

Discards, Wealth Transfers, and Informal Wages

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Abstract

This paper suggests that waste policy can reduce the incidence of low birth weight in low income populations to a similar extent as SNAP and EITC. A very simple economic model of recycling participation implies that recycling for cash transfers wealth to low-wage earners. Between 1973 and 1990, ten states introduced deposit refund programs for beverage containers. These policy introductions likely increased the magnitude of wealth transfers associated with recycling and as a consequence improved birth outcomes among low-wage earners. This paper exploits idiosyncratic variation in the timing and location of policy implementation to measure for any reduction in the incidence of low birth weight associated with deposit refund programs. The results show deposit refund introductions are associated with a .2 percentage point reduction in the incidence of low birth weight on average among mothers with less than a high school education. I rely on the literature connecting wealth transfers and birth outcomes to argue this result extends a small empirical literature highlighting the progressive nature of beverage container deposit refund programs. More generally, this paper adds to a broader literature on the distributional consequences of environmental policy.

Key words: Deposit Refund, Infant Health

JEL Codes: Q52, Q53

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1 Introduction

This paper suggests that waste collection and processing can create important and overlooked wealth transfers. One need not look further than Leviticus 19:9-10, for a historical reference to the waste stream’s perceived importance in the social safety net:

Now when you reap the harvest of your land, you shall not reap the very corners of your field, nor shall you gather the gleanings of your harvest. Nor shall you glean your vineyard, nor shall you gather the fallen fruit of your vineyard; you shall leave them for the needy and the stranger.

Today, in the global south, roughly 2% of people find employment in informal recycling. In the global north, scavenging through waste is predominantly illegal.

Deposit refund programs for containers, known affectionately as “bottle bills”, have the potential to cultivate informal markets around recycling in places where waste foraging has been suppressed. Bottle bills provide a stable price for recyclables and require redemption opportunities be easily accessible. In New York City, one private redemption center servicing the region processed 5 million containers per week in 2021, amounting to \$250 thousand in refunds weekly and \$13 million annually. This redemption center is one of 40 operating in the area. Private redemption centers purchase empties from container collectors on the streets of New York City as well as building supers/managers. An estimated 4,000 individuals work full time as container collectors in New York City making roughly \$60,000 per person annually. Many other laborers collect cans throughout the city, earning far less each year.¹

Bottle bills are increasingly popular. In 2005, bottle bills covered 250 million people globally. In 2025, they will cover 500 million people in fifty nine different countries, states and provinces (Reloop, 2020). The motivation for bottle bills is waste management oriented; the policy improves recycling rates and yields higher value recycled material. Moreover, economic theory argues that deposit refund programs are the most efficient way for the market to incorporate the social costs of waste disposal. The policy taxes waste production and incentivizes proper deposition. Other policy instruments, such as Pigouvian taxes, create incentives to illegally dump waste (Fullerton & Wolverton, 2000). Beyond an efficient and effective waste policy, bottle bills possibly increase the waste stream’s wage potential.

The legislation creates a market around empty collection. Bottle bills require consumers to pay deposits on beverages at purchase. The programs return deposits to people who properly return empties. Importantly, the person who pays the tax does not need to be the same person to collect the return. If everyone does not collect their refunds, bottle bills create a common pool resource, one that can be exploited through recycling. Consider the following simple model for empty collection. Let the recycling wage be the number of discarded empties divided by the number of collectors on a given day. An earner who’s market wage is lower than the recycling wage

¹This information is from an informational interview with a redemption center owner and industry expert.

will choose to recycle (Ashenmiller, 2011). An earner whose market wage exceeds the transaction costs of redemption will discard their personal empties without collecting refunds. In conclusion, relatively higher wage earners create the empties reservoir, and relatively lower wage earners recycle empties from the reservoir for refunds. In other words, very simple theory suggests that the market transfers wealth from high to low wage earners.

In reality, people whose market wage exceeds the recycling wage also recycle for cash. These people may be constrained by the amount they can formally work or have access to large amounts of empties through their job. On the other hand, these people may value their time collecting empties differently than their time in the labor market. If a person receives positive utility from recycling, then they may choose to recycle even if the recycling wage falls below their market wage (Ashenmiller, 2009). Alternatively, if a person receives negative utility from collecting empties, then they may choose not to recycle even if the recycling wage exceeds their market wage. Survey evidence from redemption centers in California suggests that while a diverse group of people recycle for cash, the income distribution of redeemers is significantly skewed left relative to the local population (Ashenmiller, 2009, 2011).

In this paper, I present suggestive evidence that bottle bills do in fact transfer wealth to low income communities. Today, we know little empirically about informal employment in recycling. Informal labor markets are difficult to study because there is often no data documenting the employment. Moreover, data documenting waste is also poor. In the case of bottle bills, there is little data documenting when and where deposits are paid and refunds are received. My analysis provides evidence that the waste stream transfers wealth to low income households. I use two strategies to extract information from this data sparse environment. First, I use the implementation of bottle bills as a proxy for shocks in the recycling wage. Second, I employ birthweight as a proxy for economic wellbeing in low income populations. Together, these strategies allow me to test if an increase in the recycling wage improves economic wellbeing in low income populations.

In July 1971, Oregon passed the first bottle bill in the United States. Two years prior, in 1969 three Oregonian legislators tried to pass a bill banning the sale of beer in non-returnable containers. The legislation was struck down in the house on a 27-33 vote. In 1970, Washington tried to pass a bottle bill. Polls suggested the bill would pass by a large margin. A publicity push by national beverage and container manufacturers killed the bill – 49% of the public voted for and 51% voted against the initiative. While the Oregon bottle bill passed one year later, the legislation also faced intense lobbying (ODEQ, 2022). After Oregon, ten other states proceeded to pass bottle bills starting with Vermont in 1972 and ending with Hawaii in 2002. Many states and the federal government attempted but failed to enact bottle bills during this period (RCC, 1978). Of the states that successfully implemented bottle bills, most initially failed to enact the legislation (Davis, 1982; Franchot, 1978; ODEQ, 2022; Peterson, 1976; RCC, 1978; Ross, 1982; White, 2018). In other words, the timing and location of bottle bill implementation was idiosyncratic.

I exploit the idiosyncratic timing and location of bottle bills' implementation to identify the

law's impact on the incidence of low birth weight. Additionally, I employ treatment heterogeneity to provide suggestive evidence that wealth transfers play a role in the law's impact on the incidence of low birth weight. In non-winter months, consumers produce more empties and empty collection is easier relative to winter months. Thus, through the wealth transfer channel bottle bills should induce the largest wealth transfers in non winter months relative to winter months. I find bottle bills are associated with a .2 percentage point (pp) reduction in the incident of low birth weights for populations with less than a high school education. I find the association lasts for more than ten years after policy implementation and the effect is stronger in non-winter months relative to winter months. For context, after bottle bill introduction within the sample period, on average 30,000 mothers with less than a high school education had live births in non-winter months annually in New York state. During this time, the incidence of low birth weight was roughly 10% in non-winter months among mothers with less than a high school education. Thus, the finding that bottle bills are associated with a .2 pp reduction in the incidence of low birth weight among mothers with less than a high school education suggests on average at least 60 newborns were positively impacted by bottle bills annually.

First, my results extend the empirical literature documenting the progressive nature of bottle bills. Ashenmiller (2009, 2010, 2011) provide empirical evidence that bottle bills induce policy relevant wealth transfers through recycling. Ashenmiller (2010) finds the introduction of bottle bills reduces petty crime rates throughout the U.S. The author attributes the association to wealth transfers. Specifically, the author equates bottle bills to highly targeted earned income tax credits for very low wage earners. Ashenmiller (2011) finds 12% of households with an income less than \$10,000 redeem empties for cash in Santa Barbara, California. This population received around 20% of all refunds in 2002, though the population only accounts for one percent of all households in Santa Barbara. Moreover, recycling accounts for roughly 7% (\$700) of these households' annual incomes. My work extends Ashenmiller (2009, 2010, 2011)'s findings. I provide evidence that the wealth transfers documented in Santa Barbara, California by Ashenmiller (2009, 2011) are prevalent throughout the U.S. Moreover, this paper suggests that the wealth transfers documented in Ashenmiller (2010) have social welfare benefits beyond crime reduction. In short, this work contributes to a very small literature demonstrating that waste policy can have far reaching economic impacts.

Third, my analysis adds to the relatively well developed literature on income and birthweight. WIC, SNAP, EITC, and OLO are all policies in North America that transfer wealth to low income mothers or people. These policies were all established to improve maternal and infant health and/or provide a social safety net. Effectively all programs transfer wealth to low income communities. Almond et al. (2011), Haecck and Lefebvre (2016), Hoynes et al. (2015), and Hoynes et al. (2011), Rossin-Slater (2013) find these policies improve birth outcomes in low income populations. My analysis extends this literature by studying the relationship between the low birth rate and bottle bills, another policy that effectively transfers wealth to low income communities. Unlike

this literature, my work suggests that simply creating the potential for wealth transfers improves birth outcomes to a degree comparable to highly targeted policy. I find bottle bills reduce the incidence of low birthweight to a similar extent as SNAP and EITC. Almond et al. (2011) finds the introduction of food stamps is associated with a 7-8% reduction in the incidence of low birth weight among white program participants and a 5-12% reduction among black program participants. Hoynes et al. (2015) finds a \$1,000 increase in after tax income from EITC reduces the incidence of low birth weight by 1.6 to 2.9% among single mothers with a high school education or less.

At first glance, it's surprising that SNAP and EITC are associated with low birth rate reductions to a similar degree as bottle bills. Aggregate wealth transfers associated with EITC and SNAP far exceed that of the aggregate potential wealth transfers associated with bottle bills. New York state SNAP benefits in 2016 amounted to \$4 billion distributed to 2.97 million people.² An unknown number of New York state residents participated in recycling 5.1 billion containers in 2016, amounting to \$255 million in refunds. Moreover, 2.68 billion containers were never redeemed. In other words, \$255 million were paid to a portion of the 19.64 million people living in the state.

When compared at the individual or household level, plausible wealth transfers associated with bottle bills are similar in magnitude to that of SNAP. Currently SNAP benefits are on average \$200 per recipient household per month. Collecting six garbage bags of empties a week amounts to a monthly recycling income of \$240. Explicit and implicit requirements make take up of safety net programs low among needy families in the U.S. (Aizer et al., 2022). Bottle bill wealth transfers have no requirements and occur through informal means. The transfers may reach an entirely different subset of the population than formal safety net programs, likely those in incredible need. If the most needy families participating in SNAP and EITC drive low birth rate results for these programs, then the comparability of results from SNAP and EITC to that of bottle bills is more plausible.

The paper proceeds as follows. First, I highlight other potential mechanisms driving the correlation I find between the low birth rate and the implementation of bottle bills. This discussion helps motivate my empirical approach. Second, I discuss the data used in the analysis. Third, I outline my empirical approach, associated assumptions, and results.

2 Background

2.1 Bottle Bills

Four years after the first bottle bills took effect in the U.S., studies showed the bills reduced litter, decreased solid waste production, increased energy savings, and generated jobs (RCC, 1977). Legislators established bottle bills as beverage consumption shifted from returnables to single

²These figures are available from the US Department of Agriculture.

use.³ The once private costs of returning and refilling bottles became social costs most visible in municipal waste budgets and as litter in the environment. Bottle bills corrected this cost shift by imposing a tax on consumption and an equal sized return on proper deposition.

