



New Models of Health Care Coverage for CA Farmworkers Stakeholder Advisory Group Meeting

Thursday, July 10, 2014

MINUTES

I. Welcome & Introductions

- *Participants around the room introduce themselves*

II. Group Updates: ACA Implementation in Agricultural Communities

- *Mike Stoker, United Ag:*
 - Have been working with Administration on a waiver to continue to provide care under capped plans
 - Most agricultural workers are not here legally and are not eligible for exchanges
 - Found that a lot of field workers who get catastrophic illness go back to Mexico for care.
 - We have run out of options in Washington; outside of Farr and Costa, there isn't much support for providing a waiver.
 - United Ag has transitioned its plans to ACA compliant plans.
 - With the ACA, workers will experience less access and increased out-of-pocket costs
 - They are not getting the kind of care that the ACA envisioned.
 - Hope we can continue to provide field workers with the kind of care everyone will receive under the ACA.
 - United Ag will continue to offer the other plans, but our goal is to provide more – working with Blue Shield, increasing access, etc.
 - Goal is to fill the void for those who are not eligible for the exchange and cannot access private insurance
 - With the gaps in the ACA, we expect to see state legislation in the next few years that will start to narrow or limit loopholes
 - At the end of the day, we don't believe that the ACA envisions giving folks only one choice of plan to go to
- *Patrick Pine, RFK Jr. Health Plan:* We have some different environments but serve the same industry sector
 - In California, there are four ways farmworkers get coverage outside of private insurance
 - United Ag
 - One of the RFK plans
 - Western Growers
 - Paramount and other companies that are largely self-insured
 - RFK Plan, as a Taft-Hartley plan is largely exempt from state rules

- We have so many different ways of delivering insurance that, for migrant population, it can be quite difficult
- Position of the attorneys at the federal level is that they don't think they have authority to provide a waiver for capped plans, and even if they did, they don't think that extending the waiver would protect plans from legal repercussions
- The loss of the annual limit is forcing us to go back to employers and ask them to increase funding input so we can continue providing the level of care we have been providing
- There are a few plans marketing "skinny benefit" plans
 - This is a significant issue for those who advocate for the farmworker community
 - Loopholes are incentivizing employers to offer bare-minimum plans, that are not in agreement with ACA standards, with little or no repercussion
- Need to begin thinking through ways to work together to overcome all of these siloes
 - Farmworkers and their families are ultimately the victims
- *Jon Alexander, Western Growers*: Have been dealing with ACA implementation since 2010; where we have struggled is adequately communicating what this means to employer groups
 - What it means from a cost perspective
 - How to talk to employees about plan options
 - Caps and minimum care plans went away when the waiver went away this year
 - Creation of narrower network is a way for us to provide first dollar coverage (a way to keep out-of-costs down while providing access)
 - *Laura Berumen, CRLA*: Have seen a lot of people who had Western Growers in the Imperial Valley, who now don't have access to culturally appropriate care that they previously had in a Mexican network
 - A lot of workers who live near the border don't have that option
 - Those who live in Mexico and travel to CA for work don't qualify for public care because they don't have residency
 - Also have seen a loss of coverage and serious confusion about what they need to do and how they need to do it
- *Gil Ojeda, CA Program on Access to Care*: There are two Mexican health programs that provide services, but the lack is the permeability between going back and forth between the border
- *Alexis Guild, Farmworker Justice*: Have done a lot of work around H2A/ H2B workers; there is a lot of misinformation and confusion on taxes, depends, when they call the call center, etc.
 - Doing a lot of work with the Mexican embassy, CBOs, and CMS to make them aware of these issues and figure out solutions to facilitation of enrollment of H2A/H2B workers
 - On the ground, there is a lot of missing information or lack of information on the ACA – particularly when it comes to taxes

