Health Care Coverage for California Farmworkers:

Improving Access in This Era of Health Care Reform

Thursday, July 10th, 2014
1:00 – 3:00 PM
California State Capitol, Room 112

AGENDA

1:00 PM **Welcome & Introductions**
Joel Diringer, JD, MPH, Diringer & Associates
Richard Figueroa, Director, Health and Human Services, *The California Endowment*

1:10 PM **Background on Farmworker Health and Coverage**
Edward Kissam, Researcher, *Werner-Kohnstamm Family Fund*

1:25 PM **Employer-Supplied Health Coverage**
Ed McClements, Jr., Senior Vice Present of Benefits, *Barkley Insurance* (moderator)
Jon D. Alexander/Patty Benkowski, *Western Growers Assurance Trust*
Greg Joslyn, Senior Vice President, Sales & Client Services, *United Agricultural Benefit Trust*
Patrick Pine, Administrator, *RFK Jr. Health Plan*

1:50 PM **Public Coverage**
Betzabel Estudillo, MSW, Health Policy Coordinator, *California Immigrant Policy Center*
Gilbert Ojeda, Program Director, *California Program on Access to Care (CPAC)*

2:10 PM **Direct Care for Farmworkers**
Benjamin H. Flores, MPH, President and Chief Executive Officer, *Ampla Health* (moderator)
Dr. Max Cuevas, Chief Executive Officer, *Clinica de Salud del Valle de Salinas (CSVS)*
Corinna Adams, *Reiter Affiliated Companies*

2:30 PM **Where do we go from here?**
Joel Diringer, JD, MPH, Diringer & Associates

2:40 PM **Q&A Discussion**

3:00 PM **Adjourn**

California's Agricultural Workers and Health Reform

Health Coverage for California Farm Workers

I. Demographics and current coverage

- Agriculture is a $43 billion industry in California, the largest in the nation.
- There are approximately 1.2 million Californians in farmworker families.
- Approximately 60 to 75 percent of farmworkers are not authorized to work in US.
- Fewer than 20 percent of farmworkers currently receive employer provided health benefits.
    - The Ag plans have been operating under waivers that allowed them to provide coverage with capped benefits. These waivers expire in 2014 with resulting cost increases of 35% or more.
    - Collectively, the Taft-Hartley and MEWA plans in California cover no more than 100,000 lives including dependents. There are additional employer self-funded plans.

II. Coverage and care options under Affordable Care Act

- Employer provided coverage:
    - Beginning 2015, full-time farmworkers that are employed by largest employers (100 or more FTEs) must be offered coverage; medium size employer mandate (50 – 99) begins in 2016.
    - New IRS rules state that seasonal workers (those that work customarily six month or less) are NOT considered full-time employees. Other workers must still meet any waiting period 60 days for CA commercial insurance plan or up to 90 days through Taft-Hartley, MEWAS or self insured.
    - Employers are contemplating "skinny" benefits that provide coverage only for preventive services, coupled with a high deductible bronze plan. They may meet the "minimum essential coverage" requirement to help employers and employees avoid tax penalties.
- Medi-Cal/Exchange subsidies for documented workers when not offered employer benefits or in off season.
- Coverage by county indigent programs in limited number of agricultural counties that provide services or coverage for undocumented persons.
- Direct primary and preventive care provided by community and migrant health centers; emergency care at hospitals. (Fewer than 20% of farmworkers report having a medical visit at a clinic in past year.)
- Direct primary care provided to workers by large growers (e.g. Reiter and Paramount).

III. Challenges

- No full-scope Medi-Cal or Covered California for undocumented farmworkers due to immigration status.
- Affordability of employer-provided "bronze" level or 60 percent actuarial value coverage due to high deductibles and co-pays for low-income farmworkers.
- Coverage in the off-season for those with employer coverage.
- County services and coverage for undocumented are very limited in agricultural counties. Only two of the top 10 California counties with the highest concentration of farmworkers cover undocumented persons, and one of them, Fresno, has obtained court permission to stop serving the undocumented.