Bottle bills curb litter and reduce waste; their connection to birth outcomes is not first order (RCC, 1978). The initial bills worked to preserve the use of refillable containers (Claussen, 1973). As time passed and market forces drove refillables out of use, the bills incentivized recycling⁴ and required producer responsibility. While the legislation's goal was waste oriented, bottle bill advocates and opponents in the 1970s and 1980s understood the law would have economic impacts far beyond the production of municipal solid waste. Opponents⁵ argued the bills would hurt revenue and jobs. Beyond waste and litter reduction, advocates argued the laws would create jobs, lower beverage prices, reduce local air pollution, and save energy.

Changes in air quality, employment or beverage prices could all explain the association between bottle bills and birth weight. In the next section, I argue all three of these mechanisms do not fully explain the long run (> 3 years) association between bottle bills and the incidence of low birth weight among mothers with less than a high school education in non-winter relative to winter months. Then, I argue a fourth mechanism, wealth transfers, helps to more fully explain the association.

2.2 Potential Mechanisms

Four potential mechanisms likely drive the association between bottle bills and birth weight. I use my empirical analysis, stylized historical facts, and evidence from the literature to tease out the impact of one mechanism (wealth transfers) on the incidence of low birth weight. To begin I will outline how the four potential mechanisms mentioned in the previous section are caused by bottle bills and why they might impact birth outcomes. Then, I argue why three of these mechanisms do not fully explain the paper's findings and why the fourth (wealth transfers) partially explains the results.

In many states, bottle bill introductions caused the cost of beer and soda in packaged containers to increase (Loube, 1975; Wagenbach, 1985).⁶ As a consequence, beer and soda consumption decreased overall. This reduction possibly improved birth outcomes, leading to an association between bottle bill implementation and the incidence of low birth weight. In all states where price shocks occurred, sales are thought to have recovered after a couple years.⁷ I find the association

³In 1950, people consumed over 90% of soda and beer fillings from returnables. In 1975, people consumed 34% of soda and 17% of beer from returnables (RCC, 1978). With an 8% growth rate, beverage containers compromised roughly 7% of municipal solid waste in 1977 (RCC, 1977).

⁴Recycling refers to the collection of items deemed recyclable by the state rather than the use of used materials as an input to production.

⁵Bottle bill opponents included beverage and container manufacturers, grocery stores, and labor unions.

⁶Michigan saw the most severe price shock, where prices rose 10-16% (Porter, 1983). While Oregon experienced negative direct price shocks (RCC, 1977).

⁷After a couple years, sales in bottle bill states were comparable to the period before implementation (Wagen-

between bottle bills and the incidence of low birth weights lasts for more than ten years after implementation. Moreover, I find the association in non-winter months is stronger than that of winter months. If the reduction in beer and soda consumption is the only relevant mechanism, I would expect the seasonal association between bottle bills and birth weight to dissipate after one to three years. The association persists beyond three years and exhibits seasonality, suggesting the consumption mechanism does not fully explain the association.

Beyond reducing beverage consumption, bottle bills created jobs. The laws promoted industry around returnables and recycling (Loube, 1975). In contrast, bottle bills hindered packaging manufacturing. The overall effect was a marginal increase in jobs; this could have improved birth outcomes. If employment levels are higher, people likely have more money and will spend more on normal goods. As a consequence, birth outcomes will improve because maternal health is considered a normal good. That said, the formal employment mechanism does not fully explain the association between bottle bills and birth outcomes because this channel would not cause seasonality. Employment in packaged beverage production and empty processing is not seasonal. Packaged beer and soda as well as empties are storable, thus firms can smooth production over the whole year.

As with any policy that impacts production and employment, bottle bills also affected air pollution concentrations. Opponents suggested the transportation of empties would increase the use of automobiles and trucks, decreasing air quality. Advocates suggested the laws reduced the amount of container manufacturing, improving air quality. I have not found any studies exploring this mechanism, so I cannot rule out the possibility that air pollution explains the association I find between bottle bills and birth weight. Though, Chay and Greenstone (2003) find little association between reductions in TSP and the incidence of low birth weight in the U.S. during the early 1980s. Thus, any variation in air pollution associated with the bottle bill implementations likely did not cause the observed reductions in the incidence of low birth weight.⁸

Wealth transfers is the final potential mechanism that could explain the long lasting seasonal association between bottle bills and birth outcomes. As discussed in the introduction, theory and empirical evidence suggest bottle bills improve birth outcomes via wealth transfers. Through the wealth transfer channel, I expect bottle bills to have the strongest effect on birth outcomes in the population of low wage earners in non-winter months. In non-winter months, consumers produce more empties and empty collection is easier relative to winter months. Thus, bottle bills induce the largest wealth transfers in non-winter months relative to winter months. The prediction that the treatment effect is seasonal and strongest for low wage earners is consistent with the paper's empirical results. In the next section, I outline the data I use in my analysis, then I discuss my

bach, 1985). Similarly, sales in neighboring counties in bottle bill and non-bottle bill states were comparable a couple years after implementation (Loube, 1975). Though, it's unclear to me how robust these findings are.

⁸Chay and Greenstone (2003) exploits a sharp reduction in average U.S. TSP levels between 1980 and 1982 caused by an economic recession. The bottle bills studied in this paper were implemented in the 1970s and 1980s.

empirical strategy, and finally I share results.

3 Data

In my analysis, I use U.S. Vital Statistics micro data from 1969-2002 aggregated to the county by education group by season by year level. I employ Vital Statistics data on birth month, mother's education, birth year, and birthweight to conduct my analysis.

Treatment effect identification relies on the introduction of bottle bills. Between 1969 and 2002, ten U.S. states implemented the law. Figure 1 visualizes bottle bill implementations in the U.S. during the sample period. As discussed previously, the timing of these bills was idiosyncratic due to heavy lobbying. Most states attempted multiple times and for multiple years before successfully enacting the law. Beyond these ten, many states tried and failed numerous times to pass bottle bills. In the U.S., Oregon and Vermont implemented the first bottle bills in 1973. After a five year hiatus, in 1978, Maine implemented a bottle bill. Shortly after, Michigan and Iowa implemented in 1979. Then, Connecticut implemented the law in 1980. Three years later, in 1983, Delaware, Massachusetts and New York implemented the bill. Lastly, California implemented the bill in 1987 (Ashenmiller, 2010). Birth outcomes are assigned treatment based on the month the pregnancy's third trimester began, as the third trimester is the most important in determining birth weight.

To isolate the effect of wealth transfers, I explore treatment effect heterogeneity by season and education. If bottle bills act on birth outcomes through the wealth transfer channel, the treatment effect should be largest in non-winter months relative to winter months. In winter months beverage consumption decreases and empty collection is harder relative to non-winter months. Thus, bottle bills induce larger wealth transfers in non-winter months relative to winter months. I expect this differential in wealth transfer size to cause larger decreases in the incidence of low birth weight in non-winter months relative to winter months. Birth outcomes are assigned to seasons based on when the majority of a pregnancy's third trimester occurred. Babies born in January, February, March and April are designated as winter births. Babies born in all other months of the year are designated as non winter births.

Moreover, if bottle bills act on birth outcomes through the wealth transfer channel, the treatment effect is likely largest for people with less than a high school education relative to those with more than a high school education. Individuals with less than a high school education generally have lower wage jobs relative to individuals with more than a high school education. As discussed in the previous section, lower wage earners are more likely than higher wage earners to receive wealth transfers from bottle bills. As, lower wage earners have a relatively smaller opportunity cost. I use education as a proxy for income because the birth outcome data does not include demographic information on wage. I assign birth outcomes to education groups using the mother's education. I use three education groups: less than a high school (low) education, a high school

(middle) education, and more than a high school (high) education.

In Figure 1, find the raw trends in the U.S. incidence of low birth weight during the sample period. The plot demonstrates heterogeneity in the rate by season and education group during the sample period. There are significant within year across season and across education group differences in the incidence of low birth weight that I cannot assume are constant across states. Thus, an empirical strategy relying on cross sectional variation in seasonal or educational differences in the incidence of low birth weight could suffer from omitted variable bias. These trends emphasize the importance in the plausibly random timing of bottle bill implementation for the causal identification of a bottle bill’s impact on the incidence of low birth weight.

Additionally, I include a rich set of control variables covering income, government welfare spending, and weather. I use data from the Bureau of Economic Analysis (BEA), Regional Economic Information System for state level quarterly information on personal income, wages and salaries, farm wages and salaries, personal current transfer receipts, medicare benefits, state unemployment insurance compensation, and social security benefits. Given the analysis’s focus on seasonality, I use state level data, because the BEA does not have sub-annual county level data during the study period. To assign BEA control variable values to birth outcomes, I find the variable average during the third trimester. Weather controls were aggregated with population weights to the county by month level from ERA5-Land. Weather controls include cumulative exposure during the third trimester to cooling degree days (CDDs) and heating degree day (HDDs). The threshold used to construct both CDDs and HDDs is 20 degrees Celsius.

4 The Association Between Bottle Bills and the Incidence of Low Birth Weight

4.1 Identification Strategy: Differences in Differences in Differences

I use a differences-in-differences-in-differences (DiDiD) estimator to isolate the association between bottle bills and the incidence of low birth weight. Specifically, the estimator exploits three sources of variation. First, I compare the years before and after bottle bills are implemented in ten states. Second, during the sample period, I compare the ten states that implemented bottle bills to the forty states that did not. Third, I compare winter to non-winter months, as I expect wealth transfers associated with bottle bills to be much larger in non-winter relative to winter months. Lastly, I look at heterogeneity in this estimator by education group. I only expect relatively lower wage earners to receive a wealth transfer from bottle bills. As discussed before, the birth weight data does not include household income, so I use mother’s education as a proxy for income.

The paper’s main regression is a DiDiD estimator with heterogeneity by education group. In a first step, I define the DiDiD estimator without heterogeneity by education group to help build

intuition about the paper’s main regression. Then, I outline how I modify this regression equation to isolate heterogeneity in the DiDiD estimator by education group, defining the paper’s main regression. The regression equation for the DiDiD estimator without heterogeneity by education group is:

$$Y_{ctes} = \phi [\mathbb{1}(\text{bottle bill})_{it} * \mathbb{1}(\text{not winter})_s] + \lambda_{e,s} + \alpha_{i,s} + \mu_{i,e} + \delta_{i,t} + \gamma_{s,t} + \epsilon_{ctes} \quad (1)$$

Y_{ctes} is the incidence of low birth weight in county c in year t for education group e in season s . $\mathbb{1}(\text{bottle bill})_{it} = 1$ if state i has an active deposit refund program in year t . $\mathbb{1}(\text{not winter})_s = 1$ if season s is not winter. Birth outcomes are assigned treatment based on the month the pregnancy’s third trimester began, as the third trimester is the most important in determining birth weight. For this same reason, I assign seasons to birth outcomes based on when the majority of a pregnancy’s third trimester occurred.

