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Health Care for California's Farmworkers

Farmworkers and National Health Reform - Where are we now?

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California's agricultural workforce

- Approximately 650,000 persons -- 36 percent of the nation's farmworkers -- are employed in California
 - Nearly all are foreign born, primarily from Mexico
 - One-third migrate for work around the state and country
 - Nearly two-thirds are married, and one-half have children
 - Most (57+%) do not have work authorization
 - Nearly all are very low-income
 - 57 percent of California farmworkers work fewer than 150 days per year in agriculture
 - An estimated 37 percent of farmworkers are employed by farm labor contractors who contract with growers to provide crews for particular operations, (e.g. pruning, harvesting, weeding, etc.)

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Health of the agricultural workforce

- 70% have no health insurance - fewer than 15% have employer supplied coverage
- Half of farmworkers used no health services in the US in the past two years - most (83%) said care was too expensive
- Nearly one in five male farmworkers had at least two of three risk factors for chronic disease: high serum cholesterol, high blood pressure, and obesity
- The hazards of farm work lead to occupational injuries and diseases

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ACA Provisions

Some basics

- Legislative compromise
- Fundamentally upheld by Supreme Court
- Expands current system - private coverage, government programs, private providers and safety net providers
- Major insurance reforms - e.g. no pre-existing exclusion or coverage caps
- Focus on prevention

ACA Provisions

1. Shared responsibility

- Individual mandate to have insurance
- “Pay or play” for large employers (>50 FTE, excluding seasonal workers)
- Government subsidies for low income workers (tax credits and Medicaid) and tax credits for some small businesses

ACA Provisions

2. Affordable cost

- Lowest income (<133% FPL) will be enrolled in Medicaid (legal residents only)
- Premiums and co-pays for employees are scaled to income; (legal residents only)
- No cost-sharing for preventive services

ACA Provisions

3. Comprehensive scope of benefits emphasizing prevention

- The Exchange will offer four different plans with “Essential Health Benefits” and varying levels of coverage. Competition will be based on price and quality.
 - The Exchange is a public “marketplace” that will facilitate enrollment in insurance from multiple plans, determine subsidies and refer to Medicaid.
- Dental and vision coverage are not part of the basic plans, except for children
- Medicaid benefits TBD

ACA Provisions

4. Support for “safety net” programs and providers

- Community health centers receive \$11 billion in new funding over 5 years to expand capacity.
- Medicaid eligibility will be expanded to all citizens and legal residents below 133% of the federal poverty level (approx. \$30,000 for a family of 4) in 2014.
- But, Disproportionate Share Hospital (DSH) payments will be reduced due to reduction in number of uninsured

ACA Provisions

5. Eligibility for workers and their families

- Only citizens and legal residents may have insurance through the Exchange or receive full-scope Medicaid. All may receive employer coverage.
- Coverage obligations apply to all full time employees, although seasonal employees are not counted toward definitions of “large” and “small” employers.
- 90 day waiting periods allowable.
- Workers with multiple employers will presumably access coverage through the Exchange
- Farm labor contractors are covered as employers

ACA Provisions

6. Prevention education and beneficiary assistance

- Exchange must contract with navigators to conduct outreach and enrollment assistance. In addition, states are required to establish an office of health insurance consumer assistance or an ombudsman program to assist people with private coverage in the individual and small group markets.
- Employer wellness programs can receive grants.

ACA Impact on Farmworkers

- Undocs not allowed access to Exchange or Medicaid
 - if undocumented, may not get any coverage, but wages might be reduced due to cost of coverage to employer
 - Large employers (including FLC's) must cover employees or pay fines
- Multiple employers -
 - waiting periods, no way to aggregate employer time
- Seasonal workers not included in def of “large employer”
- Migratory - state based exchanges, but one multi-state plan in each Exchange
- Families not covered by employer plan

ACA Unknowns

- Affordability even with subsidies
- Verification processes for employers using Exchange
- Medicaid expansion - now optional; states can decide when, and can drop out at any time
- DSH payments are being reduced regardless
- State and federal exchanges
- “Residually uninsured” - perhaps 4 million in California alone

ACA Opportunities for Advocacy

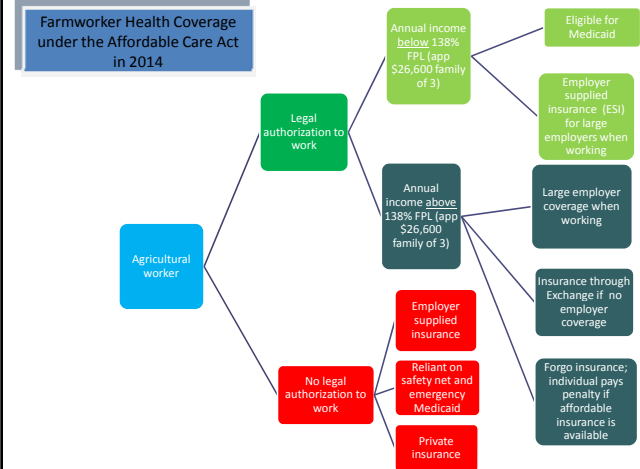
- Advocate for Medicaid expansion - it will be a state by state expansion
- Form coalition with hospitals, impacted providers, businesses, managed care organizations
- Learn about your population - who is eligible for what (e.g. kids on Medicaid)
- Advocate for strengthening of safety for care of "residually uninsured"
- Immigration reform!!

ACA Opportunities for CHWs

- Outreach and education of patients and families - culturally competent and relevant to patients
- Exchange outreach and navigator programs
- Take advantage of Medical Home emphasis
 - lead the way for other providers to learn

ACA Opportunities for Creativity

- Develop affordable prevention oriented plans with safety net provider networks to market to large employers
- Explore micro-lending or other subsidies to help low income worker overcome out of pocket expenses - deductibles, co-pays
- Develop care systems for those that remain uninsured



Conclusion

- For agriculture to survive in the US, a stable and healthy workforce is crucial.
- This means that health care for farmworkers must be available, affordable and appropriate.
- Health reform has the potential to benefit the agricultural workforce but it must be structured to meet the needs of predominantly immigrant, low-income farmworkers and the economically fragile industry in which they work.
- By emphasizing preventive and primary care delivered in culturally appropriate, community based settings, health reform can benefit the agricultural workforce and ensure a safe and healthy domestic food supply.
- Critical to health reform is immigration reform.



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