IV. Possible solutions

- ACA Section 1332 Innovation Waiver to create coverage vehicle that aggregates employer contributions, Medi-Cal payments (full-scope and restricted) and worker contributions to provide full year coverage and continuity of care utilizing existing safety net and migrant health center network and Medi-Cal plans.
- Comprehensive immigration reform to provide pathway to legalization and access to benefits.
- Expanded public benefits for undocumented or those on path to legalization (e.g. SB1005 - Lara).
- Increased funding for safety net clinics to provide care and *promotora* outreach.
- Exploration of combining workers compensation and health insurance for ag industry.
- Direct health services by employers, with wrap-around coverage.

DIRINGER AND ASSOCIATES

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July 10, 2014

The California Endowment

Health Care Coverage for California Farmworkers:
Improving Access in This Era of Health Care Reform

"Background on Farmworker Health and Coverage", *Ed Kissam, WKF Fund*

Number of California Farmworkers, Key Aspects of Demographics and Work Patterns

There are approximately 600,000 farmworkers in California. More than two-thirds (70%) have attended school for less than 9 years and about 9 out of 10 speak little or no English. Most have great difficulty navigating the complex bureaucracy of health care, health insurance, (or other) administrative systems.

Three-quarters of California farmworker households are families (married couples and/or parents with children) and, in them, there are 700,000 dependents who are not, themselves, farmworkers.

One-quarter of California farmworkers (24%) are women. Most are married but a significant minority—perhaps one-quarter of the women with children--are single heads of households with children. Inevitably, the single mothers are among the most economically disadvantaged.

Agricultural work is less seasonal in California than in other states but, nonetheless, close to 300,000 farmworkers who work less than 191 days/year might be deemed seasonal workers under ACA provisions. About 120,000 within this group are very seasonal and work less than 101 days/year.

Although they are chronically under-employed, California farmworkers do not find it easy to secure non-agricultural employment in the off-season, while they're temporarily unemployed, or when natural disasters such as a drought or market shift eliminate their jobs. On the average, California farmworkers only find about 2.6 weeks per year of non-agricultural work. At least three-quarters (74%) earn less than $30,000 per year.

California farmworker employment differs significantly from the rest of the U.S. in that many more than in other states-- almost one-third (29%)— work for farm labor contractors (FLC's). FLC employees are younger, more recently-arrived, and typically earn less than those directly hired by growers.

California farmworkers' annual incomes are very low. Based on family income alone, at least 25% would qualify for subsidized health insurance and more than half (58%) would qualify for Medi-Cal. However, about 400,000 of them lack legal status. So, they cannot purchase subsidized insurance and can qualify only for restricted-scope Medi-Cal.

California Farmworkers' Current Insurance Coverage

About half of the 28% of California farmworkers who are covered by health insurance (14% of all workers) get coverage through their employer.

However, California farmworkers' health insurance coverage is uneven. About one-fifth (21%) of the directly-hired workers get coverage from their employer but only 2% of those employed by FLC's do.

There are also disparities in health insurance coverage which correlate with legal status. Slightly more than one-quarter (27%) of California's authorized farmworkers are covered by their employers but only 9% of the unauthorized farmworkers are covered by their employers.

The younger, more recently-arrived, farmworkers are those who currently lack insurance coverage (the exact sub-population insurers seek to enroll) while the older, less-seasonal IRCA-legalized workers who

are part of agricultural employers' "core labor force" are those who are more often covered by employers' policies.

Because farmworkers are such a low-income population, lack of insurance coverage results in less visits to health care providers. About 75% of California farmworkers who had health insurance had visited a provider in the past two years while only 43% of those without insurance did. Concerns that lack of access to preventive health care among a young, relatively health population, will result in worse health status as they approach middle-age are well-justified (as evidenced by incidence of diabetes and cardiovascular diseased in the older cohorts).

It is useful to distinguish the insurance coverage of farmworkers (i.e. workers themselves) from the coverage of the overall farmworker population (i.e. including workers, their spouses, and their children). Fortunately, more than three-quarters of California farmworkers' children are U.S.-born and, therefore, can qualify for Medi-Cal.

However, about 100,000 farmworker children without legal status do not qualify for Medi-Cal. Past research (*UCLA/UC Berkeley 2014*) has found that "immigrant children have lower health care utilization than their U.S-born counterparts, indicating that the cost of comprehensive coverage for undocumented children would be lower than $133 per month". It would be affordable to move immediately to provide them state-funded health care access.

