Immigrant Poverty and Medicaid Expansion Across the United States

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ABSTRACT

Immigrants across the United States represent an increasing share of those living in poverty as immigrant poverty rates persist. The percentage of people experiencing poverty who are immigrants rose from 14% in 1993 to 21% in 2016-2019. While immigrants are underrepresented in the literature, immigrant poverty exceeds the national poverty level of nonimmigrant citizens. Immigrant poverty is not only understudied, but it needs to be better understood in the literature. Moreover, the poverty differences between nonimmigrant citizens and immigrants within states also vary greatly. Still, immigrants experience higher poverty rates at 19 % compared to citizens' 15 % poverty rate. This study contributes to the existing immigrant literature by providing a more accurate and comprehensive understanding of poverty among immigrants. Our analysis will also address the initial impacts of social policy, particularly Medicaid expansion and inclusion, on immigrant poverty. Our findings demonstrate that immigrant poverty differs among and within immigrant populations, spanning across different nations of origin, household structure, education, state of residence, citizenship status, and other characteristics. First, we find non citizen immigrants have a higher risk of poverty for three of the four main risk groups, excluding low education. Second, we find that poverty rates across nations of origin are consistent with Latin American countries with higher poverty rates. The top three highest poverty rates are Honduras (34.35%), Puerto Rico (32.03%), and Guatemala (30.52%). Non-Latin American countries, including Korea (14.22%), the Philippines (9.2%), and India (5.9%), have a lower poverty rate than the U.S. (16.382%). Third, we find significance between the probability of poverty for citizens and noncitizen immigrants. Lastly, we did not find enough evidence that Medicaid expansion reduces immigrant poverty.

Keywords: Immigrant, Medicaid, Poverty, Undocumented, Immigration Status, Policy

INTRODUCTION

With the United States' large population of immigrants, it is critical to understand the disparities in citizen status and poverty variations among immigrants. The United States has created a hostile environment for immigrants due to its exclusionary, anti-immigration policies. High levels of immigrant poverty persist across the United States, with policies like Medicaid falling short of providing uniform and comprehensive coverage. While these provisions vary at the state level, disparities in coverage exclude large groups of immigrants.

This paper evaluates the state of immigrant poverty in the United States and analyzes the links between Medicaid provisions and immigrant poverty. Our research explores (1) what immigrant poverty across the United States looks like and (2) how Medicaid provisions affect poverty. The current literature indicates that the poverty rates for immigrants and noncitizens share a significant disparity. Our study measures the effects of Medicaid provisions at the state level compared to immigrant poverty rates. This study uses the Luxembourg Income Study Database (LIS) to obtain national data on immigrant and nonimmigrant populations in the United States. The data analyzed from LIS breaks immigration into two categories: *immigrants* and *nonimmigrants*. This study adopts the relative poverty measure with immigrants born outside the U.S. The analysis provides descriptive results about immigrant poverty over time, immigrant poverty across four major risk groups (Brady et al., 2017), immigrant poverty across states, and immigrant poverty by the nation of origin. Then we conduct a linear regression analysis on particular characteristics of poverty, citizenship status, and household characteristics. Our final regression analysis measures the fixed effects of Medicaid and the Affordable Care Act (ACA).

LITERATURE REVIEW

Immigrant Poverty

The limited available literature shows that immigrants living in the United States are more likely to experience poverty than nonimmigrants. Using the OPM (which we critique below), Young et al. find that in 2015, 17% of foreign-born immigrants lived in poverty; in contrast, only 14% of the total U.S. population lived in poverty (2017). Scholars agree that poverty among the immigrant population significantly differs in the poverty rate. For example, noncitizens are 21% more likely to experience poverty, unlike 11% of naturalized citizens who experience poverty (Proctor et al., 2016). In addition, point estimates of poverty are highest among first-generation children (32.2%), compared to second-generation children with one foreign-born parent and third+ immigrant generation children, who are about 10 percentage points lower (Thiede et al., 2021). Second-generation children with foreign-born parents are more similar to first-generation children in poverty levels at 32.1% (Thiede et al., 2021).

Variations in poverty among immigrants and the significant risk factors associated with poverty also apply to immigrants. Although not as prevalent across children in immigrant families, the penalty of a young-headed household to second-generation children with one foreign-born parent and third+-generation children is higher, and such children face a higher risk of poverty than those with families headed by adults aged 35-44 years within their generations (Thiede, 2021). Families headed by a single adult in second and third generations face higher risks of poverty than their same-generation peers with a married head of household (Thiede, 2021). Low parental education significantly impacts all generations, and low family employment is associated with the highest poverty among all generations of Hispanic children. De Trinidad

Young et al. maintain “racial/ethnic differences in the likelihood of living in poverty” (2018). Latinos and Blacks were more likely to experience poverty than whites and Asian/Pacific Islanders, regardless of citizenship status (De Trinidad Young et al., 2018). Race/Ethnicity also plays a vital role in the likelihood of poverty when institutional characteristics are considered.

Literature has extensively documented the effects on immigrants' stress surrounding occupation attainability, economic insecurity, and workplace issues (Flyn et al., 2015; Gelatt et al., 2019; Galletly, 2022; Hagan et al., 2003; Thiede, 2021; Young et al., 2017; Vargas, 2017; Vargas & Ybarra, 2016). In addition, an immigrant's legal status limits access to social services and other resources designed to mitigate poverty. The lack of protections for immigrants of various legal statuses has led to vulnerabilities of whole family units. With states across the US varying in immigration policies that range from inclusive to anti-immigrant, there is increased risk to the well-being of immigrants depending on the state they reside (Galletly, 2022; Hagan et al., 2003; Menjivar & Abrejo, 2022; Ramakrishnan & Colbern, 2015; Sabo et al., 2014; Valdivia, 2019; Wang, 2022).

Individual characteristics in poverty among immigrant groups include generational differences, the prevalence of the four main risk factors of poverty, and race/ethnicity (Thiede et al., 2021; De Trinidad Young et al., 2018). Thiede et al. (2021) indicate five major poverty risk factors across immigrant generations: parental age, family structure, parental education and employment, and place of residency (2021). Parental age has been associated with the risk of poverty, especially among parents who are teenagers in their early 20s (Thiede, 2021). First-generation immigrants have a 56% of possibility of being young parents in comparison to second-generation (31%) and third-generation immigrants (38%) (Rumbaut & Komaie, 2010). The family structure affects the labor supply within a household, as having a single household

reduces the available income and resources for the family. According to Thiede, single mothers tend to face a higher risk of poverty because of gender discrimination compared to single fathers (2010).

Moreover, parental education influences the type of employment, job quality, and wages (Thiede, 2010). Rumbaut and Komaie found significant disparities in integration within the Hispanic population. The 2014-2018 Current Population Survey revealed that 12.3% of first-generation Hispanics hold a college degree, whereas the percentage rises to 20% for other adult generations within the Hispanic community (2010). A household's income is primarily determined by employment, and immigrant families with insufficient full-time employment or unemployed adults tend to experience higher poverty rates (Thiede, 2010). Lastly, the place of residence influences the type of opportunities for the household and children (Thiede, 2010).

Immigration Policy

Polarization in the United States, contemporarily and historically, prevents progressive policies from implementation. Immigration has remained divisive and controversial for decades. Throughout history, the United States has enacted exclusionary immigration laws based on nation of origin (Benson, 2022; Hernández, 2006; Hernández, 2009; Lobo & Salvo, 1998; Massey et al., 2002; Saito, 2020; Yale-Loehr & Eason, 2020). There are clear preferences in the type of immigrant that is preferred to enter the United States, and it is evident in the restrictions that some countries have placed on them compared to others (Lobo & Salvo, 1998; Saito, 2020; Yale-Loehr & Eason, 2020). Historically, the United States has participated in discriminatory and exclusionary practices toward immigrants of low education level and socio-economic status (Benson, 2022; Hernández, 2006; Hernández, 2009; Hing, 1993; Lobo & Salvo, 1998; Massey et al., 2002; Saito, 2020; Yale-Loehr & Eason, 2020). In recent years, there has been a shift in the

nations of origin that immigrants are migrating from, and this has been met with anti-immigrant sentiment to include stricter enforcement of immigration policies such as 287 g by the Trump administration, family separation, and public charge (Abrego & Lakhani, 2015; Capps et al., 2019; Galletly, 2022; Hagan et al., 2003; Menjivar & Abrejo, 2022; Sabo et al., 2014; Valdivia, 2019; Wang, 2022).

Federal policies such as the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) and Illegal Immigration Reform and Immigrant Responsibility Act (IIRAIRA), passed in 1996, continue to have resounding effects on immigrants today. These acts excluded immigrants, including lawfully authorized immigrants, from social benefits by adding wait periods (PRWORA) as well as jeopardized eligibility for citizenship to those who used specific assistance programs and discouraged family members from petitioning for loved ones through fear of financial repercussions (IIRAIRA) (Abrego & Lakhani, 2015; Capps et al., 2019; Galletly, 2022; Hagan et al., 2003; Menjivar & Abrejo, 2022; Sabo et al., 2014; Valdivia, 2018; Wang, 2022).

The United States' anti-immigration climate contributes to immigrants' risk while integrating into society by limiting employment and government-delivered programs (Carner et al., 2017). Federal and State-level immigrant policies significantly increase immigrant poverty due to the exclusionary policies for accessing social, economic, political, and healthcare resources (De Trinidad Young et al., 2018). The household well-being of immigrants is influenced by their state of residence, which in turn affects their chances of experiencing poverty. This is determined by factors such as the specific measure being used, the cost of living, eligibility for safety net programs, and the distribution of benefits, which can vary across the country (Thiede, 2021). State-level policymakers influence policies to improve immigrants'

health and access to social welfare, education, labor, and enforcement (Montomura, 2014).