To operationalize the DiDiD estimator, I include three sets of two way fixed effects: $\delta_{i,t}$, $\gamma_{s,t}$, and $\alpha_{i,s}$. $\delta_{i,t}$ is a state by year fixed effect, accounting for all factors common to a state in a given year. $\gamma_{s,t}$ is a season by year fixed effect, controlling for common factors in a season during a specific year. $\alpha_{i,s}$ is a state by season fixed effect; this fixed effect allows for differences between states for each season during the sample period. I include two additional sets of fixed effects to control for cross sectional differences across states and seasons for each education group. $\mu_{i,e}$ is a state by education group fixed effect; this fixed effect allows for differences between states for each education group during the sample period. Lastly, $\lambda_{e,s}$ is a season by education group fixed effect; this fixed effect controls for all factors common to an education group and season.

The DiDiD estimator is ϕ . ϕ is associated with the interaction: $\mathbb{1}(\text{bottle bill})_{it} * \mathbb{1}(\text{not winter})_s$. This interaction of dummy variables takes the value of one for all states with active bottle bills in non winter months. After adjustments for fixed effects, ϕ captures variation in the incidence of low birth weight specific to bottle bill states, relative to non-bottle bill states, in years when the bottle bill was in effect, relative to before implementation, and in non-winter months, relative to the winter. Goodman-Bacon (2021) highlights potential concerns with this interpretation of a differences estimator. Given only ten units are ever treated during the sample period, the issues raised by Goodman-Bacon (2021) are of little consequence in this context because a very small weight is placed on comparisons of concern.

Bottle bills are expected to transfer more wealth to less educated mothers relative to more educated mothers. To isolate variation by education group, I interact the DiDiD estimator with a dummy variable for the less than high school and high school education groups. The regression

equation for the DiDiD estimator with heterogeneity by education group is:

$$\begin{aligned}
Y_{ctes} = & \beta_1 [\mathbb{1}(\text{bottle bill})_{it} * \mathbb{1}(<\text{HS})_e * \mathbb{1}(\text{not winter})_s] \\
& + \beta_2 [\mathbb{1}(\text{bottle bill})_{it} * \mathbb{1}(\text{HS})_e * \mathbb{1}(\text{not winter})_s] \\
& + \phi [\mathbb{1}(\text{bottle bill})_{it} * \mathbb{1}(\text{not winter})_s] \\
& + \theta_1 [\mathbb{1}(\text{bottle bill})_{it} * \mathbb{1}(<\text{HS})_e] \\
& + \theta_2 [\mathbb{1}(\text{bottle bill})_{it} * \mathbb{1}(\text{HS})_e] \\
& + \lambda_{e,s} + \alpha_{i,s} + \mu_{i,e} + \delta_{i,t} + \gamma_{s,t} + \epsilon_{ctes}
\end{aligned} \tag{2}$$

$\mathbb{1}(<\text{HS})_e$ and $\mathbb{1}(\text{HS})_e$ are dummy variables associated with the low and middle education groups. $\mathbb{1}(<\text{HS})_e = 1$ if education group e is less than high school (low education). $\mathbb{1}(\text{HS})_e = 1$ if education group e is high school (middle education). I assign birth outcomes to education groups using the mother's education. θ_1 and θ_2 allow the regression equation's constant to vary for treated units by education group. β_1 and β_2 allow the DiDiD estimator to vary by education group.

The parameter of interest is $\beta_1 + \phi$. After adjustments for fixed effects and other interactions, ϕ now captures variation in the incidence of low birth weight among *high education* mothers only. Specifically, ϕ captures the association between bottle bill implementations and high education mothers' incidence of low birth weight in non-winter versus winter months. β_1 captures the difference between this association for low and high education mothers. β_2 captures the difference among middle and high education mothers. In conclusion, $\beta_1 + \phi$ captures the association between bottle bill implementations and low education mothers' incidence of low birth weight in non-winter versus winter months.

To identify the parameter of interest ($\beta_1 + \phi$), the following assumption must hold: the incidence of low birth weight among mothers with less than a high school education did not change differentially in bottle bill states versus non-bottle bill states, in winter versus non-winter months, during the sample period (Olden & Møen, 2022). I provide graphical evidence that the non-winter incidence of low birth weight relative to the winter rate evolved in parallel among low education mothers in bottle bill and non-bottle bill states prior to policy implementation (see Figure 3). Moreover, I am able to provide graphical evidence that the non-winter incidence of low birth weight relative to the winter rate evolved in parallel on average among mothers with at least a high school education in bottle bill and non-bottle bill states before policy implementation (see Figure 4). After policy implementation, the pattern of reduction seen among low education mothers' incidence of low birth weight is not seen in the incidence of low birth weight among mothers with at least a high school education (see Figure 4). Thus, for the identifying assumption to be violated, there must have been a policy change or socio-economic shift that (a) coincided with bottle bill implementations, (b) predominantly affected mothers with less than a high school education in non-winter months relative to winter months, and (c) did not positively impact mothers with at

least a high school education differentially across seasons.

I estimate regression equation (2) with no controls, weather controls, income controls, and both weather and income controls to test result robustness. To understand how different sets of controls affect the results, I vary the controls included across robustness regressions. I include the following *income* controls: personal income, wages and salaries, farm wages and salaries, personal current transfer receipts, medicare benefits, state unemployment insurance compensation, and social security benefits. I also include the following *weather* controls: cooling degree days (CDDs) and heating degree days (HDDs).

As discussed below, the association between bottle laws and the incidence of low birth weight among mothers with less than a high school education is robust to the inclusion of a wide range of controls and time-varying effects, making it less likely that the association is confounded by contemporaneous changes differentially affecting low education mothers in the treated versus control states in non-winter versus winter months.

4.2 Event Study: Testing Identifying Assumptions

As just discussed, separate measures of a bottle bill's effect in each year before and after implementation provide useful information for testing the identifying assumption. Hence I also estimate the following model:

$$Y_{ites} = \sum_{j=-10}^{10} \phi_j \left[\mathbb{1}_{(t,i) \in j} * \mathbb{1}(\text{not winter})_s \right] + \sum_{e \in [l,m]} \theta_{j,e} \left[\mathbb{1}_{(t,i) \in j} * \mathbb{1}_e \right] + \eta_{j,e} \left[\mathbb{1}_{(t,i) \in j} * \mathbb{1}_e * \mathbb{1}(\text{not winter})_s \right] + \mu_{i,e} + \lambda_{e,s} + \alpha_{i,s} + \delta_{i,t} + \gamma_{s,t} + \epsilon_{ites} \quad (3)$$

$\mathbb{1}_{(t,i) \in j} = 1$ for state i in year t if state i implements a bottle bill j years before or after year t . The excluded time category is $j=-1$. Never treated states and treated states in the year before treatment are assigned to this category. $j=10$ or -10 refers to the period 10+ years after or before a state implemented a bottle bill. $\sum_{e \in [l,m]}$ sums over the low (l) and middle (m) education groups. I exclude the high education group.

From equation (3), I plot $\eta_{(j,e)} + \phi_j$ and ϕ_j in event study style figures to visually test the validity of the identifying assumption. $\eta_{(j,\text{low})} + \phi_j$ represents the association between bottle bill implementation j years after or before policy enactment and the incidence of low birth weight among low education mothers in non-winter relative to winter months.⁹ Importantly, Figure 3, the event study style graph of $\eta_{(j,\text{low})} + \phi_j$, provides an opportunity to assess whether there

⁹ $\eta_{(j,\text{low})}$ represents the association between bottle bill implementation j years after or before policy enactment and the incidence of low birth weight among low education mothers in non-winter relative to winter months relative to the association among high education mothers. ϕ_j represents the association between bottle bill implementation j years after or before policy enactment and the incidence of low birth weight among high education mothers in non-winter relative to winter months. Thus, $\eta_{(j,\text{low})} + \phi_j$ represents the association just among low education mothers not relative to the association among high education mothers.

were pre-bottle bill trends in the association after nonparametric adjustments for all state by year, season by year, state by season, state by education, and season by education factors. As discussed in the previous section, Figure 3 fails to reject the assumption that the association evolved in parallel among low education mother in bottle bill and non-bottle bill states prior to policy implementation.

Additionally, with ϕ_j and $\eta_{(j,\text{middle})} + \phi_j$, I am able to assess whether there were pre and post-bottle bill trends in the incidence of low birth weight among mothers with at least a high school education, in non-winter relative to winter months, in bottle bill states relative to non-bottle bill states (see Figure 4). On average, I expect bottle bills to transfer more wealth to the lowest wage earners. Using mother education as a proxy for household income, I expect that bottle bills transfer more wealth to low education mothers relative to middle and high education mothers. In conclusion, I do not expect bottle bills to be associated with any reduction in the incidence of low birth weight among mothers with at least a high school education on average. Thus, event study style plots of ϕ_j and $\eta_{(j,\text{middle})} + \phi_j$ provide a useful placebo test. Conditional on controls I do not expect to find a pattern of reduction in post-bottle bill trends in the incidence of low birth weight among high and middle education mothers. Trends in the pre-bottle bill period or a pattern of reduction in the post-bottle bill period would raise concern around the identification assumption's validity. That said, this placebo test is imperfect. Mother's education is an imperfect measure of household income, some shift in the incidence of low birth weight among middle and high education mothers in the post-bottle bill period could be reasonable though the shift should be less significant than that of low education mothers.

ϕ_j and $\eta_{(j,\text{middle})} + \phi_j$ represent the association between bottle bill implementation j years after or before policy enactment and the incidence of low birth weight among high and middle education mothers, respectively, in non-winter months relative to winter months. Figure 4, the event study style graph of ϕ_j , $\eta_{(j,\text{middle})} + \phi_j$, and $\eta_{(j,\text{low})} + \phi_j$, provides graphical evidence that the association evolved in parallel on average in bottle bill and non-bottle bill states before policy implementation among all mothers. After policy implementation, there is a clear reduction in the the association among mothers with less than a high school education in bottle bill states relative to non-bottle bill states. This pattern of reduction is not apparent among mothers with at least a high school education.

4.3 Baseline Estimates of the Association between Bottle Bills and the Incidence of Low Birth Weight

Bottle bills should induce larger wealth transfers in non winter versus winter months. This seasonal differential implies that if bottle bills improve birth outcomes through a wealth transfer channel, then the improvements should be larger in non-winter relative to winter months. Moreover, bottle bills should transfer wealth to the lowest wage earners. This socio-economic differential implies that

if bottle bills improve birth outcomes through a wealth transfer channel, then the improvements should occur among the lowest wage earners. Estimating equation (2) simultaneously tests whether bottle bills transfer wealth to relatively lower wage earners, evaluates if the wealth transfer is larger in non-winter relative to winter months and measures the effect of wealth transfers associated with bottle bills on the incidence of low birth weight. Notably, the estimates from this regression can only provide suggestive evidence that bottle bills transfer wealth to the lowest wage earners. Additionally, the causal interpretation for the recovered association between bottle bills and low education mothers' incidence of low birth weight is up for debate.