- *Leoncio Vasquez, Centro Binacional*: Majority of workers are undocumented and that's a huge barrier to access; in addition to that, MISP (Medically Indigent Services Program in Fresno) recently obtained court permission to eliminate coverage for undocumented.
 - Other than utilization of community health centers, there is no other way for them to access services – and community health centers have out-of-pocket costs.
 - Need to find creative ways to support them
- *Gil Ojeda*: Primarily in the Central Valley, but other areas as well, there is drop out of workers; farmworker supply is a concern – they are leaving because they can't sustain their way of life
- *Aracely Navarro, CA Primary Care Assoc*: Working closely with Covered California to get the information down on the ground; trying to address cultural and language barriers
 - Discussing traditional clinic programs that were funded through the state to see if we can find solutions there – i.e. seasonal migrant worker coverage
- *Leslie, Livingston Health Centers*: We see a serious lack of knowledge of information on the ACA
 - Also experiencing hesitancy of those who do come in utilizing existing programs; seeing some challenges to having discussions about what documentation is needed, how to verify residency, etc.
 - Lack of adequate networks to deal with specialty care
 - Seen a small shift of population moving from uninsured to the expanded Medi-Cal (2-3%) and an even smaller shift of folks moving from Medi-Cal to Covered California
- *Nicole, Camarena Health Center*: On the upside, we are seeing a lot of creativity to resolving these issues at the local level
 - Employers and local organizations are approaching us to look at creative solutions
 - Would be beneficial to explore these models in other parts of California
- *Don Villarejo, CA Institute of Rural Studies*: In Yolo, a farm has partnered with a local clinic to bring in workers – on paid time – to meet with enrollment counselors; has been a great success
- *Ed Kissam*: Farmworkers are a relatively low-cost population; migrant and community health centers should track how many patients are using services that are excluded from deductibles (low level claims); probably not an economically rational decision for most workers to buy into the Exchange
 - Could make an agreement for insurers and providers to team up
 - Should keep our ears open to federal discussions on deferred action, could have big impact on California farmworkers
- (?) Having more robust coverage does not translate to the employee – because it's not affordable to them
- *Kathy Frey, Central Valley Health Network*: The farmworker population is getting older and that speaks to primary care, chronic illness, etc. – we need to begin thinking about how this will look like in California

- *Mike Stoker*: If the clinics were to get these agreements between themselves and plans, we could fill some of these gaps (clinics as part of the network)
- *Patrick Pine*: Challenges include siloes, an aging population, and incentivizing folks to utilize services such as clinics
 - In terms of getting folks to utilize clinics, some can't afford to lose hours, others don't have transportation, etc.
 - From a clinical perspective, there is funding challenges – i.e. additional staffing
- Are there things we can do to change state level policy?
- (?): Have been trying to drive migration to our path vs. back to Mexico
 - Experiencing a labor shortage
 - Most farmworkers can't purchase Covered California plans – they are not affordable; the folks who are purchasing these plans are chronically ill
 - Clinics don't have capacity for specialty care, so we are having to refer out
 - CA is creating an adverse effect
 - ACA has really undone the ability to truly provide quality care to migrant farmworkers
 - Now it's a matter of looking at what we can do to fill the gaps and address the various barriers to care
- *Rick Senneway, Paramount Farms*: We are facing three key issues:
 - Culture of the population
 - Challenge here is that often times, even if there are programs available, farmworkers don't take these opportunities
 - Cost
 - Not clear to us, particularly with seasonal workers/ contractors/ etc., who is on the hook? Where else are they getting coverage?
 - Access

III. Legislative & Regulatory Updates:

- *Betsy Estudillo, CA Immigrant Policy Center*: SB 1005 - Lara bill held in Senate Appropriations because of the associated costs
 - UCLA and others looked at costs to off-set the costs, but Legislature did not feel like this was enough
 - In the last couple of months we have generated a lot of momentum on this issue
 - Will continue to try and move this bill forward and engaging with community partners
 - For next steps, we will be focusing on the costs and budget in terms of advocating for support of the bill next year
- *Joel Diringer*: Bill would remove documentation as a barrier to coverage
- *Gil Ojeda*: This is a big issue that will take several years to address; but we are seeing a growing constituency from a broad range of stakeholder positions
- *Mike Stoker* : There is a large percentage of workers who are undocumented and employers are held liable – if the employer has knowledge that their employee is in CA illegally, they get let go

- Until we get immigration reform passed, we do not want to do anything that would out employees about their immigration status
 - (?) This is preventing employees from turning to coverage options
- Juan Uranga, Center for Community Advocacy: If the ACA is not working for farmworkers, then I am not sure that devising a scheme that mirrors federal law that has so many shortcomings is the way to do it (referring to SB 1005 – Lara)

III. Where to go From Here?

- *Joel*: Is there a way to construct a CA agricultural workers waiver under the ACA to alter mandates in the ACA while improving access for farmworkers? (Section 1332 Waiver)
- *Gil Ojeda*: CMS has an RFP out for a proposal (\$100 million, state innovation plan) – not all these funds have been allocated
 - “Cal SIP” state submitted plan in March
 - Could have some opportunities here