Immigration policy in the United States has heightened deportations and fear for immigrants and their families, affecting health outcomes. The rise of anti-immigrant policymaking has created an unhealthy environment, particularly for Latino families (Vargas & Ybarra, 2016). The fear of seeking out public services, such as SNAP and Medicaid, cause repercussions to their households looming from immigration policies (Galletly, 2022; Hagan et al., 2003; Wang, 2022). Fear of immigrants obtaining social care services for themselves or their dependents is of concern. Research has recently addressed the impacts on youth in households with immigrant heads of households finding that youth born in the U.S. are most affected by their health and poverty outcomes (Castaneda, 2014; Thiede, 2021; Vargas, 2017; Vargas & Ybarra, 2017). The effects for children of mixed-status families have been described as a "multi-generational" or spillover effect (Cruz Nichols et al., 2018) for U.S. citizen children sharing the same risks as punishments as someone with undocumented status (Vargas & Ybarra, 2016). Of the 2.3 million mixed-status families in the U.S., children who are U.S.-born citizens of a mixed-status family are directly impacted by the undocumented status of family members impacting their access to healthcare benefits, delayed treatment, more significant developmental risks, high levels of family conflict and stress, and fear of deportation often of their parents (Castaneda, 2014). Immigration must be treated as a social determinant of health itself if health outcomes are to be achieved (Castaneda, 2014). Only recently has the intersection between discrimination, immigration, and health begun to receive attention, with a lack of research on the intersectionality of immigrant health (Almeida et al., 2016).

Legal status is unique, and immigrants from Latin origin countries experience poverty at higher rates than immigrants from other countries based on their legal status (Flyn et al., 2015;

Gelatt et al., 2019; Proctor et al., 2016; Young et al., 2017). The income obtained by Latino immigrants, depending on documentation status, is less than their citizen counterparts in some occupations, including those who are lawful permanent residents (Flyn et al., 2015; Gelatt et al., 2019; Thiede, 2021; Vargas, 2017). The Immigration Reform and Control Act of 1986 was the last comprehensive immigration policy leaving millions of undocumented immigrants without a pathway to citizenship for decades. The lack of immigration reform leaves millions vulnerable to dangerous working conditions, exploitation, hostile work environments, and lower economic attainment, leading to many adverse effects, including health disparities and high poverty (Abrego & Lakhani, 2015; Capps et al., 2019; Flyn et al., 2015; Gelatt et al., 2019; Galletly, 2022; Hagan et al., 2003).

Healthcare Policy and Poverty

The Medicaid and Medicare healthcare policy systems are the most comprehensive social policies in the United States, fiscally representing a significant amount of social policy spending each year. Medicaid, a means-tested health insurance program, provides access to health insurance coverage to those who cannot afford or access health insurance. Medicaid has also served as an impactful antipoverty program across available literature. As of December 2022, according to the Center for Medicare and Medicaid Services (CMS), 85,280,085 individuals were enrolled in Medicaid (2022). Medicaid is the nation's largest health insurer, other than employer-provided insurers, covering numerous targeted populations throughout the United States. Before the passage of the Affordable Care Act (ACA) in 2010 by the Obama Administration, many low-income individuals were excluded from the program. Only certain eligible groups were included: children, pregnant women, parents, elderly adults, and people with disabilities. The ACA expanded Medicaid coverage for those with incomes of 138% of the

Federal Poverty Level, still excluding many immigrants; however, the Supreme Court made this expansion optional for states, leaving significant gaps in coverage across the United States. As of 2023, eleven states have not expanded Medicaid coverage through the ACA, including Alabama, Florida, Georgia, Kansas, North Carolina, South Carolina, Tennessee, Texas, Wisconsin, and Wyoming. In these states, over two million poor, uninsured adults fall into a coverage gap because of their state's decision not to expand Medicaid (Garfield et al., 2018).

Although intended as a program to increase healthcare coverage, Medicaid has shown to be one of the most effective antipoverty programs in the United States (Sommers & Oellerich, 2013; Remler et al., 2017; Allen et al., 2019; Benitez et al., 2021). Medicaid has been shown to reduce poverty by 1.0% for children, 2.2% for disabled adults, and 0.7% for elderly individuals, and out-of-pocket costs reduced from $871 to $376 (Sommers & Oellerich, 2013). Current literature points to poverty reduction and cross-policy effects due to Medicaid expansion (Sommers & Oellerich, 2013; Remler et al., 2017; Currie & Chorniy, 2021; Zewde & Wimer, 2019; Allen et al., 2019; Callison et al., 2021; Sommers, 2017; Goodman-Bacon, 2017; Bhatt & Beck-Saguè, 2018; Currie & Chorniy, 2021; Boudreaux et al., 2016). Cross-policy effects of Medicaid expansion span across housing, income and poverty, health, and child development policy.

Allen et al. (2019) indicated an association between housing stability and health insurance coverage in fourteen states. Benitez et al. (2021) asserted that states with more generous Medicaid programs found higher enrollment levels during economic distress, maintaining health and avoiding financial burdens from uninsured care. Reducing costs, not only for formerly uninsured pre-expansion but also for uncompensated care costs for hospitals. Louisiana's Medicaid expansion resulted in a 33% reduction for general medical and surgical

hospitals in the first three years post-expansion, implying that Louisiana hospitals were treating fewer patients with no provided reimbursement (Callison et al., 2021). With a health-inclusive poverty measure, Remler et al. (2017) indicated that Medicaid greatly affected child poverty compared to all non-health means-tested benefits. Health benefits of healthcare coverage, access, and availability have been endlessly studied and supported. According to Sommers (2017), state Medicaid expansions and subsequent county-level coverage gains were linked to mortality changes, including one life saved annually for every 239 to 316 adults gaining insurance.

In support of Sommers' (2017) results, Goodman-Bacon's (2018) study showed that high-Medicaid eligibility states saw an 11% reduction in aggregate mortality among nonwhite children, and Bhatt and Beck-Saguè (2018) indicated more significant declines in infant mortality among Medicaid expansion states, especially among African American infants. Expansion of Medicaid and the Child Health Insurance Program have improved access to health care for children and low-income pregnant women, leading not only to declines in infant and child mortality and preventable hospitalizations but long-term effects for children, including higher educational attainment, earnings, self-reported health, and lower mortality and hospitalization rates than those who did not benefit from expansions (Currie & Chorniy, 2021). Medicaid exposure in early childhood improves long health, potentially resulting from increased health services and family medical debt reductions (Boudreux et al., 2016). Brown et al. (2020) assessed the long-term impacts of childhood Medicaid eligibility expansions on outcomes in adulthood from ages 19-28 and found an increase in college enrollment, decreases in fertility, primarily through age 21, lower mortality among females and males, less collection from the earned income tax credit (EITC), and increased tax payments. Brown et al. established that "cumulatively from ages 19–28, at a 3% discount rate, the federal government recoups 58 cents

of each dollar of its "investment" in childhood Medicaid" (2020, p. 1). The cross-policy impacts outlined above support the case of Medicaid as an essential antipoverty program.

Research on poverty and Medicaid for immigrants is minimal, as much of Medicaid policy and the ACA excludes large groups of the immigrant population. Current essential literature from Bollinger and Hagstrom (2011) focuses on poverty rates for refugees and low impact for welfare reform but entirely excludes Medicaid and Medicare policies. Our study posits that expanding Medicaid for immigrants, regardless of documentation status, would positively impact immigrant poverty rates in the United States, as shown throughout the literature on states that have expanded Medicaid.

METHODS

LIS Data

This study uses the Luxembourg Income Study Database (LIS) to analyze poverty rates across the United States, immigration status, household characteristics, and Medicaid policy effect (LIS Cross-National Data Center in Luxembourg, 2023). The Luxembourg Income Study (LIS) data set provides cross-nationally and historically comparable individual-level information data sets (Brady, 2013). LIS has utilized the Current Population Survey Annual Social and Economic Supplement (CPS-ASEC) from 1993 to 2020. In addition, LIS provides population estimates through standardized data with similar variables, similar samples, and equal weights (Brady, 2013). LIS contains data on immigrant sample populations living in the United States from 1993 to 2020, including the 50 states in the United States and the District of Columbia. The purpose of using the dataset is to examine different patterns and analyze if there are more immigrants experiencing poverty than nonimmigrants across the United States.

Our analysis first examines immigrant poverty rates across the United States from 1993-2000s. Then we include immigrant and nonimmigrant status variables to analyze poverty across the United States. LIS provides results based on a given variable to measure the risk of poverty for immigrants and nonimmigrants. We examine the number of immigrants living in poverty and the highest immigrant poverty rates based on the nation of origin. Following, we examine mixed-status households, and a household is determined as mixed-status if at least one person is an immigrant. Lastly, we perform two linear regression analyses; the first analysis measures poverty across citizenship status and household characteristics (1993-2020). The second linear regression analysis measures the fixed effects of Medicaid and ACA (2016-2020). We used these variables from the LIS dataset to understand immigrant poverty rates among different immigrant groups compared to nonimmigrants.

Limitations Using Census Data

The Luxembourg Income Study Database (LIS) has a vast wealth of data regarding income, but obtaining data on immigrants in the United States is often challenging. LIS utilizes the Current Population Survey Annual Social and Economic Supplement (CPS-ASEC) from 1998 to the present to obtain information regarding immigrants across the United States used in this study. The Current Population Survey estimates employment, unemployment, earnings, labor force, and information about population subgroups (CPS-ASEC, 2023). In addition, it contains information regarding work experience, income noncash benefits, and the age of migrants 15 years and older (CPS-ASEC, 2023).