Table 1 reports the association between bottle bill implementation and low education mothers' incidence of low birth weight in non-winter versus winter months. Figure 3 visualizes how this association evolved on average in each year before and after bottle bill implementation. Before bottle bill implementation, no systematic difference appears between bottle bill and non-bottle bill states in low education mothers' incidence of low birth weight in non-winter relative to winter months; the point estimates in the pre-bottle bill period are rarely statistically significant and oscillate around zero.

Starting when bottle bills are implemented, the incidence of low birth weight drops substantially – by roughly .19 percentage points (pp) on average – among mothers with less than a high school education in non-winter relative to winter months. This reduction persists on average for more than ten years after bottle bill implementation (see Figure 3). This pattern of reduction is consistent with the hypothesis that bottle bills transfer wealth to relatively lower wage earners and wealth transfers are largest in non-winter months relative to winter months. Overall, bottle bills are associated with at least a .09-.29 pp reduction in the incidence of low birth weights among mothers with less than a high school education (see Table 1). This finding is robust to the inclusion of both weather and income controls.¹⁰

It is informative to compare these statistics to sample averages from New York state to understand the association's magnitude. During the sample period, after bottle bill introduction, on average 30,000 low education mothers had live births in non-winter months per year in New York state. During this time, the incidence of low birth weights was roughly 10% in non-winter months for low education mothers. Thus, the finding that bottle bills are associated with a .19 pp reduction in the low education mothers' incidence of low birth weight suggests on average at least 57 newborns were positively impacted by bottle bills annually.

Importantly, this pattern of reduction is most prominent among mothers with less than a high school education.¹¹ Table 2 reports the association between bottle bill implementation and

¹⁰Income controls include: personal income, wages and salaries, farm wages and salaries, personal current transfer receipts, medicare benefits, state unemployment insurance compensation, and social security benefits. Weather controls include cumulative cooling and heating degrees. Further discussion around controls and their assignment to birth outcomes can be found in the Data section.

¹¹For bottle bills to transfer wealth to the lowest wage earners, the rest of the population on average cannot recycle for cash. Thus, if bottle bills transfer wealth to a portion of the population, then I expect bottle bills on

the incidence of low birth weight in non-winter versus winter months for each education group. As expected, the pattern of reduction only exists among low education mothers. In fact, small increases are detected among mothers with at least a high school education. Figure 4 visualizes how these associations evolved in each year before and after policy implementation. Before bottle bill implementation, no systematic difference appears between bottle bill and non-bill states in middle-high education mothers' incidence of low birth weight in non-winter relative to winter months; the point estimates in the pre-bottle bill period are rarely statistically significant and oscillate around zero. Starting when bottle bills are implemented, the incidence of low birth weight among middle-high education mothers continues to oscillate around zero. Six years after implementation, the incidence of low birth weight increases slightly – by .05 to .1 pp on average – among mothers with at least a high school education in non-winter relative to winter months. The increase is larger for high education mothers than for middle education mothers.

4.4 Alternative Identification Strategies

A DiDiD estimator is the preferred estimation strategy in this paper. There are two obvious alternative estimators: a difference-in-differences (DiD) estimator and a quadruple difference (Di-DiDiD) estimator. I choose the DiDiD estimator over the DiD estimator, due to concerns that the DiD estimator suffers from omitted variable bias to a greater extent than the DiDiD estimator. I choose the DiDiD estimator over the DiDiDiD estimator, due to concerns that measurement error attenuates the DiDiDiD estimator and increases its variance. Moreover, the DiDiDiD estimator is still subject to the same omitted variable bias concerns as the DiDiD estimator.

DiD – Identification Strategy and Estimates The DiD estimator exploits two sources of variation. First, I compare the years before and after bottle bills are implemented in ten states. Second, during the sample period, I compare the ten states that implemented bottle bills to the forty states that did not. As with the DiDiD estimator, I look at heterogeneity in this estimator by education group. I also look at heterogeneity in this estimator by season. Find the DiD estimator specifics in equations (A7, A8, A9). Notably, the DiD estimator only accounts for factors common to a given year. The DiDiD estimator accounts for all factors common to a state in a given year and all factors common to each season in a given year. To limit omitted variable bias, I use a DiDiD estimator as the identification strategy relies on within state within year variation.

Results for estimation equations (A7,A8,A9) can be found in Table A2. Without controls, bottle bills are associated with a .35 pp reduction in the incidence of low birth weights among all mothers. This association attenuates to .16 pp, when income, weather, and government spending controls are added. Additionally, the association between bottle bills and the incidence of low

average to transfer more wealth to the lowest wage earners. Using education as a proxy for household income, I expect bottle bills to have a much smaller effect on mothers with at least a high school education.

birth weight is strongest among low education mothers and in non-winter months. Notably, the DiDiD results are much more robust than the DiD results to the introduction of controls. The DiDiD estimators rely on variation within a state within a year, whereas the DiD estimators rely on variation at the state level.

As discussed previously, bottle bills are only expected to transfer wealth to and thus improve birth outcomes among the lowest wage earners. The DiD estimates find significant associations between bottle bill implementations and the incidence of low birth weight among all mothers. Moreover, the association is more pronounced in non-winter months relative to winter months among the entire population. Through a wealth transfers channel, this finding is surprising, suggesting the DiD estimator either suffers from omitted variable bias or bottle bills are acting on the incidence of low birth weight through a channel other than wealth transfers. The sensitivity of DiD estimates to the inclusion of controls suggests the DiD estimates certainly suffer from omitted variable bias.

Importantly, the DiDiD estimator alleviates some of the concern around omitted variable bias that arises from the DiD estimated association between bottle bill implementations and the incidence of low birth weight in the whole population. The DiDiD estimator does not find any association between bottle bill implementations and the incidence of low birth weight in non-winter relative to winter months among all mothers (see Figure A2).

DiDiDiD – Identification Strategy and Estimates The DiDiDiD estimator exploits four sources of variation. First, I compare the years before and after bottle bills are implemented in ten states. Second, during the sample period, I compare the ten states that implemented bottle bills to the forty states that did not. Third, I compare winter to non-winter months. Fourth, I compare low education mothers to middle education mothers. I choose to use the middle education group as the control group in the DiDiDiD estimator because the DiDiD analysis suggests middle education mothers’ incidence of low birth weight in non-winter relative to winter months has a smaller association with bottle bill implementations than that of high education mothers (see Table 2).

Specifically, I estimate the following model:

$$\begin{aligned}
Y_{ctes} = & \beta_1 [\mathbb{1}(\text{bottle bill})_{it} * \mathbb{1}(<\text{HS})_e * \mathbb{1}(\text{not winter})_s] \\
& + \beta_2 [\mathbb{1}(\text{bottle bill})_{it} * \mathbb{1}(>\text{HS})_e * \mathbb{1}(\text{not winter})_s] \\
& + \iota_{i,e,s} + \pi_{i,s,t} + \omega_{i,e,t} + \nu_{s,e,t} + \epsilon_{ctes}
\end{aligned} \tag{4}$$

Y_{ctes} is the incidence of low birth weight in county c in year t for education group e in season s . $\mathbb{1}(\text{bottle bill})_{it} = 1$ if state i has an active deposit refund program in year t . $\mathbb{1}(\text{not winter})_s = 1$ if season s is not winter. $\mathbb{1}(<\text{HS})_e = 1$ if education group e is less than high school (low education). $\mathbb{1}(>\text{HS})_e = 1$ if education group e is more than high school (high education).

To operationalize the DiDiDiD estimator, I include four sets of three way fixed effects: $\iota_{i,e,s}$, $\pi_{i,s,t}$, $\omega_{i,e,t}$, and $\nu_{s,e,t}$. $\pi_{i,s,t}$ is a state by season by year fixed effect, accounting for all factors common to state i in season s in year t . $\omega_{i,e,t}$ is a state by education group by year fixed effect, accounting for all factors common to state i in education group e in year t . $\nu_{s,e,t}$ is a season by education group by year fixed effect, accounting for all factors common to season s in education group e in year t . Lastly, $\iota_{i,e,s}$ is a state by season by education group fixed effect; this fixed effect allows for differences between states for each season and each education group during the sample period.

The parameter of interest is β_1 . β_1 is associated with the interaction: $\mathbb{1}(\text{bottle bill})_{it} * \mathbb{1}(<\text{HS})_e * \mathbb{1}(\text{not winter})_s$. As previously discussed, this interaction of dummy variables takes the value of one for all states with active bottle bills, for the low education group, in non-winter months. After adjustments for fixed effects, β_1 captures variation in the incidence of low birth weight among low education mothers, relative to middle education mothers, in bottle bill states, relative to non-bottle bill states, in years when the bottle bill was in effect, relative to before implementation, and in non-winter months, relative to winter. The identifying assumption is that the incidence of low birth weight among mothers with less than a high school education relative to mothers with a high school education did not change differentially in bottle bill states versus non-bottle bill states, in winter versus non-winter months, during the sample period.

Notably, the DiDiDiD estimator nonparametrically controls for much more within state within year variation than the DiDiD estimator, making the DiDiDiD estimator relatively more robust to omitted variable bias. In each year, the DiDiDiD estimator accounts for factors common to a state and season, a state and education group, as well as a season and education group. In contrast, in each year, the DiDiD estimator only accounts for factors common to a state and factors common to a season. During the sample period, trends in the incidence of low birth weight varied substantially by education group and season. The DiDiDiD estimator is able to non-parametrically control for variation in these sub-group trends at the state level. That said, concerns of omitted variable bias associated with the DiDiD estimator are not fully alleviated by the DiDiDiD estimator. For example, if non-winter work opportunities improved for only low education laborers differentially in bottle bill states relative to non-bottle bill states after policy implementation through a channel other than the bottle bill, then both the DiDiD estimator and the DiDiDiD estimator would suffer from omitted variable bias.

As just discussed, the DiDiDiD estimator does not alleviate the most prominent omitted variable bias concerns associated with the DiDiD estimator. Moreover, the difference between education groups, made to construct the quadruple difference estimator, likely further attenuates the estimated treatment effect and increases the estimator's variance. The DiDiD estimator differences between two groups that are treated unknown extents by bottle bills: non-winter and winter months. Anecdotal evidence suggests wealth transfers in non-winter months are twice the size of wealth transfers in winter months. Due to data constraints during the sample period, I cannot

quantitatively verify this observation. To reduce the threat of omitted variable bias, I difference across seasons, acknowledging that this difference attenuates the treatment effect estimate by differencing between two treated groups. I difference between seasons instead of education groups, as a seasonal difference allows me to compare a given education group to itself in a given year and state.

The DiDiDiD estimator builds off the DiDiD estimator by differencing between two additional groups that are treated unknown extents by bottle bills: low and middle education mothers. As discussed previously, I am not able to observe the exact population recycling for cash. The simple economic model sketched in the introduction and empirical evidence from the literature suggest on average participation among lower wage individuals is *much* higher than that of higher wage individuals. The birth weight data does not include mother’s wage or household income. Therefore, I use mother’s education to proxy for income. Measurement error in the use of educational attainment as a proxy for household income has the potential to attenuate the DiDiDiD estimator and increase its variance.

With this context, it is unsurprising that the DiDiDiD estimates are slightly smaller and noisier than the DiDiD estimates (see Table 3), measurement error likely attenuates the estimator and increases its noise. The DiDiDiD estimates report that bottle bills are associated with a .15 pp reduction in the incidence of low birth weight among low education mothers relative to middle education mothers in non-winter months relative to winter months. The estimate is statistically significant at the 90% confidence level. Moreover, the DiDiDiD estimate is not statistically different from the DiDiD parameter of interest.

