots (−0.05) is in the middle of a range of elasticities reported in McClelland and Mok's (2012) literature review for the Congressional Budget Office, and it is slightly higher (less negative) than the elasticities reported in Duncan and Le Menestrel's (2019) consensus study on child poverty, which range from zero to −0.12 depending on the population. The mean income elasticity from the full set of GBI pilots, meanwhile, is slightly positive and thus higher than those reported in these studies. By contrast, the mean and median elasticities from the four GBI pilots with larger treatment groups are somewhat lower (more negative) than the ranges McClelland and Mok (2012) and Duncan and Le Menestrel (2019) suggest.

Perhaps the most directly comparable evidence on labor-supply elasticities comes from Lippold and Łuczywek (2023), who study the effect of receiving extra income due to the expanded CTC in 2021. Like the GBI pilots, this study takes place amid the pandemic and other income-support programs, and it focuses on parents with children. They report elasticities of −0.34 for all parents of young children and −0.5 for low-income parents of young children.

Lippold and Łuczywek's study is unique among studies of COVID-era income-support policies because it

7 See, for example, Duncan and Le Menestrel (2019).

Table 3. Comparison of Income Elasticities from the Academic Literature and GBI Pilots with Randomized Designs and Published Employment Effects, 2017–25

Panel A. Income Elasticities from GBI Studies

Subgroup	Mean	Median	Minimum	25th Percentile	75th Percentile	Maximum	*N*
All	0.04	−0.05	−0.84	−0.18	0.26	1.22	27
Treatment Groups with Fewer Than 500 Participants	0.07	0.00	−0.84	−0.15	0.42	1.22	23
Treatment Groups with 500 or More Participants	−0.18	−0.16	−0.41	−0.23	−0.10	0.02	4

Panel B. Income Elasticities from the Academic Literature

Study	Elasticity	Population
McClelland and Mok (2012)	−0.1 to 0.0	Men*
	−0.1 to 0.0	Single Women
	−0.1 to 0.0	Married Women
Duncan and Le Menestrel (2019)	0.0	Men*
	−0.085	Single Women
	−0.12	Married Women

Source: Authors' calculations; McClelland and Mok (2012); and Duncan and Le Menestrel (2019).
Note: The pilots represented in this table, listed in Table A1, are randomized controlled trials with published employment outcomes. Panel A elasticities are calculated from pilot outcomes using reported employment effects and GBI payments. Baseline incomes and employment shares are not reported for three of the pilots in our analysis, so we cannot calculate their corresponding implied income elasticity. Panel B elasticities are drawn from published studies and represent population-level estimates. * Income elasticities are for single and married men.

isolates the income effect from the substitution effect that changes what someone gains from working.[8] They do so by comparing the employment changes of parents with children age six and older, who were eligible to receive $3,000 per child, with parents of children under the age of six, who were eligible to receive $3,600 per child. This age cutoff sets up a clear discontinuity in payment amounts that allows Lippold and Łuczywek to estimate the causal impact of extra income.

In addition, they rely on administrative tax data that provide a sufficiently large sample to detect economically meaningful employment effects and are less prone to misreporting errors that can occur with survey data. While the elasticities we find from even the large-sample GBI pilots are lower in magnitude than those Lippold and Łuczywek (2023) report, there is at least some evidence that income effects were particularly strong during the period in question.

Other relatively recent studies that predate the COVID-19 pandemic find a range of estimates for employment's responsiveness to income. For example, Wingender and LaLumia (2017) study the income effects of receiving the CTC in the first year of a child's life by comparing the labor supply of parents of children born in December versus that of parents of children born in January, who are ineligible to receive benefits until the following year. They find labor-supply reductions of 6 percentage points among mothers by the

8 Other studies from the COVID-19 era that examine the employment effects of increased transfers have more mixed results. Studies that leverage the timing of the expanded 2021 CTC and thus combine income and substitution effects find mixed effects on employment (Han et al. 2022; Enriquez et al. 2023; Ananat et al. 2024; Pac and Berger 2024; Schanzenbach and Strain 2024). In addition, there is some evidence that the increased generosity of unemployment insurance slowed employment recovery (Holzer et al. 2024). However, none of these studies isolate a pure income effect, and their identification based on policy timing is encumbered by the multitude of rapidly changing factors during this period, such as other policy changes, economic shutdowns, school closings and reopenings, and vaccine rollouts. Thus, these studies are less comparable to the GBI studies conducted during the pandemic, which provide a lump-sum transfer and rely on a randomized design.

third month after delivery, implying an income elasticity with a magnitude closer to one.[9]

However, a different study focusing on the same policy variation but relying on administrative tax data does not find any evidence of an employment response (Mortenson et al. 2018). Evidence from the Alaska Permanent Fund, an annual cash disbursement paid to all Alaska residents, is also mixed. Jones and Marinescu (2022) find null effects on labor supply, with point estimates of around zero. Feinberg and Kuehn (2018) estimate somewhat stronger responsiveness of labor supply—with elasticities as negative as −0.15 for men, −0.14 for single women, and −0.18 for married women—using data from the American Community Survey from 2005 to 2015.