Although there are many benefits to using this dataset, there are various limitations when using the data for analyses related to immigrant populations. As the LIS database utilizes information from the United States Census Bureau, the first limitation of the dataset is

self-reported responses from voluntary participants. Self-reported data can often include inaccuracies. The Census Bureau counts only the foreign-born individuals who take the survey voluntarily, regardless of their legal status. The inherent nature of Census Data creates limitations for accurately calculating foreign-born, undocumented immigrants residing in the United States (CPS-ASEC, 2023).

A second limitation of using census data is that multiple unauthorized immigrants tend to go undercounted when surveying because they live in overcrowded houses or apartments. In addition, numerous immigrants living in one household can result in undercounting people in the data due to having different work schedules, and one household member needs to give accurate information about everyone (Puente, 2022).

A third limitation of using census data for our study is that it is challenging to gather extensive information on the unauthorized immigrant population (Chen et al., 2004). Collecting information about unauthorized immigrants is the constant fear that the Census Bureau will share information asked on the survey with government agencies (Puente, 2022). Due to this constant fear, the Census Bureau lacks an accurate measure of immigrants living in the United States. In addition, the sample size from the LIS dataset makes it difficult to account for all immigrant's situations, ethnicity, socioeconomic status, and other important variables essential to immigrant research (Chen et al., 2004). This study acknowledges that the number of immigrants included in the Census Bureau Data is undercounted, meaning the poverty levels are underestimated. Mainly lower-income immigrants are the ones who are significantly undercounted, as they are less likely to respond. However, regardless of income, all types of immigrants are undercounted in the study due to low participation numbers.

The Measurement of Poverty

This study uses the relative measure of poverty, which refers to poverty as a shortage of resources relative to needs defined by the prevailing standards of a given time and place (Brady & Parolin, 2020). The relative poverty measure offers significant advantages compared to the traditional absolute measure used in the OPM and SPM. Relative measures are also relatively simple and transparent, reduce reliance on inflation measures, and, when set between 50-60% of median income, better reflect the perspective of the American population on the necessary disposable income to avoid poverty (Fremstad, 2020). The RPM provides more reliable comparisons over time and place. In addition, it better predicts well-being, health, local living standards, and life chances (Brady & Parolin, 2020). This measurement of poverty helps identify changes in living standards for low-income individuals and whether the median income is increasing or decreasing (Smeeding, 2016).

The Measurement of Immigration

The LIS dataset provides socio-demographic characteristics, one of which includes immigration variables. Initially, our analysis used the immigrant dummy variable *immigr* and *citizen.* The immigrant variable included a binary designation of either immigrant (1) or not immigrant (0). The citizen variable provides a limited overview of the various categories of citizenship, including *citizen of the country of the survey* (1000), *naturalized citizen* (1300), and *non-citizen* (2000). Initial analyses utilized the three categories of citizenship and the *immigrant* (1) and *not immigrant* (0) binary variables. Those who are not immigrant(s), or *nonimmigrants,* include individuals born in the U.S.

For this study, *immigrant* was divided into two categories for further analysis: *citizen immigrants (citimmig)* and *noncitizen immigrants (noncitimmig). Citizen immigrants* include

both citizen(s) of the country of the survey (1000) and naturalized citizen(s) (1300) from the LIS dataset. *Citizen immigrants* include those born in another country and with documentation to live in the US. *Noncitizen immigrants* include those born in another country who do not have documentation to reside in the US. Creating the two categories of *citizen* and *noncitizen immigrants* was essential to further analyzing poverty based on citizenship status.

Mixed-Status Households

According to the literature, a mixed-status household is a household that has at least one citizen or legal immigrant child and at least one parent that is an unauthorized immigrant (Barajas-Gonzalez et al., 2018). In the context of our study, a *mixed-status* household has at least one person in the home with a different immigration status. The person does not have to be the head of the household to classify if the household is of mixed status. For example, if all the children are citizens, one parent is a lawful permanent resident, and the other is undocumented, the household can be determined as a mixed-status household. These households can vary as there are different types of immigration statuses, including but not limited to lawful permanent residents, undocumented immigrants, and asylum seekers. Therefore, the measurement used in this study does not only account for immediate family members to determine a mixed-status household but also includes anybody living in the same home. One person in the household who is not a citizen and holds a different immigration status will classify the household as mixed status.

Nation of Origin

Nation of Origin was analyzed to determine the difference in poverty rates among immigrants. Analyzing an immigrant's nation of origin is essential to the current literature, as the poverty rate varies for immigrants among different nations of origin. The prevalent nations of

origin for immigrants arriving in the United States during the 2016-2020 time frame analyzed were nations that have faced much hardship and have fled the high poverty conditions in their home country (Capps et al., 2019). These nations have been called the Northern Triangle, including Honduras, Guatemala, and El Salvador (Capps et al., 2019). Historically, immigrants in the United States have primarily been from Mexico, and the change in flow into the United States from other Central American countries in recent years highlights the severity of the asylum and refugee situation (Capps et al., 2019). Nations of origin that were highly present in the study were other Latin American countries such as Cuba, Dominican Republic, and Colombia, Asian nations including China, Vietnam, South and North Korea, Philippines, and lastly, India.

Other Independent Variables

To analyze our dependent variable of immigrant poverty, we include independent variables to support the analysis further. Status is coded as a nominal variable in our sample as an *immigrant, citizen immigrant*, and *noncitizen immigrant*. To measure *mixed status,* we identified if at least one person in the household was an immigrant. A binary variable was created for sex. Next, we identified if more than one person is employed in the household as a *multiple earner*. To best explore the risks of poverty, we have included Brady et al. (2017) four main risks as independent variables (*non-employment, education, young headship, and single parenthood*. We then analyze household members aged under 17 and over 65. Then we identify household lead earners *under age 25*, *25-34*, and *over 54*. Lastly, we identify single individuals by sex with no children.

Medicaid is used as a second lead independent variable to explore Medicaid expansion as a binary variable, with the sample being classified as *immigrants* or *noncitizens immigrants*. We

measure Medicaid expansion across Medicaid policies, including *expansion, emergency provisions, five-year rule, extra groups*, and *policy index*.

State Medicaid Expansion

The data used in this study to illustrate State Medicaid Expansion contains the adopted implementation date and four different policy codings to separate immigrant groups (See Figure 1 below). The first policy coding indicates whether states expanded Medicaid. If states did not expand, we coded 0; if states expanded, we coded 1. The second policy coding includes whether emergency services are provided for undocumented immigrants living in the United States. Coding 1 illustrates that the state provides emergency services for undocumented immigrants, and coding 0 shows that the state does not provide emergency services. The third policy coding includes whether states have a 5-year rule, some exceptions to a 5-year rule, or no 5-year rule. Coding 0 indicated that there is a 5-year rule that immigrants need to follow in order to get considered for Medicaid benefits. Coding 1 shows some exceptions to the 5-year rule and code 2 if the state does not have a 5-year rule to apply for Medicaid.

The fourth policy code indicates whether protected groups can apply for Medicaid. Coding 0 indicates no protected groups, coding 1 indicates only children are protected, coding 2 indicates that women are protected, and coding 3 indicates that women, children, and other groups are protected. However, the index variable includes state policies such as Medicaid expansion, providing emergency services for immigrants, having a five-year rule, and expanding to extra groups in the Medicaid expansion. There is no code for the index variable.

Table Immigrant Provisions for Medicaid Access

Variable	Quantitative Code	Description
expand	0	State did not expand Medicaid.
	1	State expanded Medicaid.
emergency	0	State provides emergency medical services for undocumented immigrants.
	1	State does not provide emergency medical services for undocumented immigrants.
fiveyear	0	States applied a five year rule
	1	Some exceptions to the five year rule
	2	States do not have a five year rule
extragroups	0	State does not include extragroups
	1	State provides Medicaid for children
	2	States provide Medicaid for women
	3	States provide Medicaid for women children, and other groups
index		Expansion of Medicaid + Emergency Services + No Five Year Rule + Additional Groups

Figure 1: Immigrant Provisions for Medicaid Access

Statistical Technique

Using the Luxembourg Income Study (LIS) data set through the LISSY web-based interface, we wrote and submitted statistical requests in STATA code format and received the returned results through a registered email account with LISSY. The data ranged from 1993-2020 and from 2016 to 2020 for particular variables. The initial timeline 1993-2020 was utilized as the first year in the CPS-ASEC data set to include an immigrant sample (1993) until the most recent collection (2020). The second timeline from 2016 to 2020 was selected to provide the most recent five years of available data and a larger sample size than those collected before 2000.

First, we provide basic descriptive information on immigrant poverty in recent years. The mean, standard error for the mean, frequency and percentage analysis, and the N within the

sample of individual variables, including citizenship status, relative poverty level, the nation of origin, young household lead earners, number of working household members, marriage status, gender, single mothers, educational attainment, and state of residence were input with STATA code across multiple job submissions in the LISSY web-based interface. Descriptive statistics were conducted which includes standard deviation and the mean. Inferential statistics were conducted, including t-tests, correlation, and regression analyses. Visualizations were also created for each of the analyses.

Second, we analyze how immigrant poverty has changed over time. This analysis was achieved by finding basic descriptive statistics, the mean, standard error for the mean, frequency and percentage analysis, and the sample size through the LIS database. The period ranged from 1993-2020, and the results from the LIS database were then visualized.

Third, we analyze the four major risk factors for poverty concerning immigrant poverty over five years from 2016-2020: *non-employment*, *low education*, *young headship*, and *single motherhood.* The rates of each of the four risk factors were achieved by calculating the mean for the variable among the sample. Then, each of the four risk factors was visualized. In addition, the four major risk factors of poverty were added to a regression model to account for each factor individually.