4.5 Balance Test

Omitted variable bias is the biggest concern with respect to a causal interpretation of the results emphasized in this paper. Researchers test for omitted variable bias in two ways, either with a balance or coefficient comparison test. In a balance test, researchers regress potential confounders on the causal variable of interest. If randomization or quasi-randomization is successful, then potential confounders and the causal variable of interest are not correlated. In a coefficient comparison test, researchers include potential confounders in a regression of the outcome variable on the causal variable of interest. If the causal variable of interest is in fact causal, then the inclusion of additional controls should not meaningfully change the causal estimate.

In the presence of measurement error, the balance test is superior to the coefficient comparison test (Pei et al., 2019). Moreover, the conclusion from a balance test can be recovered by regressing the causal variable of interest on confounders in a case with multiple confounding variables. In the context of this study, the causal variable of interest is the implementation of bottle bills in the U.S. in non-winter months conditional on fixed effects. Thus, I test for omitted variable bias by regressing the implementation of bottle bills in the U.S. in non winter months on a rich set of

potential confounders. More specifically, I estimate the following regression:

$$\mathbb{1}(\text{bottle bill})_{it} * \mathbb{1}(\text{not winter})_s = \sum_v \beta_v * v + \alpha_{i,s} + \delta_{i,t} + \gamma_{s,t} + \epsilon_{i,s,t} \quad (5)$$

$\mathbb{1}(\text{bottle bill})_{it} * \mathbb{1}(\text{not winter})_s$ is one in states with active bottle bills in non-winter months. v is a potential confounder. $\delta_{i,t}$ is a state by year fixed effect, accounting for all factors common to a state in a given year t . $\gamma_{s,t}$ is a season by year fixed effect, controlling for common factors in a given season during a specific year. $\alpha_{i,s}$ is a state by season fixed effect; this fixed effect allows for season by state differences between states that implement and never enact bottle bills during the sample period. \sum_v sums over all controls included in previous robustness analyses.

Table 4 displays the results from this robustness analysis. Notably, the association between farm salaries and wages with the causal variable of interest is statistically significant. The DiDiD estimator relies on seasonal differences within states in a given year. If seasonal differences systematically varied across treated and untreated units, then the DiDiD estimator’s identifying assumption is compromised. The balance test suggests seasonal differences in payments to hired labor on farms varied systematically across treated and untreated units during the sample period. This finding rejects the null hypothesis that the assumed quasi-randomization is successful. Thus, associations in this paper should be interpreted with caution as they are subject to an unknown amount of omitted variable bias.

4.6 Placebo Tests

I conduct two placebo tests to examine the robustness of this paper’s main conclusions. In the first test, the pre-treatment placebo, I empirically assess the pre-treatment parallel trends assumption that was visually examined with event study style plots in Sections 4.2 and 4.3. In the second test, permutation, I compute the probability that I could have observed the reported results purely by chance.

Pre-Treatment Placebo This test provides an alternative avenue to falsify the parallel trends assumption in the pre-treatment period. To conduct this exercise, I first subset the sample to all untreated observations, all observations in bottle bill states prior to policy implementation and all observations in non-bottle bill states. I then randomly assign bottle bill implementation years to each bottle bill state during the state’s pre-treatment period. Lastly, I estimate the DiDiD estimator using the subsetted sample and the placebo treatment years. If the parallel trends assumption was invalid, then I would expect to find statistically significant associations between placebo bottle bill implementations and low education mothers’ incidence of low birth weight in non-winter relative to winter months.

I conduct the pre-treatment placebo test five times; in each test, a different set of placebo

treatment years are assigned to the bottle bill states. Results can be found in Table 5. The test fails to reject the assumption that prior to bottle bill implementation the non-winter incidence of low birth weight relative to the winter rate evolved in parallel among low education mothers in bottle bill and non-bottle bill states. All placebo DiDiD estimates are statistically insignificant.

Permutation The classic framework for permutation inference computes a test statistic’s distribution by randomly assigning observations to the treatment and control group (Abadie et al., 2010). I apply this framework to the main identification strategy employed in this paper to compute the likelihood of randomly observing the paper’s main result. First, I subset the sample to only observations from non-bottle bill states. Then, I randomly select ten states to be placebo bottle bill states and assign implementation years to each state. Lastly, I estimate the DiDiD estimator with placebo bottle bill states and implementation years on the sample of observations from non-bottle bill states.

I conduct the permutation test 1,500 times; in each test, a different set of placebo bottle bill states are selected and placebo implementation years are assigned. In Figure 5, find the distribution of the parameter of interest, the association between placebo bottle bills and the incidence of low birth weight among low education mothers in non-winter relative to winter months. Notably, only 61 of the 1,500 permutations estimate associations less than the actual association emphasised throughout this paper.

5 Conclusion

Ashenmiller (2009, 2010, 2011) shows bottle bills transfer wealth to low income households. My work suggests that through this channel the laws improve birth outcomes as well, highlighting that waste policy can have far reaching economic impacts. Subsidizing markets around used material collection with deposit refund programs creates societal benefits through reductions in the incidence of low birthweight. Such policies create comparable reductions in the incidence of low birth rate to that of EITC and SNAP (Almond et al., 2011; Hoynes et al., 2015). Moreover, this work adds suggestive evidence to a small literature documenting that bottle bills transfer wealth to lower income households.

Specifically, I find that the introduction of bottle bills is associated with a large and persistent improvement in the incidence of low birth weights among mothers with less than a high school education, particularly in non-winter months. As outlined in the introduction, bottle bills increase recycling wages potentially leading to highly targeted wealth transfers to especially low income households. I argue that this wealth transfer drives the association between bottle bill introductions and infant health documented in this paper. This analysis suggests that there were clear gaps in welfare policy in the U.S. that the waste stream was able to fill during the sample period.

This finding raises the following questions – what causes these gaps and why is the waste stream able to fill them so effectively?

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Table 1: Association between Bottle Bills and the Incidence of Low Birth Weight: Main Results and Robustness

	(1)	(2)	(3)	(4)
<i>Low Education: 1(bottle bill) * 1(not winter)</i>	-0.214 (0.048)	-0.208 (0.050)	-0.195 (0.052)	-0.191 (0.053)
Observations	2445080	2445080	2445080	2445080
within R-squared	.0002	.0005	.0002	.0005
State x Season Fixed Effect	x	x	x	x
State x Educ. Fixed Effect	x	x	x	x
State x Year Fixed Effect	x	x	x	x
Season x Year Fixed Effect	x	x	x	x
Educ. x Season Fixed Effect	x	x	x	x
Weather Controls		x		x
Income Controls			x	x

Notes: Table 1 reports the association between bottle bills and the incidence of low birth weight in non winter relative to winter months among mothers with less than a high school education. This association is computed using estimates from equation (2). All estimates from equation (2) can be found in Table A1. Columns differ by the controls added to estimating equation (2). Column (1) includes no controls. Columns (2-4) include weather and income controls. Each regression includes state x season, state x education group, season x education group, state x year, and season x year fixed effects. Each regression is weighted by the number of births in each education x season x county x year cell. The regressions are run at the county level to allow for county specific controls. The reported standard errors are clustered at the state level.

Table 2: Association between Bottle Bills and the Incidence of Low Birth Weight – Heterogeneity by Education Group

	(1)	(2)	(3)	(4)
<i>Low Education:</i> $\mathbb{1}(\text{bottle bill}) * \mathbb{1}(\text{not winter})$	-0.214 (0.048)	-0.208 (0.050)	-0.195 (0.052)	-0.191 (0.053)
<i>Middle Education:</i> $\mathbb{1}(\text{bottle bill}) * \mathbb{1}(\text{not winter})$	0.073 (0.038)	0.077 (0.041)	0.090 (0.047)	0.093 (0.049)
<i>High Education:</i> $\mathbb{1}(\text{bottle bill}) * \mathbb{1}(\text{not winter})$	0.113 (0.052)	0.115 (0.055)	0.132 (0.060)	0.132 (0.061)
Observations	2445080	2445080	2445080	2445080
within R-squared	.0002	.0005	.0002	.0005
State x Season Fixed Effect	x	x	x	x
State x Educ. Fixed Effect	x	x	x	x
State x Year Fixed Effect	x	x	x	x
Season x Year Fixed Effect	x	x	x	x
Educ. x Season Fixed Effect	x	x	x	x
Weather Controls		x		x
Income Controls			x	x

Notes: Table 2 reports the association between bottle bills and the incidence of low birth weight in non winter relative to winter months for each education group. Sub-population associations are computed using estimates from equation (2). All estimates from equation (2) can be found in Table A1. All reported parameters in a given column are from the same regression. Columns differ by the controls added to estimating equation (2). Column (1) includes no controls. Columns (2-4) include weather and income controls. Each regression includes state x season, state x education group, season x education group, state x year, and season x year fixed effects. Each regression is weighted by the number of births in each education x season x county x year cell. The regressions are run at the county level to allow for county specific controls. The reported standard errors are clustered at the state level.

Table 3: Association between Bottle Bills and the Incidence of Low Birth Weight – Quadruple Difference Estimator

	(1)	(2)	(3)	(4)
$\mathbb{1}(\text{bottle bill}) * \mathbb{1}(<\text{HS}) * \mathbb{1}(\text{not winter})$	-0.148 (0.103)	-0.149 (0.103)	-0.147 (0.103)	-0.148 (0.103)
Observations	2445077	2445077	2445077	2445077
within R-squared	0	.0003	.0001	.0004
State x Season x Educ. Fixed Effect	x	x	x	x
State x Educ. x Year Fixed Effect	x	x	x	x
State x Season x Year Fixed Effect	x	x	x	x
Season x Educ. x Year Fixed Effect	x	x	x	x
Weather Controls		x		x
Income Controls			x	x

Notes: Table 3 reports the association between bottle bills and the incidence of low birth weight in non winter relative to winter months for low education mothers relative to middle education mothers. Estimates are computed using equation (4). Columns differ by the controls added to estimating equation (4). Column (1) includes no controls. Columns (2-4) include weather and income controls. Each regression includes state x season x education group, state x year x education group, season x education group x year, and state x season x year. Each regression is weighted by the number of births in each education x season x county x year cell. The regressions are run at the county level to allow for county specific controls. The reported standard errors are clustered at the state level.