An excellent report based on CHIS data (*UCLA Health Policy Center, 2011, Exhibit 3*) shows that 21% of Californians <65 years old go without insurance during all or part of the year. Even when one takes into account, the high proportion of farmworker children covered by Medi-Cal and the miniscule proportion of farmworkers covered via a policy from a spouse's non-agricultural employer, about 46% of California farmworkers and family members lack health insurance during all or part of the year—more than double the rate of uninsured among Californians in general.

Although California has wisely guaranteed that youth and young adults who are DACA recipients will qualify for expanded Medi-Cal very few undocumented California farmworkers and children (<5,000) have secured DACA status since 80% of the young farmworkers who were otherwise qualified for DACA do not meet USCIS educational criteria (HS degree or GED); however, it is likely that several thousand in-school MSFW dependents 16+ years of age have secured DACA and are eligible for expanded Medi-Cal.

California MSFWs' Access to Health Insurance under Provisions of ACA

Three overlapping factors are crucial in estimating the likely impact of ACA provisions on California farmworkers: employer size (large or small), the seasonality of individual farmworkers' employment, and immigration status (which determines whether workers are required to purchase insurance and whether they are eligible for subsidized coverage or Medi-Cal. A projection we developed using National Agricultural Worker Survey (NAWS) and Census of Agriculture data indicates that ACA will do little to increase overall farmworker insurance coverage.

Our model projects that in 2015 only 33% of California MSFW's will have access to year-round subsidized or employer-provided health insurance due to ACA provisions—a very modest and possibly positive impact, but only if the policies employers offer are affordable.

Another 10% of semi-seasonal workers will be able to get health insurance coverage from their employers for a few months each year but they will lose coverage while seasonally unemployed because they lack legal status and won't be able to transition to subsidized insurance.

Even for the minority of seasonal workers who do have legal status and, therefore, can, in principle, shift from employer-based to exchange-based coverage while unemployed, navigating the transition will be challenging.

A final concern is ACA-compliant employer plans when offered would: a) be affordable for workers who typically earn about $20,000 per year and b) attractive, given high deductibles. Agricultural employers' concerns about the possibility that most workers would opt out of such plans are well-justified.

A related question is whether the policies agricultural employers offer will make it affordable for a farmworker to purchase coverage for their spouse. This is particularly problematic for women who are raising children because they are very likely to work in seasonal or unstable employment.

Our model suggests that the most significant immediate positive impact of ACA provisions will be on the sub-population of farmworkers with legal status who are either seasonal employees or who work for an employer. They are, in principle, able to buy subsidized insurance via Covered California or qualify for expanded Medi-Cal. We estimate about one-quarter of California farmworkers fall into this category. It would be prudent to focus outreach/enrollment efforts on this sub-group of farmworkers.

DATA SOURCES/REFERENCES

- National Agricultural Worker Survey 2007-2009 public dataset
- USDA Census of Agriculture, 2007 and 2012

Susan Gabbard, "Farmworker Health Insurance and Health Care Use in the Western Migrant Stream", presentation, Western Migrant Stream Conference, Seattle, February, 2014

Edward Kissam, "Impacts of the Affordable Care Act on Farmworker Health Access", presentation, Western Migrant Stream Conference, Seattle, February, 2014.

Edward Kissam and Shannon Williams, "Descriptive Data on Agricultural Workers and their Dependents in the Pacific Seaboard Region', Memo #2 in a series of reports prepared for California Rural Legal Assistance, August, 2013.

Phil Martin, "Summary of 2012 Census of Agriculture data on California farmworkers", unpublished analysis, May, 2014.

UCLA Center for Health Policy Research/UC Berkeley Labor Center, "A Little Investment Goes a Long Way: Modest Cost to Expand Preventive and Routine Health Services to All Low-Income Californians", May, 2014

UCLA Center for Health Policy Research, "Two-Thirds of California's Seven Million Uninsured May Obtain Coverage Under Health Care Reform", February, 2011

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Issues Impacting Employer Provided Health Care for Farmworkers Due to Affordable Care Act (ACA)

Patrick Pine, Robert F. Kennedy, Jr. Medical Plan

July 10, 2014

There are several unintended consequences of the ACA that have impacted plans.

- For Taft Hartley plans, most employers have multiyear agreements that fix the contribution. The ACA disrupted the process by imposing added costs without the ability to raise the employer contribution without reopening contracts. Prior to the ACA, nearly all federal laws specifically made an exception for such plans.