Fourth, we analyze immigrant poverty by citizenship and mixed-household status. As a subsection of the four risk factors, each was categorized by citizenship status through the STATA coding and initially included three variables: citizen, naturalized citizen, and noncitizen. A new variable was coded through STATA as *citimmig* (naturalized citizen and citizen immigrants) or *noncitimmig* (noncitizen immigrant). The creation of the citimmig variable included both citizen and naturalized citizens, whereas the noncitimmig variable included only noncitizens. Creating

the two variables allowed a more straightforward categorization and the potential for another variable *mixed* or mixed-status households to be created. The mixed variable was then utilized with a regression model to show the likelihood of poverty for mixed-status households against non-mixed-status households.

Fifth, we analyze how immigrant poverty is affected by state of residence and nation of origin. The poverty rates across states were achieved by calculating the mean for the variable among the sample in each of the 50 states, which were subsequently visualized in STATA. In addition, Pearson's correlation coefficient was estimated for all states and the District of Columbia using STATA. The correlation results were then visualized through STATA in a scatterplot. Nation of origin poverty rates were similarly calculated through the mean and then visualized.

Lastly, Medicaid expansion data was collected using each state's department of health websites and quantitatively coded (Benefits.gov, 2023). The quantitative codes were then imported into STATA along with LIS data to conduct regressions based on interstate differences among expansion and non-expansion states and their poverty rates for citizens and noncitizens. We used weights to ensure that states with higher or lower immigrant populations were not overrepresented.

DESCRIPTIVE RESULTS

Immigrant Poverty Over Time

First, we describe the trends in immigrant poverty over time. The 27-year span also provides a comparative breakdown between immigrant and nonimmigrant poverty. In Figure 2, the immigrant poverty rate has slowly declined from 1993, about 25%, to 2020, about 19%. A t-test (13.2907) between the 1993 and 2020 immigrant poverty rate indicates that the immigrant poverty rate has declined. It is also notable that levels of poverty between immigrants and nonimmigrants have become more similar over time. In 2020, nonimmigrant poverty was about 15%. Immigrant poverty was around 19%, indicating only a 4% difference between the two groups, regardless of barriers in safety net services for the immigrant population.

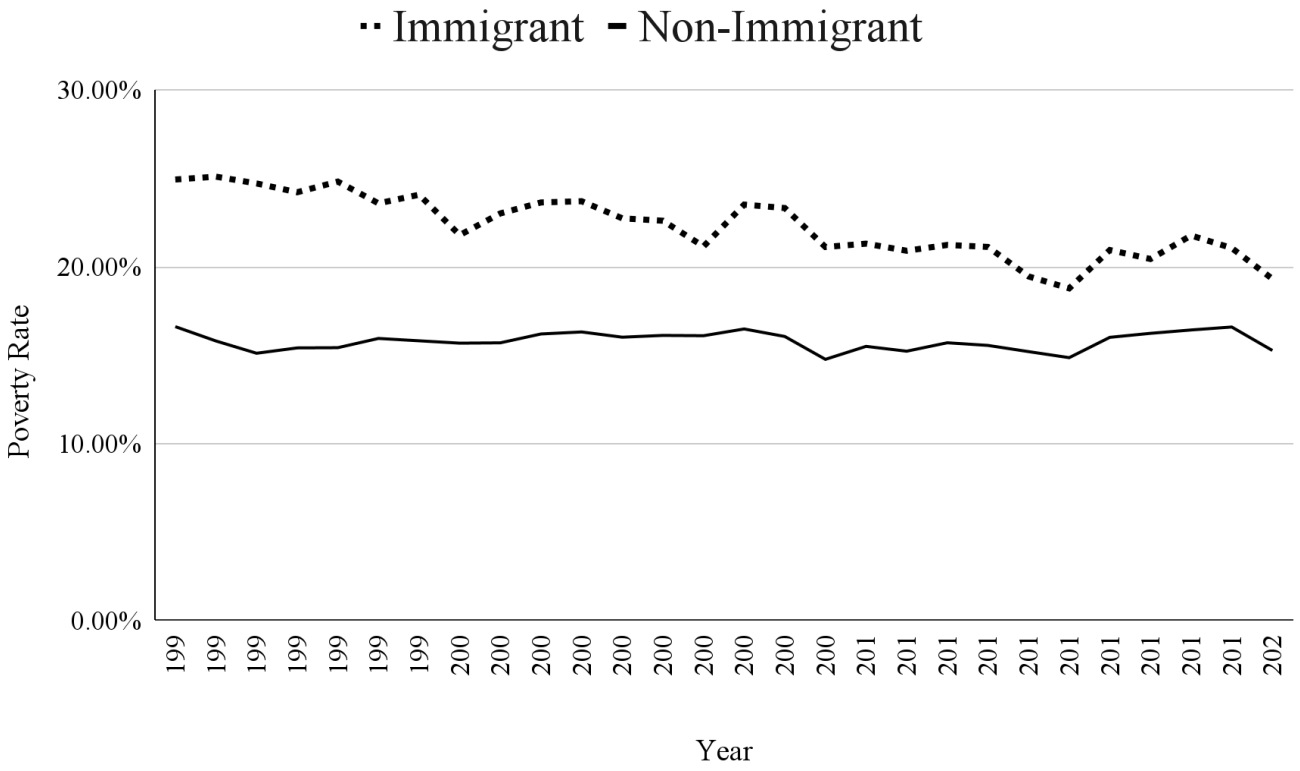

Figure 2: Immigrant Poverty Across the United States from 1993-2020

Immigrant Poverty Across Four Risk Groups

Using Brady et al. (2017) we identified four main risk factors of poverty: *non-employed*, *low education*, *young headship*, and *single motherhood;* our analysis evaluates the years 2016-2020 across each risk group for citizen immigrants and noncitizen immigrants (Figure 3). In measuring poverty across households where no one is working, noncitizen immigrants have a significantly higher poverty risk of 71.42% compared to citizen immigrants, with a 50.53% risk of poverty. The poverty rate for noncitizen immigrants with *low education* of 41.26%, similar to citizen immigrants at 41.13%.

Contrary to the attention *single motherhood* has received, this factor yields the lowest risk (Brady et al., 2017). *Single motherhood* is defined as a household led by a single mother with children under 18 (Brady et al., 2017). Single noncitizen immigrant mothers have a 48.1% risk, and citizen immigrant single mothers have a 27.1% risk. Lastly, to measure *young headship*, we look at individuals *under the age of 25* who are the primary contributor (Brady et al., 2017). The poverty rate for *young headship* is highest for noncitizen immigrants with a 48.05% risk, and a 34.53% risk of poverty for citizen immigrants. Using the four main risk groups from Brady et al. (2017), we identify an increased risk of poverty for noncitizen immigrants in each risk group except low education.

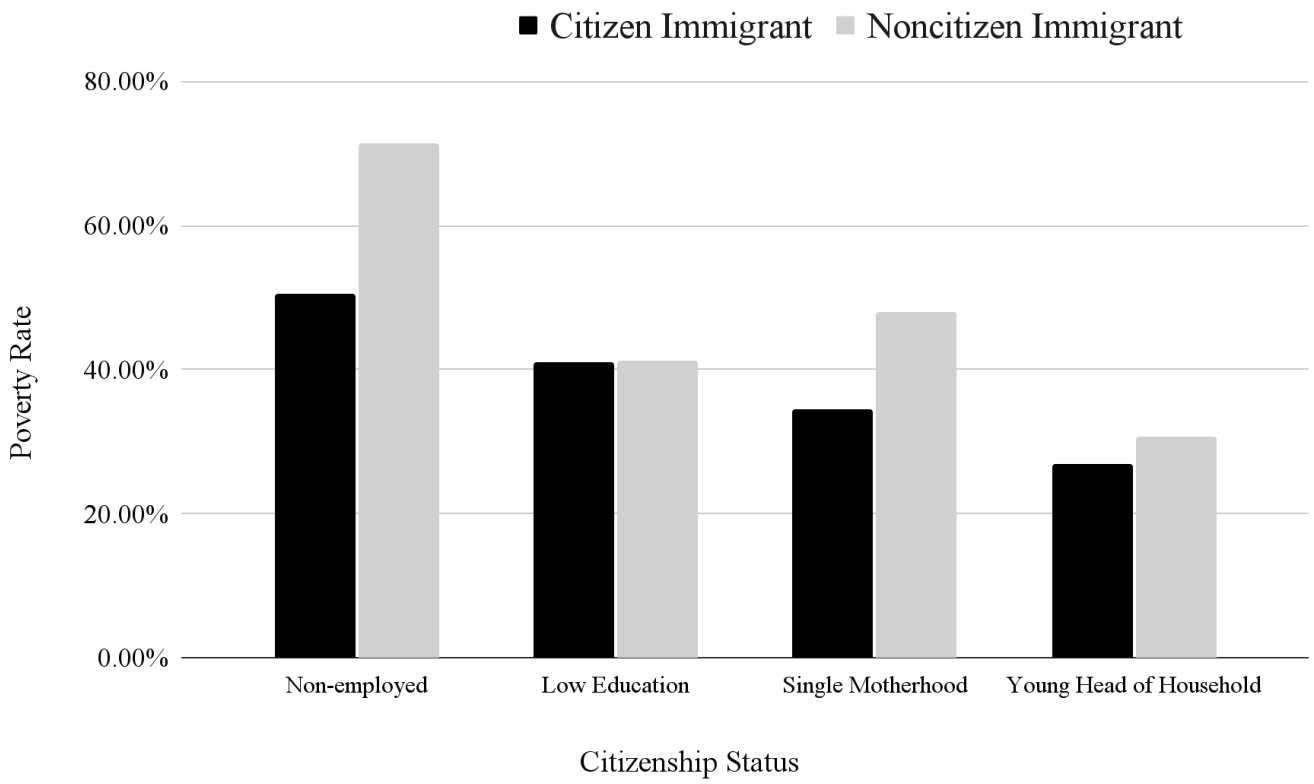

Figure 3: Poverty Rates Across Four Risk Factors from 2016-2020

Immigrant Poverty Across States

Immigration and other social policies vary significantly across the United States; typically, states take an anti- or pro-immigration stance. With the variations in policy, the effects of poverty also differ depending on where immigrants reside. This difference in policy can lead to harsher living conditions for immigrants, including higher poverty. With the differences in compositions of households and immigration status, analyzing the differences in poverty across the United States is essential. Questions explored in this analysis of immigrant poverty across states include: Does the poverty rate of those with immigrant status differ from nonimmigrants? If so, by how much? Does the size of the immigrant population affect the immigrant poverty rate? Overall what is the immigrant poverty rate across the United States?