Table 4: Balance Test

	(1)
HDDs (degress C)	0.000000203866 (0.0000001399792)
CDDs (degrees C)	0.0000002302818 (0.0000003387572)
Personal Income (2015 USD)	0.0000000000001 (0.0000000000001)
Personal Current Transfer Reciepts (2015 USD)	0.0000000000001 (0.0000000000001)
State Unemployment Insurance Benefits (2015 USD)	-0.0000000000007 (0.0000000000008)
Medicare Benefits (2015 USD)	-0.0000000000011 (0.0000000000009)
Social Security Benefits (2015 USD)	0.0000000000006 (0.0000000000007)
Farm Wages and Salaries (2015 USD)	0.0000000000081** (0.0000000000031)
Wages and Salaries (2015 USD)	-0.0000000000003 (0.0000000000002)
Observations	2445080
within R-squared	.0029

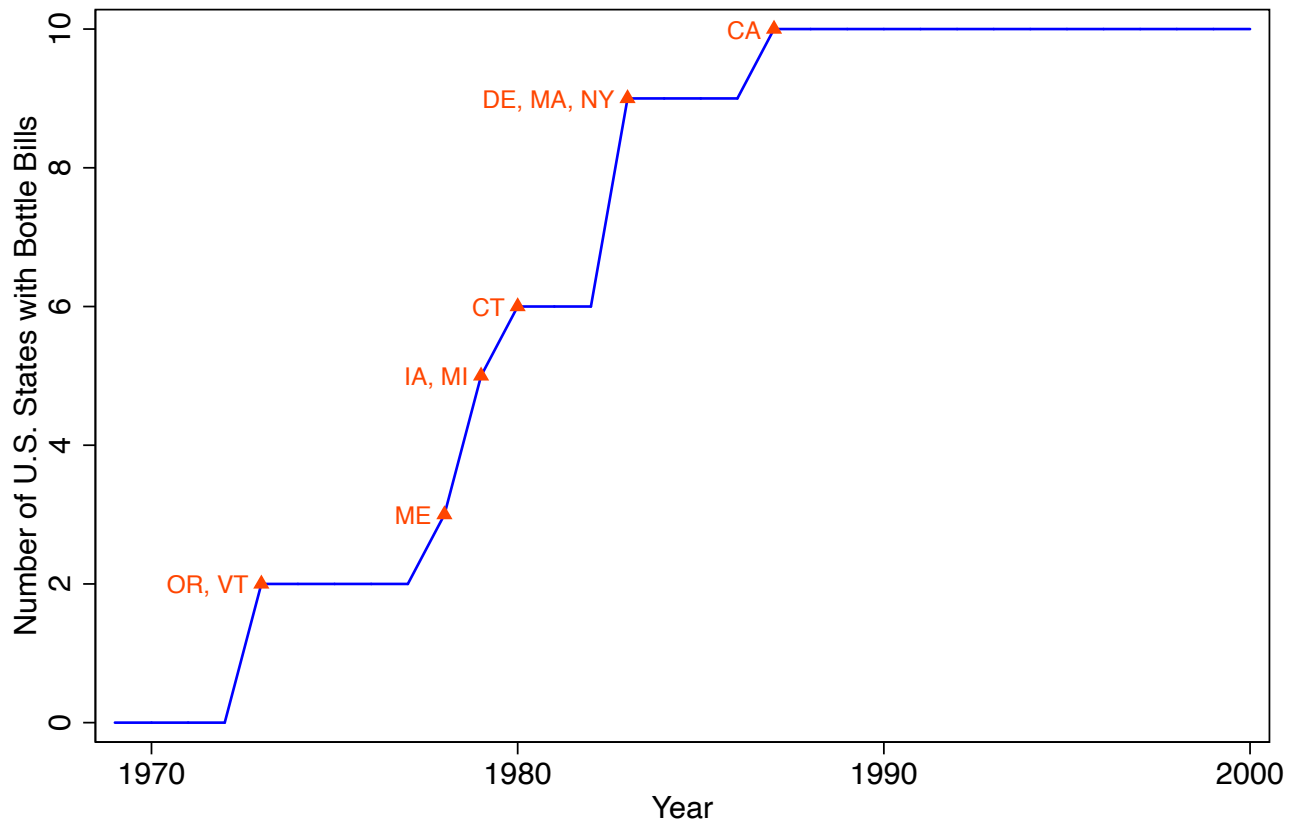
Notes: Table 3 displays the estimates of the coefficients of interest from the balance test defined in equation (8). Each row provides the association between a different confounder and the causal variable of interest. The balance test controls for state x season, season x year, and state x year fixed effects. The regression is weighted by the number of births in each education x season x county x year cell. The reported standard errors are clustered at the state level. *** $p < .01$; ** $p < .05$.

Table 5: Pre-Treatment Placebo Test

	(1)	(2)	(3)	(4)	(5)
<i>Low Education:</i> $\mathbb{1}(\text{bottle bill}) * \mathbb{1}(\text{not winter})$	0.045 (0.073)	-0.186 (0.119)	-0.037 (0.169)	-0.070 (0.155)	-0.170 (0.160)
Observations	2232048	2232048	2232048	2232048	2232048
within R-squared	.0003	.0003	.0003	.0003	.0003

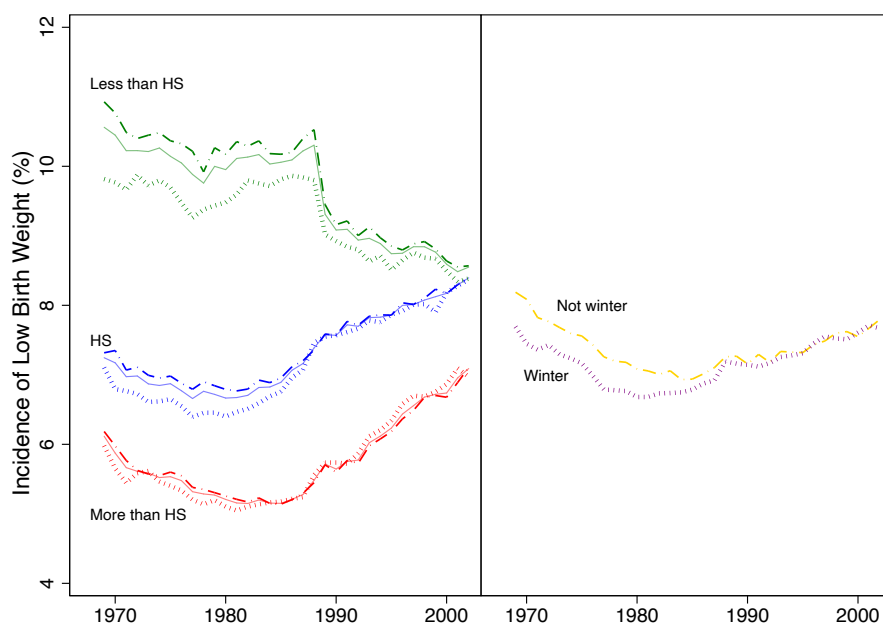
Notes: Table 5 reports pre-treatment placebo test associations between placebo bottle bill implementations in bottle bill states and the incidence of low birth weight in non-winter relative to winter months among low education mothers. Estimates are computed using equation (2) on the sample of untreated observations. Columns differ in the random assignment of placebo treatment years. For example, a different set of placebo bottle bill implementation years are assigned to bottle bill states in Column 1 and Column 5. Each regression includes state x season, state x education group, season x education group, state x year, and season x year fixed effects. Each regression is weighted by the number of births in each education x season x county x year cell. The regressions are run at the county level to allow for county specific controls. The reported standard errors are clustered at the state level.

Figure 1: U.S. Bottle Bill Introductions



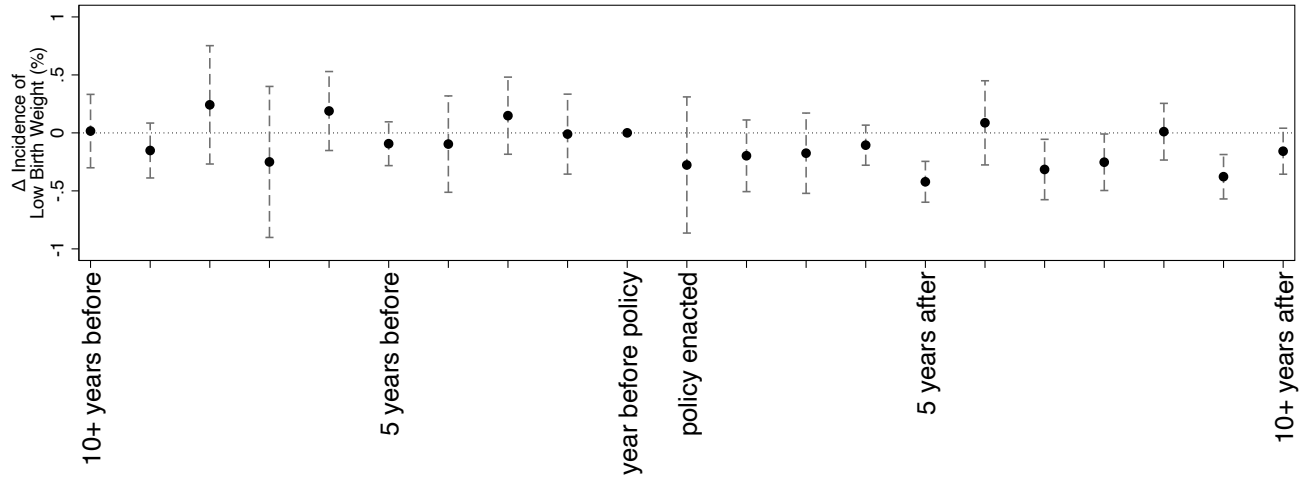
Notes: Figure 1 plots when each bottle bill state implemented bottle bills between 1969 and 2002. The blue line documents the total number of U.S. states with an active bottle bill in each year. The red triangle documents when each bottle bill state implemented the program. For example, in 1980, Connecticut implemented a bottle bill, making it the sixth U.S state to introduce a deposit refund program for containers.

Figure 2: Raw Trends in the Incidence of Low Birth Weight



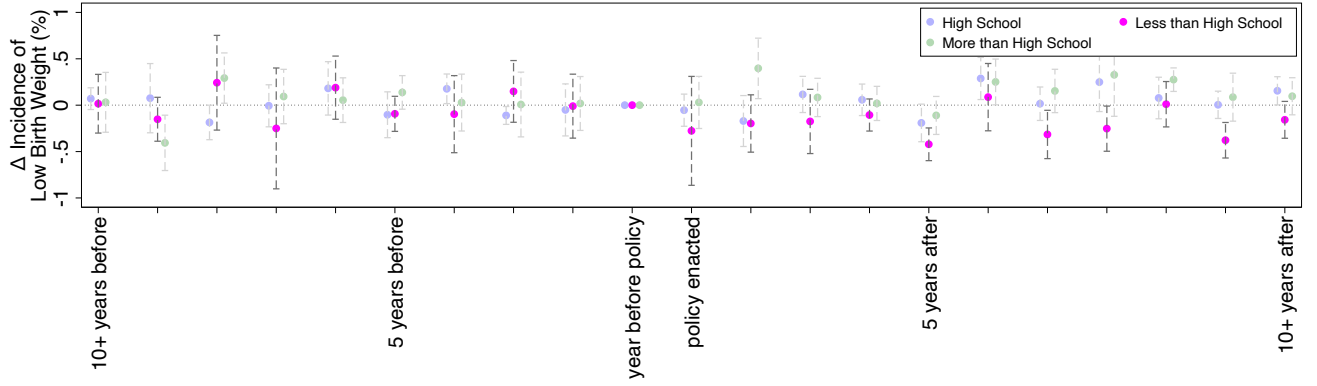
Notes: This figure plots the incidence of low birth weight in the U.S. between 1969 and 2002. The figure highlights how trends in the incidence of low birth weight varied by education group and season. I assign education groups to birth outcomes using the mother's educational attainment at the time of birth. I assign seasons to birth outcomes based on if the majority of the third trimester occurred in winter months or not. Dot dash lines represent rates in non-winter months. Dotted lines represent rates in winter months. Solid lines represent the rate for birth cohorts born in any season. I constructed these time series using U.S. Vital Statistics micro data from 1969-2002.