As with the Alaska Permanent Fund, the Eastern Band of Cherokee Indians pays tribal members using a portion of casino profits. Akee et al. (2010) find null effects on parental employment from this stipend. Meanwhile, recent evidence from lottery winners in the United States finds strong employment effects from large wealth shocks, with lottery winners reducing their earnings by $0.52 for every dollar increase in unearned income (Golosov et al. 2024).[10]

Ultimately, income elasticities from the academic literature span a substantial range, but they tend to be relatively small to moderate and negative. The GBI pilots with large samples fall within the range of estimates from the academic literature. The positive elasticities from many of the GBI pilots with small samples fall outside the consensus range; the larger variance in their estimates could result from their smaller sample sizes or other pilot characteristics, including their timing.

Conclusion

The large public and private investment in GBI pilots over the past decade—which included close to half a billion dollars in GBI payments and over 60,000 study participants—warrants careful consideration of what we have learned about a GBI. While only a minority of the 122 GBI pilots use a control group, assign GBI payments randomly to identify causal effects, and publish individual outcomes, there are nonetheless lessons that should be considered from those that do.

While the average employment response to a GBI is close to zero across all pilots, we find that effects vary substantially, including somewhat stronger (more negative) effects among married individuals. In the few pilots with larger treatment groups, a GBI had more uniform and, on average, more negative effects on employment, roughly aligned with previous estimates from the academic literature estimating income effects in other contexts.

While the new data from GBI pilots are useful in building additional evidence on how disadvantaged individuals respond to positive income shocks, they offer only limited insight for future policy debates on how a GBI would affect employment. Aside from threats to internal validity, including substantial attrition and misreporting in the vast majority of pilots, there are major questions about the pilots' external validity.

First, all the pilots were conducted at least in part during the COVID-19 pandemic or soon thereafter. Aside from the health and mortality consequences of COVID-19 itself, this period was characterized by historic disruptions to the labor market, unprecedented fiscal responses that transferred substantial resources to households, and persistently high inflation.

While these same factors affected treatment and control groups in each pilot, it is unclear how differently a GBI would affect behavior in more normal times. Some proponents view a GBI as a precursor to a universal basic income that would be implemented if advances in artificial intelligence lead to transformational changes to the labor market. Even if GBI pilots were implemented completely outside of a pandemic, it is not clear that the effects would generalize to a world in which artificial intelligence had already vastly

9 The percentage decrease in employment per $1,000 increase in tax savings is at least 4.4 to 5.6 percent depending on the data source, under the extreme assumption that the baseline employment rate was 100 percent. The percentage increase in income is $1,000 divided by annual earnings of $16,404 (12 times monthly labor earnings of $1,367), or 6.1 percent. A more realistic baseline employment rate of less than 100 percent would amplify the percentage decrease in employment, producing an income elasticity closer to or perhaps greater than one.

10 This compares with a smaller effect found among lottery winners in Sweden, for which Cesarini et al. (2017) calculated an implied income elasticity of −0.17.

changed the labor market, let alone the economy and society more broadly.

Second, the GBI pilots were temporary and targeted, whereas a universal basic income would likely be permanent and universal. Individuals may respond differently to a permanent source of guaranteed income than they would to a temporary one, especially over the long run. They may respond in more nuanced ways, including how they invest in their human capital, such as through education and on-the-job training. Ultimately, the limitations of these pilots described above warrant care when extrapolating evidence to inform policy.

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Appendix A

Table A1. Selected Characteristics of GBI Pilots with Randomized Designs and Published Employment Effects, 2017–25

Pilot Name	Study	Location(s)	Start Date	End Date	GBI Payments to All Participants	Treatment Group Size	Control Group Size	Employment Effect	Income Elasticity
Alexandria's Recurring Income for Success and Equity	Juras et al. (2024)	Alexandria, VA	Oct. 2022	June 2025	$2,040,000	170	210	–0.01	–0.05
Arlington's Guarantee	ACF and ACDH (2024)	Arlington, VA	Sept. 2021	Nov. 2023	$1,800,000	200	100	0.12	0.38
Baby's First Years	Sauval et al. (2024)	New York, NY; New Orleans, LA; Minneapolis, MN; Omaha, NE	May 2018	July 2022	$10,123,200	400	600	–0.01	–0.12
Baltimore Young Families Success Fund	Thomas et al. (2025)	Baltimore, MD	Aug. 2022	July 2024	$3,120,000	130	156	0.07	0.13
BIG:LEAP	Kim et al. (2024)	Los Angeles, CA	Jan. 2022	Mar. 2023	$38,424,000	3,202	4,992	–0.04	–0.14
Cambridge Recurring Income for Success & Empowerment	DeYoung et al. (2024)	Cambridge, MA	Sept. 2021	Feb. 2023	$1,170,000	130	156	0.17	1.22
Chelsea Eats	Liebman et al. (2022)	Chelsea, MA	Sept. 2020	May 2021	$2,880,900	1,067	730	0.002	0.02
Columbia Life Improvement Monetary Boost	Bervik et al. (2024)	Columbia, SC	Aug. 2021	Aug. 2022	$600,000	100	130	–0.02	–0.11
Compton Pledge	Balakrishnan et al. (2024)	Compton, CA	Feb. 2021	Apr. 2023	$8,340,000	695	1,402	–0.05	–0.41
Denver Basic Income Project	Brisson et al. (2024)	Denver, CO	Oct. 2022	Nov. 2023	$4,824,000	402	229	0.2	—
Embrace Mothers	Jefferson et al. (2024)	Birmingham, AL	Mar. 2022	Feb. 2023	$495,000	110	132	0.02	—
Excel	Couloute, Tandon, West, et al. (2025)	Durham, NC	Jan. 2022	Feb. 2023	$784,800	109	138	–0.03	–0.12
Growing Resilience in Tacoma	Flynn et al. (2024)	Tacoma, WA	Dec. 2021	Nov. 2022	$660,000	110	132	–0.080	–0.72
Guaranteed Basic Income Pilot	Goodman-Bacon and Palmer (2024b)	Minneapolis, MN	June 2022	May 2024	$2,400,000	200	329	0.081	0.45
Guaranteed Basic Income Pilot Program	Kalsi et al. (2025)	Rochester, NY	Sept. 2023	Nov. 2024	$2,106,000	351	1,000	0.118	0.79