As shown in Figure 4, the poverty rates among immigrants varied significantly across the United States. In line with other poverty research, states in the Northeast and Midwest had the lowest poverty rates for immigrants, New Hampshire at 9.42%, Maryland at 11.75%, Minnesota at 16.13%, and Michigan at 16.35% (Baker, 2019). The South's immigrant poverty rates were the highest in Mississippi at 36.67%, Louisiana at 29.84%, Alabama at 24.93%, and Texas at 24.87%. The high poverty rates for immigrants residing in southern states contribute to research on the enduring high poverty in this region of the U.S. (Baker, 2019). States with a poverty rate above 20% were as follows: New York, North Dakota, West Virginia, and Ohio. In these states, the rate of immigrant poverty ranged from 21%-21.71%. Montana, Georgia, Indiana, and Rhode Island had rates of immigrant poverty between 22.26%-22.77%. Oklahoma, Idaho, and North Carolina had immigrant poverty rates ranging from 23.68%-23.87%. Florida, Tennessee, South Carolina, Arkansas, and Nebraska's immigrant poverty rates ranged from 24.22%-26.95%. Aside from the highest poverty rates in the South, the following states also had high immigrant poverty rates: Arizona 28.21%, Kentucky 29.40%, and New Mexico 33.77%.[1]

[1] The population of immigrants by state varied in the CPS-ASEC with some states reporting 346 immigrants and others with a population of 24,827 immigrants. Confidence intervals were estimated due to the large variations in population and sample size. The states with sample size populations of more than three thousand immigrants such as Hawaii, Washington, New Jersey, Illinois, New York, Florida, Texas and California had confidence intervals within .1 and .2.

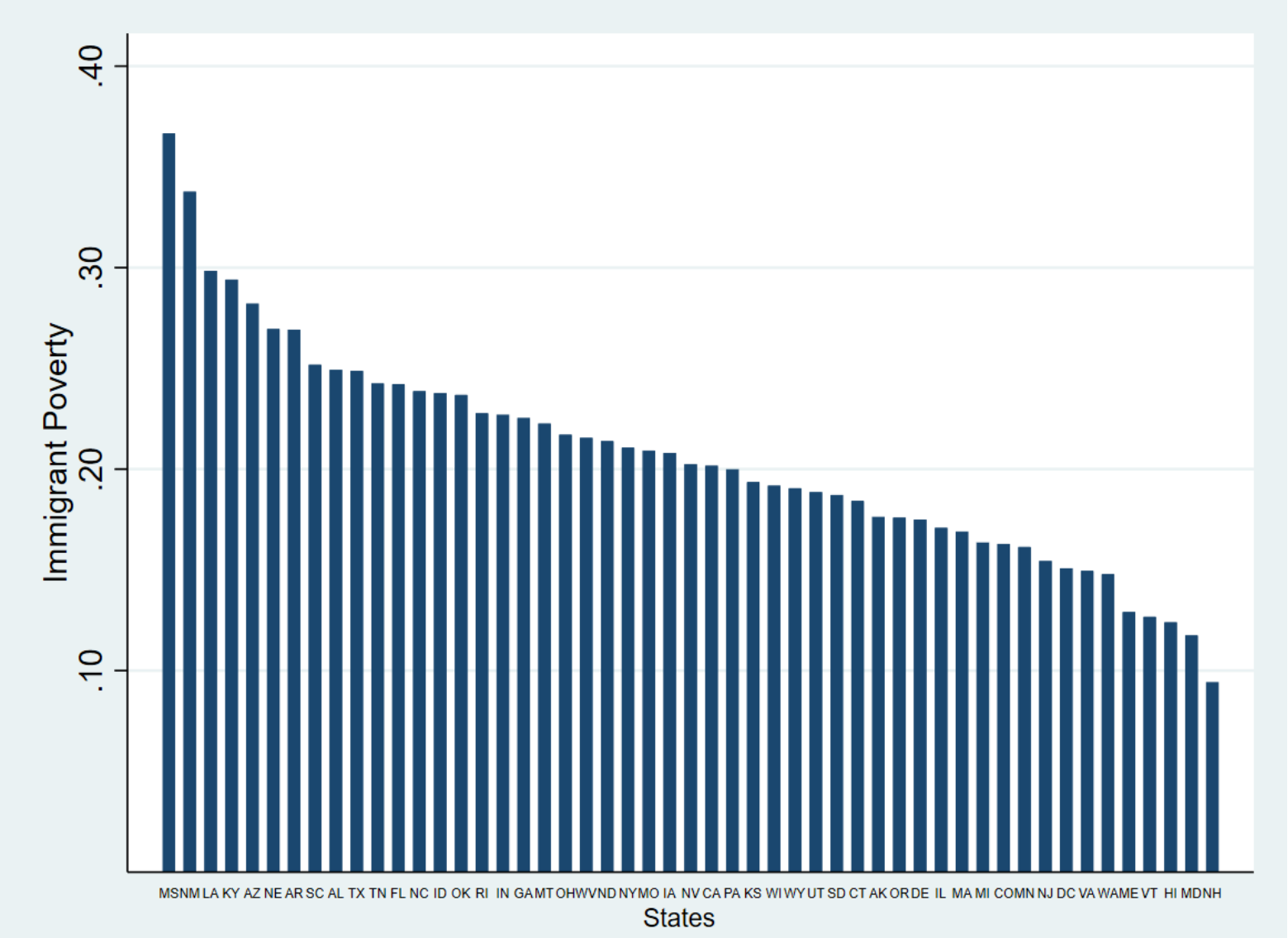

Figure 4: Total Immigrant Poverty Rates by State for Years 2016-2020

Given the sample size variation across states, some immigrant poverty rates are estimated with more precision, whereas some measures are more uncertain. For example, New Hampshire has a mean poverty rate of 9.42%, but the confidence intervals are relatively large, ranging between 7.656-11.184. By contrast, Hawaii has a poverty rate of 12.40%, but the confidence intervals are narrow, ranging from 11.42-13.38. Of course, because we have varying amounts of immigrants per state, some of those poverty rates for immigrants are estimated precisely, and other rates are uncertain. For example, New Hampshire's is quite uncertain, but for Texas, there is a higher level of certainty.

Pearson's correlations were estimated for all states and the District of Columbia. Analyses indicated a negative correlation of -.248 between the immigrant poverty rate and the percent of the immigrant population. The results are of interest as to why poverty is very high for immigrants in some states where there are low shares of the population that are immigrants and low in other states where the population of immigrants is also low. States in the south whose numbers are low for immigrants residing in them yet have significantly high immigrant poverty rates are Mississippi at 2.29%, Alabama at 4.29%, and Louisiana at 5.23%. Similarly, Maine, Vermont, and New Hampshire, where there is a low percentage of their population that is immigrant, 4.75%, 4.67%, and 7.63%, also had low rates of immigrant poverty 12.91%, 12.67%, and 9.42%.

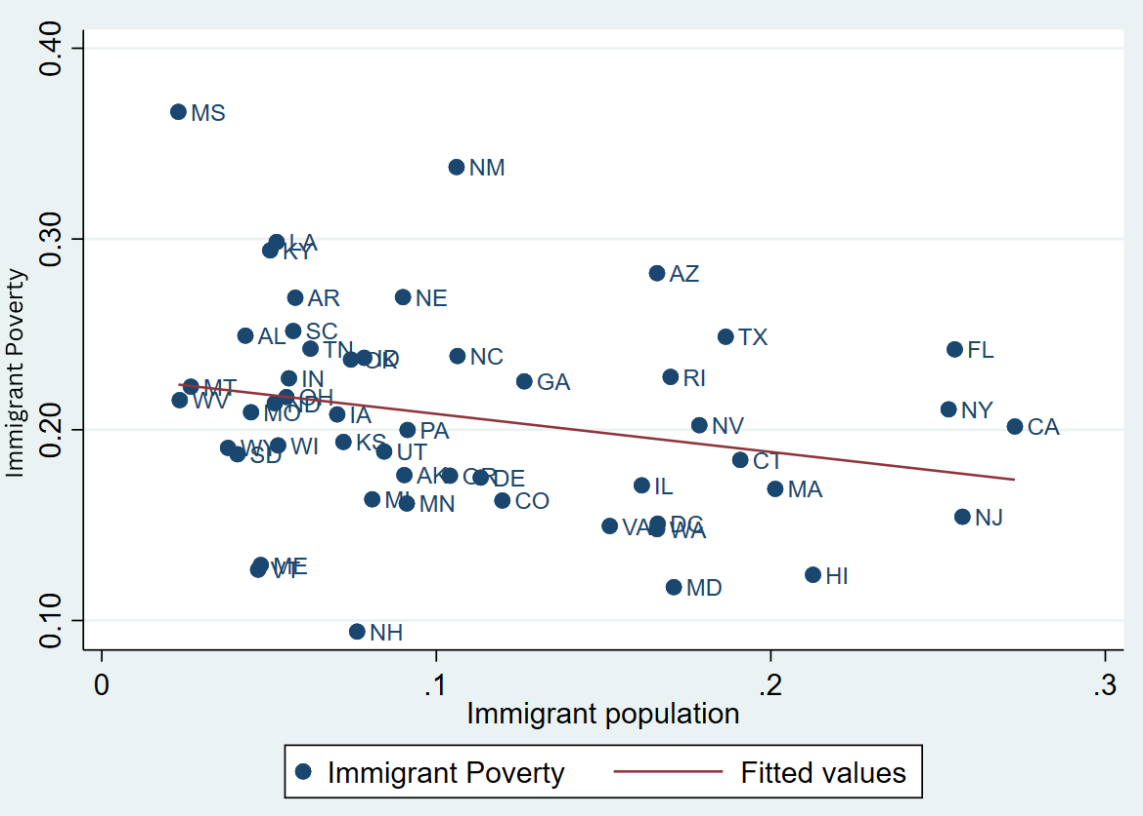

Figure 5: Bivariate Correlations between Immigrant Poverty and Immigrant Population in the U.S., 2016-2020