Figure 3: Association between Bottle Bills and the Incidence of Low Birth Weight – Main Result



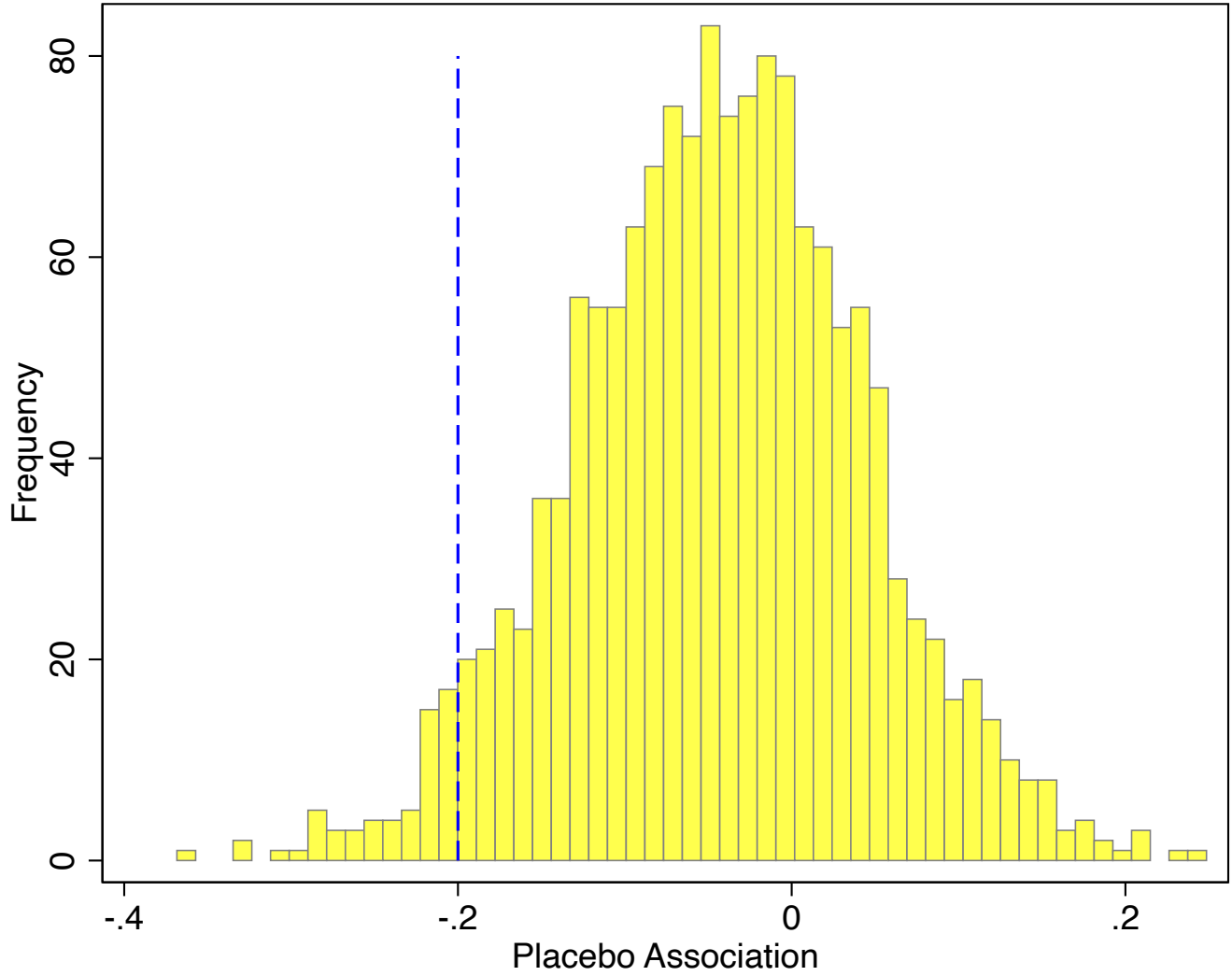
Notes: Figure 3 plots the association between bottle bill implementation and the incidence of low birth weight among mothers with less than a high school education in non-winter relative to winter months in each year before and after the policy took effect. These associations are computed using estimates from equation (3). The association in the year prior to policy implementation is normalized to zero. Figure A1 plots the associations visualized here with robustness to weather and income controls. Dashed lines represent 95% confidence intervals constructed using standard errors clustered at the state level. Additionally, the regression is weighted by the number of births in each education group by season by year by county cell.

Figure 4: Association between Bottle Bills and the Incidence of Low Birth Weight – Heterogeneity by Education Group



Notes: Figure 4 plots the association between bottle bill implementation and the incidence of low birth weight in non-winter relative to winter months by education group in each year before and after the policy took effect. Each marker color corresponds to a different education group's association. All associations are computed using estimates from equation (3). The association in the year prior to policy implementation is normalized to zero. The pink markers in this figure correspond to the associations displayed in Figure 3. Dashed lines represent 95% confidence intervals constructed using standard errors clustered at the state level. Additionally, the regression is weighted by the number of births in each education group by season by year by county cell.

Figure 5: Permutation Test



Notes: Figure 5 plots the distribution of the association between placebo bottle bills and the incidence of low birth weight among low education mothers in non-winter relative to winter months. The distribution is generated by estimating the DiDiD estimator on 1,500 different random assignments of bottle bill implementation years to ten randomly selected non-bottle bill states using the sample of observations from non-bottle bill states. The blue dashed line displays the actual association between bottle bill implementations and low education mothers' incidence of low birth weight in non-winter relative to winter months. Notably, only 61 out of 1,500 permutations estimate associations less than the actual association.

A Appendix

A.1 Another Event Study to Test Identifying Assumptions

As previously discussed, separate measures of a bottle bill's effect in each year before and after implementation provide useful information for testing the following identifying assumption – the incidence of low birth weight among mothers with less than a high school education did not change differentially in bottle bill states versus non-bottle bill states, in winter versus non-winter months, during the sample period. In the main text, I produce event study style graphs visualizing the association between bottle bill implementation and the incidence of low birth weight in non-winter relative to winter months by education group in each year before and after the policy took effect (see Figures 3 and 4). For completeness, I also explore the association on average for all mothers. Specifically, I estimate the following model:

$$Y_{ites} = \sum_{j=-10}^{10} \left[\kappa_j * \mathbb{1}_{(t,i) \in j} * \mathbb{1}(\text{not winter})_s \right] + \alpha_{i,s} + \mu_{i,e} + \delta_{i,t} + \gamma_{s,t} + \lambda_{e,s} + \epsilon_{ites} \quad (\text{A6})$$

$\mathbb{1}_{(t,i) \in j} = 1$ for state i in year t if state i implements a bottle bill j years before or after year t . The excluded time category is $j=-1$. Never treated states and treated states in the year before treatment are assigned to this category. $j=10$ or -10 refers to the period 10+ years after or before a state implemented a bottle bill.

From equation (A6), I plot κ_j in event study style figures to visually test the validity of the identifying assumption. With κ_j , I am able to assess whether there were pre and post-bottle bill trends in the estimator of interest among all mothers on average (see Figure A2). κ_j represents the association between bottle bill implementation j years after or before policy enactment and the incidence of low birth weight among all mothers in non-winter relative to winter months. Importantly, κ_j is not a weighted average of $\eta_{(j,\text{middle})}$, $\eta_{(j,\text{middle})}$, and ϕ_j from equation (3). $\eta_{(j,\text{middle})}$ ($\eta_{(j,\text{low})}$) measure the difference in the association between bottle bills and the incidence of low birth weight in non-winter months relative to winter months among middle (low) and high education mothers. ϕ_j measures the association between bottle bills and the incidence of low birth weight among high education mothers, in non-winter months relative to winter months. κ_j measures the average association across all sub-populations; κ_j is a weighted average of $\eta_{(j,\text{low})} + \phi_j$, $\eta_{(j,\text{middle})} + \phi_j$, and ϕ_j .

Figure A2, the event study style graph of κ_j , provides graphical evidence that the non-winter incidence of low birth weight relative to the winter rate evolved in parallel on average in bottle bill and non-bottle bill states before and after policy implementation. I expect a very small population of mothers to be impacted by bottle bills as wealth transfers associated with bottle bills rely on the majority of the population not recycling for cash. Therefore, Figure A2 both fails to reject the identifying assumption's validity and supports the hypothesis that bottle bills on average do

not impact the incidence of low birth weight in non-winter versus winter months.

A.2 Alternative Estimator: Difference-in-Differences

The DiD estimator compares treated versus never treated states in the pre versus post period. As with the DiDiD estimator, I look at heterogeneity in this estimator by education group. I also look at heterogeneity in this estimator by season. To limit omitted variable bias, I use a DiDiD estimator as the main identification strategy in this paper, because the approach relies on within state within year variation. For completeness, I define and estimate a DiD estimator as well. Specifically, I estimate the regression equation:

$$Y_{ctes} = \beta * \mathbb{1}(\text{bottle bill})_{it} + \alpha_{i,s} + \mu_{i,e} + \gamma_t + \epsilon_{ctes} \quad (\text{A7})$$

As before, $\mathbb{1}(\text{bottle bill})_{it} = 1$ if a bottle bill is implemented in state i during year t . Additionally, Y_{ctes} is the low birth rate in county c in year t for education group e in season s . I include state \times season, state \times education group, and year fixed effects. These fixed effects operationalize β as a DiD estimator. This specification estimates the difference in the low birth rate between a world with bottle bills versus a world without bottle bills. The identifying assumption is that the incidence of low birth weights did not differentially change in bottle bill states versus non bottle bill states through a channel other than bottle bills during the sample period.

The parameter of interest is β . After adjusting for fixed effects, β captures the variation in the low birth rate for bottle bill states relative to non bottle bill states, in years when bottle bills operated in treated states, relative to before bottle bill implementations. Goodman-Bacon (2021) highlights potential issues with this interpretation of a DiD estimator. Given only ten units are ever treated during the sample period, the issues raised by Goodman-Bacon (2021) are of little consequence in this context because a very small weight is placed on comparisons of concern.