Continued on the next page.

Table A1. Selected Characteristics of GBI Pilots with Randomized Designs and Published Employment Effects, 2017–25

Pilot Name	Study	Location(s)	Start Date	End Date	GBI Payments to All Participants	Treatment Group Size	Control Group Size	Employment Effect	Income Elasticity
In Her Hands	Brugger et al. (2025)	Atlanta, GA	July 2022	July 2024	$13,341,600	272	180	0.049	0.09
Ithaca Guaranteed Income	DeYoung et al. (2025)	Ithaca, NY	June 2022	May 2023	$594,000	110	132	0	0.00
Just Income	Couloute, Tandon, Patel, et al. (2025)	Gainesville, FL	Jan. 2022	Feb. 2023	$874,000	115	134	0.06	0.50
Madison Forward Fund	Castro et al. (2025)	Madison, WI	Sept. 2022	Aug. 2023	$930,000	146	169	–0.02	–0.12
Montgomery County Building Our Opportunities and Strengthening Tomorrow Guaranteed Income Pilot	Bogle et al. (2025)	Montgomery County, MD	June 2022	June 2024	$5,760,000	200	166	–0.1889	—
Newark Movement for Economic Equity	Tandon et al. (2025)	Newark, NJ	Oct. 2021	Sept. 2023	$4,800,000	400	478	0	0.00
Oakland Resilient Families	Flynn et al. (2025)	Oakland, CA	Jan. 2022	June 2023	$5,400,000	300	360	0.1	0.73
ORUS	Vivalt et al. (2024)	Chicago, IL; Dallas, TX	Nov. 2020	Oct. 2023	$36,000,000	1,000	2,000	–0.041	–0.18
Paterson Guaranteed Income Pilot Program	DeYoung, Tandon, et al. (2023)	Paterson, NJ	July 2021	June 2022	$528,000	110	131	–0.03	–0.19
Project Resilience	DeYoung, Castro, et al. (2023)	Kingston, NY	May 2021	Sept. 2022	$600,000	100	84	–0.12	–0.69
Providence Guaranteed Income Pilot	Nichols et al. (2025)	Providence, RI	Nov. 2021	Apr. 2023	$990,000	110	132	0.01	0.07
Rise Up Alameda	Geyer et al. (2025)	Alameda, CA	Dec. 2023	Dec. 2025	$3,600,000	150	180	–0.07	–0.84
Shreveport Guaranteed Income Program	Kappil, Prenovitz, et al. (2024)	Shreveport, LA	Mar. 2022	Feb. 2023	$871,200	110	132	–0.1	–0.19

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Table A1. Selected Characteristics of GBI Pilots with Randomized Designs and Published Employment Effects, 2017–25

Pilot Name	Study	Location(s)	Start Date	End Date	GBI Payments to All Participants	Treatment Group Size	Control Group Size	Employment Effect	Income Elasticity
Stockton Economic Empowerment Demonstration	West and Castro (2023)	Stockton, CA	Feb. 2019	Jan. 2021	$1,572,000	131	200	0.07	0.66
Young Adult Louisville Income for Transformation!	Kappil, Rosenberg, et al. (2024)	Louisville, KY	Apr. 2022	Mar. 2023	$906,000	151	180	–0.03	–0.17

Source: Authors' calculations.

Note: Elasticities are calculated where baseline income and employment are available. We calculate GBI pilots' income elasticities by dividing the percentage change in employment by the percentage change in income. The percentage change in employment is calculated as the average treatment effect on the share who are employed divided by the baseline employment rate, and the percentage change in income is calculated as the annualized amount of GBI (12 times the monthly payment) divided by baseline annual household income.