After addressing the correlation between the population share of immigrants and poverty rates across states, it is essential to compare nonimmigrant and immigrant poverty levels. The results indicate that immigrant poverty was significantly higher than nonimmigrant poverty in the following states: Arizona 28.21%, Connecticut 18.42%, Idaho 23.77%, Indiana 22.69%, Iowa 20.80%, Kentucky 29.40%, Massachusetts 16.90%, Mississippi 36.67%, Nebraska 26.95%, New Mexico 33.77%, North Dakota 21.39%, Rhode Island 22.77%, Texas 24.87%, Utah 18.86%, Wisconsin 19.18%. Pearson's correlation was .72, indicating a strong positive relationship between poverty rates and immigrant status by state. The difference in immigrant and non-immigrant poverty was above 6.50%, with the most considerable difference in poverty seen in Kentucky at 14.70%, Nebraska at 13.95%, Arizona at 12.01%, and Rhode Island at 11.37%.

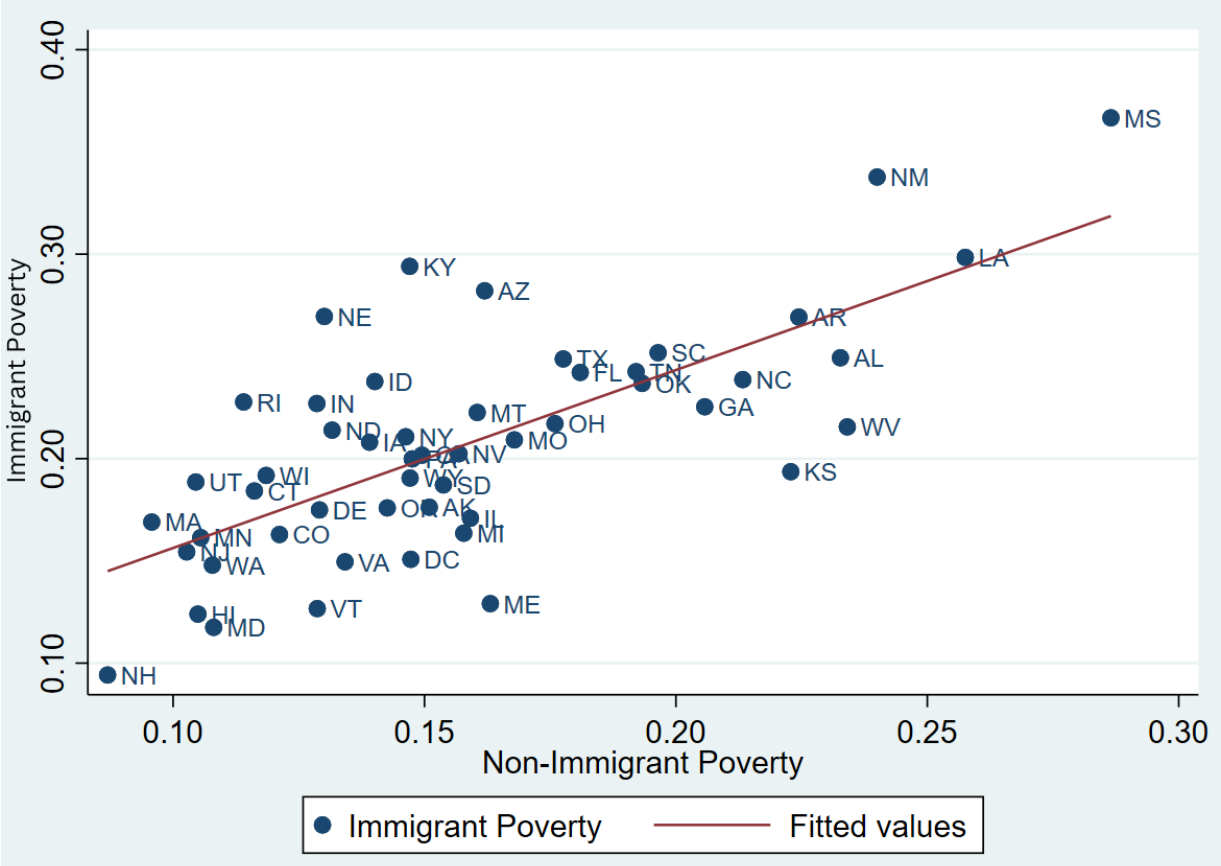

Figure 6: Bivariate Correlations between Immigrant Poverty and Non-immigrant Poverty in the U.S., 2016-2020

Figure 6 illustrates a bivariate correlation between immigrant and nonimmigrant poverty by state to show that states with high levels of *nonimmigrant* poverty also have high levels of *immigrant* poverty. For example, states like Mississippi, New Mexico, and Louisiana indicate an estimated 24% or higher nonimmigrant poverty rate and about 26% or higher immigrant poverty rate. However, immigrant poverty is higher across the United States than nonimmigrant poverty. Results indicate that poverty is experienced higher in the States by more than 6.70% in the following states: Arizona 28.1%, Idaho 23.77%, Iowa 20.80%, Kentucky 29.40%, Mississippi 36.67%, Nebraska 26.95%, New Mexico 33.77%, North Dakota 21.39%, Rhode Island 22.77%, Utah 18.86%, Wisconsin 19.18%.

In addition, the differences between the poverty rates were significant in the states of

Arizona 10.02 %, Nebraska 12.69%, and Rhode Island 9.44%. The continued higher rates of poverty for immigrants are striking as immigrants can live anywhere in the United States and still have higher chances of living in poverty than citizens of the U.S. Moreover, Pearson's correlation was .83, indicating a strong positive relationship between poverty rates and immigrant status.

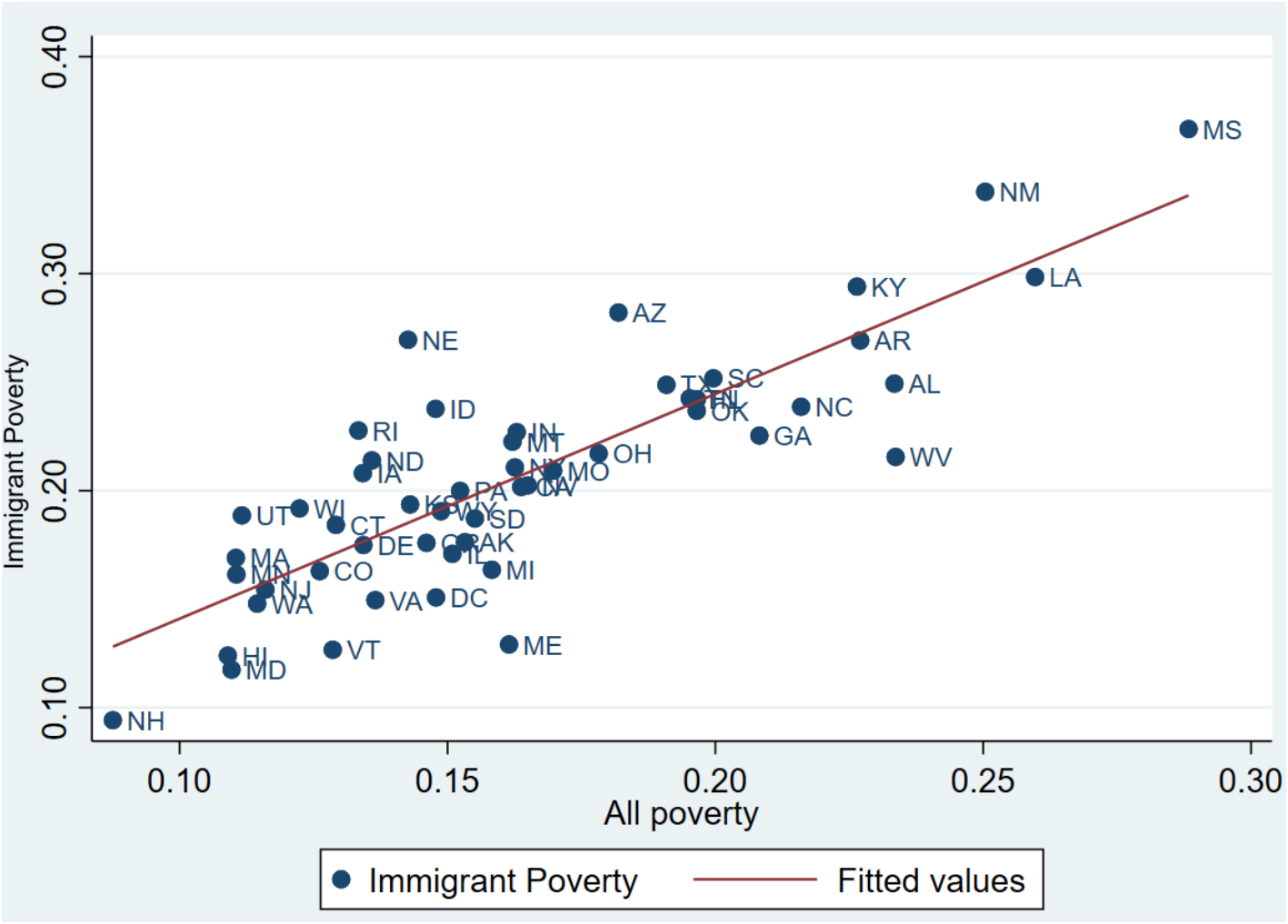

Figure 7: Immigrant and Poverty Overall by State 2016-2020

Immigrant Poverty by Nation of Origin

Immigrant poverty across the United States is experienced differently amongst immigrants' nations of origin. Along with immigrant country of origin poverty rates, we've