As with the DiDiD estimator, I also explore heterogeneity in the DiD estimator by season and education group. Specifically, I estimate the following two models:

$$Y_{ctes} = \beta_1 * \mathbb{1}(\text{bottle bill})_{it} + \beta_2 (\mathbb{1}(\text{not winter})_s * \mathbb{1}(\text{bottle bill})_{it}) + \alpha_{i,s} + \mu_{i,e} + \gamma_t + \epsilon_{ites} \quad (\text{A8})$$

$$Y_{ites} = \beta_1 * \mathbb{1}(\text{bottle bill})_{it} + \beta_2 (\mathbb{1}(\text{HS})_e * \mathbb{1}(\text{bottle bill})_{it}) + \beta_3 (\mathbb{1}(<\text{HS})_e * \mathbb{1}(\text{bottle bill})_{it}) + \alpha_{i,s} + \mu_{i,e} + \gamma_t + \epsilon_{ctes} \quad (\text{A9})$$

In equation (A8), β_1 captures the variation in the incidence of low birth weight in winter months for bottle bill states relative to non-bottle bill states, in years when bottle bills operated in treated states, relative to before bottle bill implementations. β_2 captures the difference in variation in the incidence of low birth weight between non-winter months and winter months for bottle bill states

relative to non bottle bill states, in years when bottle bills operated in treated states, relative to before bottle bill implementations. In equation (A9), β_1 captures the variation in high education mothers' incidence of low birth weight for bottle bill states relative to non-bottle bill states, in years when bottle bills operated in treated states, relative to before bottle bill implementations. β_2 and β_3 capture additional variation in low and middle education mothers' incidence of low birth weight relative to high education mothers' for bottle bill states relative to non bottle bill states, in years when bottle bills operated in treated states, relative to before bottle bill implementations.

Results for estimation equations (A7,A8,A9) can be found in Table A2. Without controls, bottle bills are associated with a .35 pp reduction in the incidence of low birth weight. With income, weather, and government spending controls, bottle bills are associated with a .16 pp reduction in the incidence of low birth weight. Notably, the DiDiD results are much more robust than the DiD results to the introduction of controls. The DiDiD estimators rely on variation within a state within a year, whereas the DiD estimators rely on variation at the state level.

Additionally, the association between bottle bills and the incidence of low birth weight is strongest among low education mothers and in non-winter months. As discussed in the main text, bottle bills are only expected to transfer wealth to the lowest wage earners. The DiD estimates find significant associations between bottle bill implementations and the incidence of low birth weight among all mothers. Through a wealth transfers channel, this finding is surprising, suggesting the estimator either suffers from omitted variable bias or bottle bills are acting on the incidence of low birth weight through a channel other than wealth transfers. The sensitivity of DiD estimates to the inclusion of controls suggests the DiD estimates certainly suffer from omitted variable bias.

Table A1: DiDiD Estimates

	(1)	(2)	(3)	(4)
$\mathbb{1}(\text{bottle bill}) * \mathbb{1}(<\text{HS}) * \mathbb{1}(\text{not winter})$	-0.327 (0.060)	-0.323 (0.059)	-0.327 (0.060)	-0.323 (0.059)
$\mathbb{1}(\text{bottle bill}) * \mathbb{1}(\text{HS}) * \mathbb{1}(\text{not winter})$	-0.041 (0.032)	-0.038 (0.033)	-0.042 (0.033)	-0.039 (0.033)
$\mathbb{1}(\text{bottle bill}) * \mathbb{1}(\text{not winter})$	0.113 (0.052)	0.115 (0.055)	0.132 (0.060)	0.132 (0.061)
$\mathbb{1}(\text{bottle bill}) * \mathbb{1}(<\text{HS})$	-0.273 (0.329)	-0.276 (0.329)	-0.275 (0.330)	-0.278 (0.330)
$\mathbb{1}(\text{bottle bill}) * \mathbb{1}(\text{HS})$	0.158 (0.117)	0.156 (0.118)	0.158 (0.117)	0.156 (0.118)
Observations	2445080	2445080	2445080	2445080
within R-squared	.0002	.0005	.0002	.0005
State x Season Fixed Effect	x	x	x	x
State x Educ. Fixed Effect	x	x	x	x
State x Year Fixed Effect	x	x	x	x
Season x Year Fixed Effect	x	x	x	x
Educ. x Season Fixed Effect	x	x	x	x
Weather Controls		x		x
Income Controls			x	x

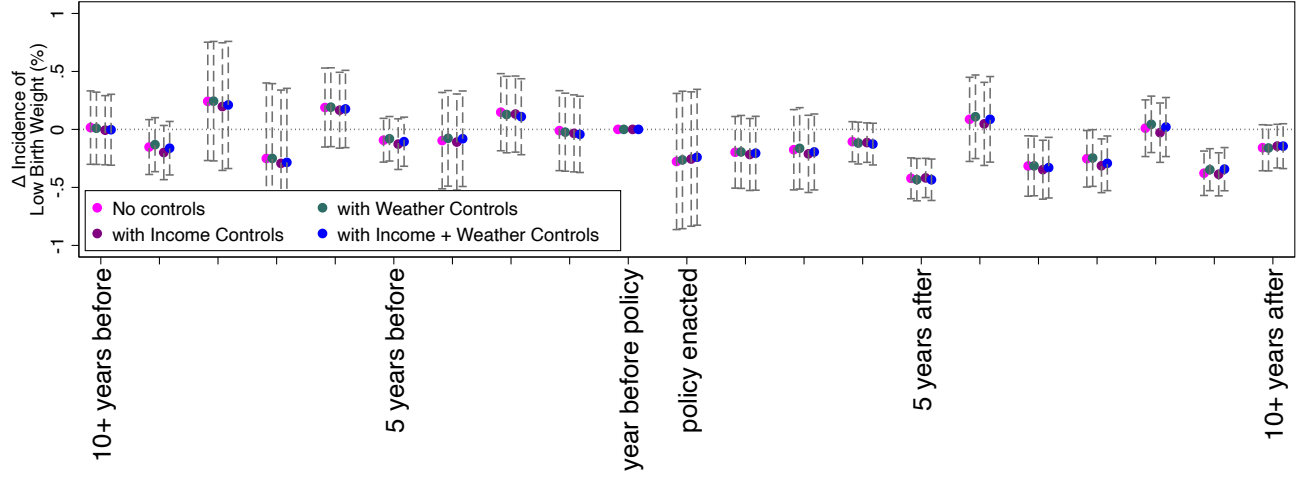
Notes: Table A1 reports all estimates from equation (2). All reported estimates in a given column are from the same regression. Columns differ by the controls added to estimating equation (2). Column (1) includes no controls. Columns (2-4) include weather and income controls. Each regression includes state x season, state x education group, season x education group, state x year, and season x year fixed effects. Each regression is weighted by the number of births in each education x season x county x year cell. The regressions are run at the county level to allow for county specific controls. The reported standard errors are clustered at the state level.

Table A2: DiD Estimates

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
Bottle bill	-0.346 (0.162)	-0.350 (0.161)	-0.158 (0.164)	-0.163 (0.164)	-0.328 (0.119)	-0.333 (0.117)	-0.145 (0.179)	-0.150 (0.179)	-0.156 (0.171)	-0.176 (0.169)	0.034 (0.165)	0.014 (0.163)
... x Less than HS					-0.457 (0.347)	-0.455 (0.346)	-0.429 (0.344)	-0.428 (0.343)				
... x HS					0.200 (0.113)	0.200 (0.114)	0.185 (0.109)	0.186 (0.109)				
... x Not Winter									-0.283 (0.025)	-0.260 (0.027)	-0.286 (0.024)	-0.262 (0.028)
Observations	2445080	2445080	2445080	2445080	2445080	2445080	2445080	2445080	2445080	2445080	2445080	2445080
within R-squared	.0002	.0005	.0007	.001	.0003	.0007	.0008	.0011	.0002	.0006	.0007	.0011
State x Season Fixed Effect	x	x	x	x	x	x	x	x	x	x	x	x
State x Educ. Fixed Effect	x	x	x	x	x	x	x	x	x	x	x	x
Year Fixed Effect	x	x	x	x	x	x	x	x	x	x	x	x
Weather Controls		x		x		x		x		x		x
Income Controls			x	x			x	x			x	x

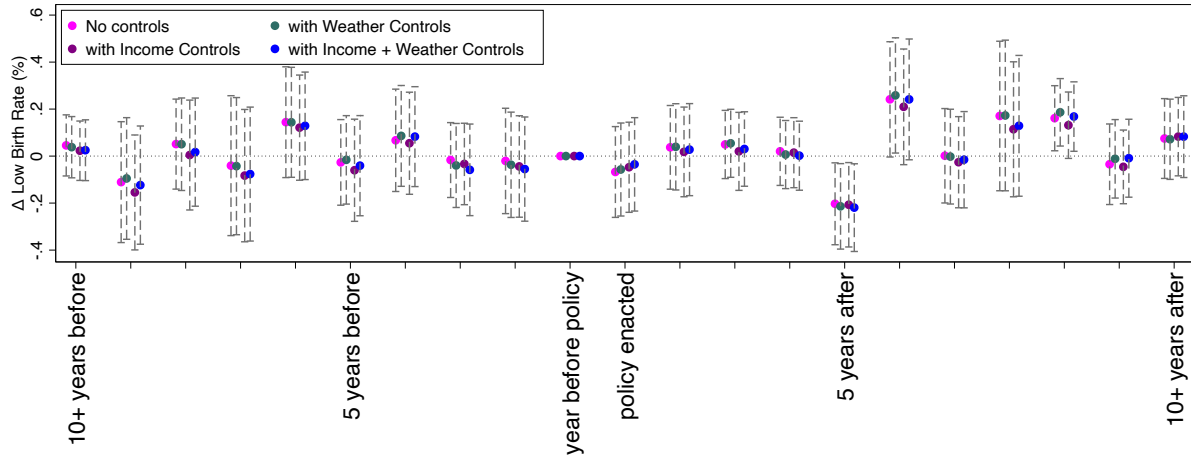
Notes: Table A2 reports all estimates from equations (A7, A9, A8). All reported estimates in a given column are from the same regression. Columns (1-4) report estimates from equation (A7); columns differ by the controls added to the estimating equation. Column (1) includes no controls. Columns (2-4) include weather and income controls. Columns (5-8) report estimates from equation (A9); as with the first four columns, columns (5-8) differ by the controls added to the estimating equation. Columns (9-12) report estimates from equation (A8); as with the first four columns, columns (9-12) differ by the controls added to the estimating equation. Each regression includes state x season, state x education group, and year fixed effects. Each regression is weighted by the number of births in each education x season x county x year cell. The regressions are run at the county level to allow for county specific controls. The reported standard errors are clustered at the state level.

Figure A1: Association between Bottle Bills and the Incidence of Low Birth Weight – Main Result Robustness



Notes: Figure A1 plots the association between bottle bill implementation and the incidence of low birth weight among mothers with less than a high school education in non-winter relative to winter months in each year before and after the policy took effect. These associations are computed using estimates from equation (3). The association in the year prior to policy implementation is normalized to zero. Each marker color corresponds to a different version of equation (3); the estimating equation for each color differs in the included controls. Dashed lines represent 95% confidence intervals constructed using standard errors clustered at the state level. Additionally, the regression is weighted by the number of births in each education group by season by year by county cell.

Figure A2: Average Association between Bottle Bills and the Incidence of Low Birth Weight



Notes: Figure A2 plots the association between bottle bill implementation and the incidence of low birth weight among *all* mothers in non-winter relative to winter months in each year before and after the policy took effect. These associations are estimated using regression equation (A6). The association in the year prior to policy implementation is normalized to zero. Each marker color corresponds to a different version of equation (A6); the estimating equations for each color differ in the included controls. Dashed lines represent 95% confidence intervals constructed using standard errors clustered at the state level. Additionally, the regression is weighted by the number of births in each education group by season by year by county cell.