included the total poverty rate for both the U.S. (16.82%) and California (16.37%). These results highlight significant differences in Latin American countries' poverty rates compared to non-Latin American countries with lower poverty rates than the U.S. It is crucial to understand where immigrants are primarily migrating from and which group is experiencing high poverty levels. Based on our analysis, immigrants from Latin American countries have the highest poverty rate by nation of origin (Figure 8). The top three highest poverty rates are Honduras (34.35%), Puerto Rico (32.03%), and Guatemala (30.52%). Mexico followed with the fourth highest poverty rate of 29.3%, Cuba at 27.9%, El Salvador at 27.3%, the Dominican Republic at 26.6%, and Colombia at 19.4%. Immigrant poverty rates lowered for Asian countries, with China and Vietnam at 18.9%. The lowest poverty rates in our analysis include both North and South Korea (14.22%), the Philippines (9.2%), and India (5.9%).

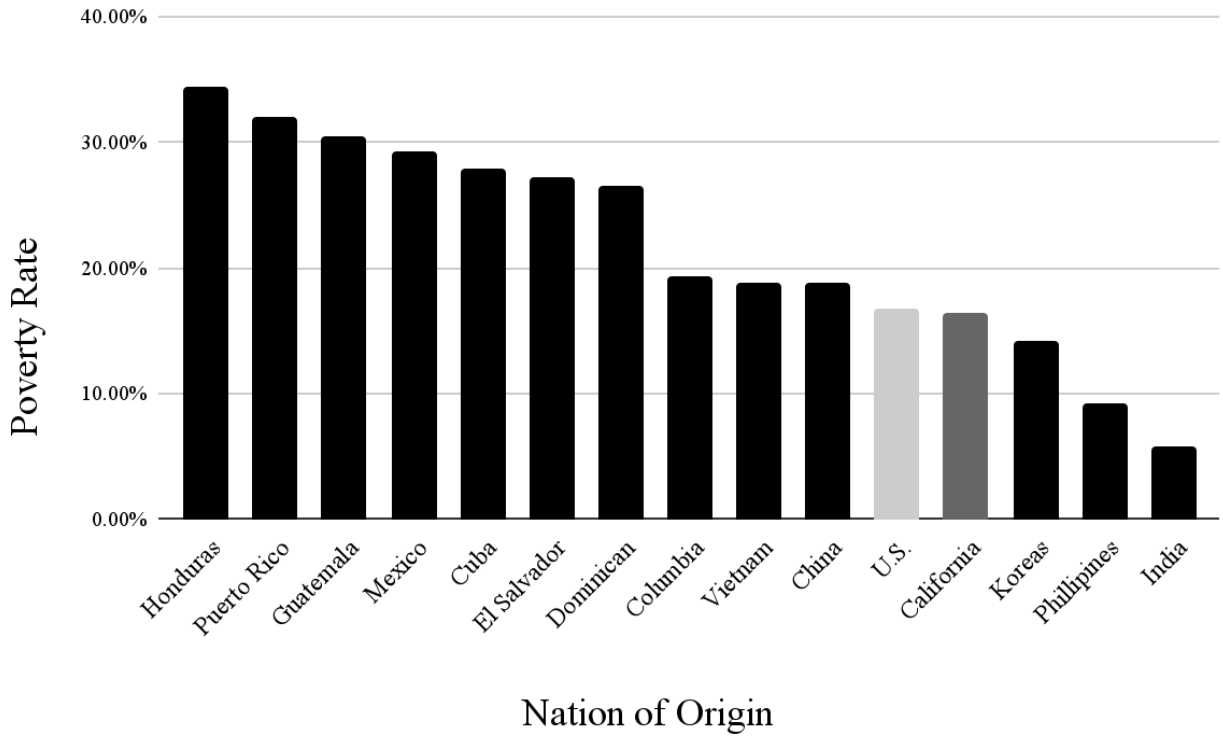

Figure 8: Immigrant Poverty Rates by Nation of Origin and total poverty from the U.S. and

California 2016-2020

REGRESSION RESULTS

Models of Immigrant Poverty in 2016-2020 Cross-Section

The first table includes six models of poverty on immigration, citizenship status, and household characteristics with fixed effects for states and years (not shown). Model 1 has only a binary indicator for being an immigrant, and the state and year fixed results (not shown). Model 1 indicates that being an immigrant is statistically significant and positive. Being an immigrant is associated with a 0.046 increase in the probability of being poor.

Model 2 adds the individual-level controls to Model 1. All controls are in their expected directions and consistent with past research (Brady et al., 2017). The three most considerable effects include single motherhood, joblessness, and low education. Every coefficient is statistically significant ($p<0.05$) partially due to our large sample size. Adjusting for the individual-level controls, being an immigrant remains significant and positive. Being an immigrant increases the probability of living in poverty by 0.043. Being an immigrant has a similar impact on being poor as having two additional children (i.e., twice the coefficient for the number of household members (<17) and about half as significant of an effect as the lead of the household having a college degree (i.e., 0.5x the coefficient for high education).

Model 3 includes the control of citizenship status, showing the difference between citizen and noncitizen immigrants' poverty. A citizen immigrant has a 0.022 increase in poverty compared to nonimmigrants. Noncitizen immigrants have a 0.095 greater probability of poverty. It is clear that citizenship status greatly influences the probability of poverty for immigrants. Model 4 includes citizenship status and individual-level controls from Model 2, like joblessness, low education, and household members under age 17. Even with individual-level controls and

the non-immigrant reference group, there is a significant difference between the probability of poverty for citizens and noncitizen immigrants. Citizen immigrants, including the individual-level controls, maintain about a 0.024 increase in poverty compared to noncitizens at 0.062.

Models 5 and 6 explore the statistical significance of mixed-status households and the impact on both individual and household-level poverty. Models 5 and 6 confirm that citizen and noncitizen immigrants are more likely to live in poverty. Model 5 indicates that mixed-status households are more likely to be poor. However, when we control all independent level variables, mixed-status households are likely to be poor. Mixed-status households have a 0.096 increase in the probability of poverty, whereas being an immigrant in a mixed-status household has a negative effect on poverty. A citizen immigrant in a mixed-status household has a 0.141 decrease in the probability of poverty, and a noncitizen immigrant has a 0.134 reduction. With individual-level controls included in Model 6, this probability decreases even more for mixed-status households. Mixed Status households find a decrease of 0.013 in the likelihood of poverty with individual-level controls. Both citizen and noncitizen immigrants living in mixed-status households experience a reduction in the probability of poverty with controls. Citizen immigrants have a 0.023 reduction in the probability of poverty with controls. Noncitizen immigrants have a 0.022 reduction in the probability of poverty with controls. For citizen and noncitizen immigrants, Model 6 shows that some of their heightened probability of poverty can be reduced by living in mixed-status households.

Table 1
Linear Regression Models of Poverty, Citizenship Status, and Household Characteristics from 2017-2020

	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
Immigrant	0.046	0.043				
	(33.84)	(34.18)				
Citizen Immigrant			0.022	0.024	0.078	0.050
			(14.01)	(15.59)	(22.38)	(14.06)
Non Citizen Immigrant			0.095	0.062	0.126	0.069
			(52.1)	(33.81)	(58.36)	(32.04)
Mixed Status Household					0.096	-0.013
					(76.75)	(-9.72)
Mixed Status Citizen Immigrant					-0.141	-0.023
					(-35.36)	(-5.56)
Mixed Status Non Citizen Immigrant					-0.134	-0.022
					(-32.84)	(-5.31)
Female		0.004		0.004		0.004
		(4.76)		(4.82)		(4.75)
Multi Earner		-0.170		-0.170		-0.172
		(-164.25)		(-164.07)		(-162.85)
Unemployed Household		0.458		0.458		0.459
		(160.56)		(160.66)		(160.86)
Low Education		0.158		0.155		0.155
		(77.76)		(76.07)		(75.92)
High Education		-0.086		-0.085		-0.085
		(-98.62)		(-98.08)		(-97.86)
Number of HH Members Under 17		0.024		0.024		0.024
		(64.01)		(63.86)		(64.55)
Number of HH Members Over 65		-0.026		-0.024		-0.024
		(-26.59)		(-25.5)		(-25.4)
Lead Earner Under 25		0.151		0.151		0.150
		(57.02)		(56.8)		(56.42)
Lead Earner 25-34		0.038		0.037		0.037
		(34.57)		(34.08)		(33.59)
Lead Earner Over 54		-0.011		-0.010		-0.010
		(-9.62)		(-8.87)		(-8.95)
Single Mom		0.130		0.130		0.129
		(67.91)		(68.14)		(67.34)
Single Dad		0.032		0.032		0.032
		(14.32)		(14.35)		(14.18)
Female HH No Kids		0.047		0.047		0.050
		(26.65)		(26.84)		(28.88)
Male HH No Kids		0.005		0.005		0.009
		(2.75)		(2.72)		(5.2)
Constant	.161	.203	.157	.203	.142	.205
	(318.99)	(.203)	(.157)	(42.8)	(.142)	(43.17)
R-squared	0.002	0.301	0.017	0.304	0.025	0.304
N	861,802	736,897	861,802	736,897	861,802	736,897

Note —All models are estimated with robust SEs; t-scores in parentheses. All models include fixed effects for states and years (not shown). Models 1, 3, 5, N = 861, 802. Models 2, 4, 6, N = 736, 897. All coefficients are statistically significant ($p < .05$).

Table 1: Linear Regression Models of Poverty, Citizenship Status, and Household Characteristics from 2017-2020

Fixed Effects Models of Medicaid/ACA

The second table included a two-way fixed effects linear probability model with ten models for immigrant poverty levels and hypothesized Medicaid policy variables for both immigrants and noncitizen immigrants. Models 1, 3, 5, 7, and 9, consist of the full immigrant sample of N = 622,975. Models 2, 4, 6, 8, and 10, include only the noncitizen sample of immigrants, N = 323,949. Model 1 and 2 look at the expansion of Medicaid. Model 3 and 4 look at the effect of emergency provisions. Model 5 and 6 analyze the implementation of the five year rule. Model 7 and 8 analyze the inclusion of extra groups. Model 9 and 10 include a policy index with all four policies included. All models were not statistically significant ($p<0.05$), and therefore, we fail to reject the null hypothesis that the coefficient is different than zero. While we did not find any statistical significance, it is important to address the limitations of our analysis including the limited number of states who have expanded immigrant provisions and census data's limited immigrant participation. Further research should explore the longitudinal effects of states newly implemented immigrant provisions over the next five years since some states' implementation is recent.

Table 2
Two-way Fixed Effects Linear Probability Models for Immigrant Poverty in US, 1995-2020

	Model 1: Expansion for Immigrants	Model 2: Expansion for Noncitizen Immigrants	Model 3: Effect of Emergency Provisions for Immigrants	Model 4: Emergency Provisions for Noncitizen Immigrants	Model 5: Five Year Rule Immigrants	Model 6: Five Year Rule Noncitizen Immigrants	Model 7: Extra Groups for Immigrants	Model 8: Extra Groups for Noncitizen Immigrants	Model 9: Policy Index for Immigrants	Model 10: Policy Index for Noncitizen Immigrants
Policy Coefficient	-0.004	-0.002	0.016	0.002	-0.006	-0.001	0.005	-0.002	-0.002	-0.001
Policy t-score	(-0.52)	(-0.22)	(2.26)	(0.12)	(-2.59)	(-0.32)	(1.11)	(-0.41)	(-0.74)	(-0.38)
Policy p-value	0.607	0.828	0.028	0.903	0.013	0.754	0.273	0.686	0.463	0.707
R-squared	0.268	0.259	0.268	0.259	0.268	0.259	0.268	0.259	0.268	0.259
N	622,975	328,949	622,975	328,949	622,975	328,949	622,975	328,949	622,975	328,949

All models include all controls in Table 1 as well as state and year fixed effects (not shown). Models 1, 3, 5, 7, and 9, consist of full immigrant sample of N = 622,975. Models 2, 4, 6, 8, and 10, includes noncitizen sample of immigrants, N = 323,949. $P < .05$ significance level for all coefficients, all observations are not significant. Standard errors clustered by state.

Table 2: Two-way Fixed Effects Linear Probability Models for Immigrant Poverty in the U.S., 1995-2020

DISCUSSION/CONCLUSION

The immigrant policy climate in the United States holds a long history of anti-immigrant policies, such as the Chinese Exclusion Act and ICE's 287(g) program. Such policies have heightened fear for immigrants with a multitude of consequences for both immigrants and members of mixed-status families. For states who have adopted Medicaid provisions for immigrants, several ambiguous provisions are for receiving health care. This study describes immigrant poverty in the United States and analyzes the link between Medicaid provisions and immigrant poverty.

Our study highlights four main findings reflective of an increased immigrant poverty rate. Using Brady et al.'s (2017) four main risk groups, we find noncitizen immigrants have a higher poverty risk across each risk group except for low education compared to citizen immigrants. In households where no one is working, noncitizen immigrants have a significantly higher risk of poverty of 71.42% compared to citizen immigrants, with a 50.53% risk of poverty. The poverty rate for young headship shows significant differences in poverty for noncitizen immigrants, with a 48.05% risk, compared to citizen immigrants, with a 34.53% risk. Single mothers also highlight a higher risk for noncitizen immigrant single mothers with a 31.21% risk, and citizen immigrant single mothers have a 27.1% risk. The findings in measuring poverty across Brady et al. (2017) bring attention to future researchers exploring the educational attainment effect of poverty between immigrant groups.

Secondly, poverty rates across nations of origin display a pattern with Latin American countries, including Honduras, Guatemala, Mexico, Cuba, El Salvador, Dominican Republic, and Columbia, holding the highest poverty rates. These results highlight the literature of a *preferred* immigrant from non-Latin American countries, including Korea, the Philippines, and India.

Compared to being born in the U.S., these countries have lower poverty rates than the U.S. (16.82%).

Thirdly, our regression analysis for the models of immigrant poverty highlights disparities between immigrants and nonimmigrants. Being an immigrant is associated with a 0.05 increase in the probability of being poor. In addition, being an immigrant has a similar impact on being poor as having two additional children. We also find significance between the probability of poverty for citizens and noncitizen immigrants. Citizen immigrants, including the individual-level controls, maintain about a 0.02 increase in poverty likelihood compared to noncitizens at 0.06. Being a noncitizen immigrant (0.06) has about half as significant of an effect as single motherhood (0.13), one of the four major risk factors for poverty (Brady et al., 2017). Noncitizen immigrants living in mixed-status households showed a decreased rate of poverty.

Lastly, our regression analysis measuring the fixed effects of Medicaid did not show any significance of reducing poverty. Although we did not find significance in the effect for immigrant provisions, we urge further research to explore the longitudinal effects of states newly implemented immigrant provisions over the next five years since some states' implementation is recent.

Our study's approach to understanding immigrant poverty across the United States and the link between Medicaid provisions and immigrant poverty extends a new field of immigrant literature. Given the current status of anti-immigrant policies such as Florida's SB 1718, this paper contributes to understanding the immigrant experience and marginalizations immigrant families endure. This paper contributes data that has previously not been researched on focusing on the immigrant population in the United States. The poverty research should continue to investigate the differences in poverty amongst immigrant groups, particularly for undocumented

status. We also recommend exploring the effects of children in mixed-status families, as our study only looked at individual mixed-status family members.

Removing anti-immigrant policies such as the PRWORA and IIRIRA would mitigate immigrant poverty and the effects of xenophobic behavior and beliefs of immigrants—anti-immigrant policies have dehumanized immigrants at the individual level. Based on our findings, we propose implementing Medicaid for all federally, adopting a similar model as California has recently done. Adopting Medicaid for all would be implemented within a three-part expansion over five years. First included in the expansion would be immigrant mothers during pregnancy and 1-year post birth and children under 18. Next to be included in the expansion are immigrant older adults over 50 (Cha, 2023). However, 26-49-year-old immigrants are currently excluded from the Medicaid expansion, but current legislation is working on including them (Hernández, 2022). Similar to California's implementation of Medicaid for all would not be based on citizenship status but on poverty levels phased in age groups over time (Cha, 2023).

Despite Medicaid expansion at limited capacity in states, immigrants still fear using public services such as Medicaid due to fear of deportation or discrimination. We must also implement outreach and education of immigrant services available with public agencies at the communal level. Grassroots and immigrant rights organizations will be critical in organizing the social movement for comprehensive immigration reform.

Along with expanding Medicaid for all, we urge the change of the current measurement of poverty in the United States. The official poverty measure (OPM) has been proven to show serious methodological problems yet is still used as the official U.S. measure (Brady, 2002).

Adopting the relative measure of poverty would expand access to families who need healthcare as the measure best evaluates families' incomes and needs.

To address each level of policy across various sectors, we urgently call attention to the need for the U.S. to provide a better path to citizenship. Because we use census data, our study likely undermined the number of immigrants, specifically those with undocumented status. America's immigration reform has not been federally advised since the 90s, with anti-immigrant policies including the Personal Responsibility and Work Opportunity Reconciliation (PRWORA) Act of 1996 and Illegal Immigrant Reform and Immigrant Responsibility Act (IIRAIRA) of 1996. We urge federal change to support the path to citizenship while increasing refugee and asylum status for migrants from Latin American countries. The increased support for individuals for Latin America in the current U.S. climate is minimal and unfavored, as immigrants outside Latin America are the preferred immigrant. Our findings also highlight the increased risk of poverty for immigrants from Latin American countries. The reformation of the pathway to citizenship is an issue at large, but the immediate call for support for immigrants from Latin American countries requires great support.

Although our study utilizes a large sample size and panel dataset, there are limitations to address. First, the LIS data set uses Census data, which does not always include a large sample of the undocumented population or immigrants in general. Second, as mentioned in the methodology sections above, the data for particular states were extremely limited. The small sample size of immigrants in these states does not always represent the true population size. Third, the policy index created for analysis only used a nominal scale for analyses—for example, we used the number 4 for multiple groups in the inclusion scale. While the scope of the study is

limited, further research is necessary to address the complex and often underrepresented population of immigrants experiencing poverty in the United States.

Immigrant poverty in the United States compared to nonimmigrants highlights a multitude of disparities. The exclusion of Medicaid for immigrants highlights a primary social determinant of health for immigrants and immigrant families. Since immigrants constitute more than 40 million people living in the U.S. (Budiman, 2020), reducing poverty for this group would support the overall economy and health of the U.S.

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