- The removal of annual limits on the amount paid for any one person was viewed as a 'good" thing – but the focus was on plans with very limited amounts (such as $5000) often provided for part time workers who worked for franchise restaurants or for theme parks (such as Sea World). There were many other plans such as those here today – with limits of $25,000, $50,000, $70,000 or $100,000. While nearly everyone agrees that for those with catastrophic care costs that can range up to a million dollars plus such limits do not protect the individual, the limits enabled plans such as the one I administer or those from Western Growers and United Ag to offer better preventive and "first" dollar coverage and keep the costs to employers and employees low.

- The ACA assumed it would be easier for the federal government to construct one or more multistate plan options to meet the needs of employees who often move from state to state or employers with operations in multiple states. That has not been the case. This is one area where Taft Hartley plans were well developed to meet the needs of industries with significant movement between states (carpenters, laborers, operating engineers as well as farmworkers are typical examples). The ACA has disrupted the functioning of plans with these features.

What have we done to address these issues?

- We sought financial help to reduce the financial impact from the loss of annual limits – even with some help, we are still looking at substantial increased costs to most employers and to farmworkers and their families

- We sought and continue to seek legislative/administrative relief for plans – either by excepting plans for low wage, seasonal, migratory workforces or to develop other provisions further reducing the negative financial impact

Issues Impacting Employer Provided Health Care for Farmworkers

Patrick Pine, Robert F. Kennedy, Jr. Medical Plan – continued

What would I like to see attendees consider?

- *Jointly approaching federal/state bodies to be allowed to pool resources in creative ways – such as providing more year round care access by pooling resources so farmworkers can access care on a year round basis*

- *More work to develop effective ways of using telemedicine – we have many who reside in remote locations where the obstacles of transportation, time and cost to get to an urgent care center, a community clinic, a doctor, dentist, even a pharmacy are formidable*

- *Collaboration on sharing the cost of developing mobile clinics to serve populations in remote areas*

- *Shared financing of inexpensive transportation from remote areas to access providers*

- *Development of programs that would allow for some provider access – even remotely on a 24/7 basis*

- *Working with foundations now investing in delivery of health care to remote parts of the world to also support programs using some similar approaches to reach residents in remote areas*

What would I like to see government consider?

- *Creation of a federal 'stop loss' fund that would cover catastrophic care costs and/or high cost specialty drugs – it might work similarly to existing programs such as flood insurance programs*

- *Allowing some exceptions to design plans that specifically serve agriculture – not necessarily a complete exemption but perhaps allowing more flexibility to design programs that are more cost effective and better meet the needs of both employers and farmworkers and their families*

- *Reinvigorating our public health backbone – as a nation we are not well prepared for large scale outbreaks such as we have seen periodically in the past – SARs, swine flu, avian flu, legionnaire's disease – some relatively modest investments might avoid the spread of such problems*

Legislative Fact Sheet

SB 1005 (LARA)
Health For All

Summary:
SB 1005 will expand access to health care coverage for all Californians, regardless of immigration status.

This bill will authorize enrollment in the Medi-Cal program, or in insurance offered through a separate new health benefit exchange, to individuals who would otherwise qualify for enrollment in those programs but are denied based on their immigration status.

Background:
Implementation of the Affordable Care Act (ACA) expands access to health care coverage to millions of Californians. The health benefit exchange, Covered California, provides a marketplace for consumers to choose a health plan. New rules for individual insurance include important consumer protections – they must include essential health benefits, and patients can't be denied or dropped from coverage due to a pre-existing medical condition. Plans offered through the exchange are also subsidized, based on income.

ACA also expanded Medi-Cal coverage, to include individuals and families under 138% of federal poverty level. Over one million newly eligible Californians are expected to enroll in Medi-Cal and many more are expected to purchase coverage through the exchange by 2015.

Although many Californians are not eligible for Medi-Cal or the exchange due to their immigration status, the state does provide health care services through programs with limited scope or duration, such as care for pregnant women and emergency medical care. Some California counties also provide health coverage regardless of immigration status.

Problem:
The Affordable Care Act (ACA) specifically excluded undocumented immigrants from insurance coverage provided through Medi-Cal and the health care exchange. Recent estimates indicate that 3-4 million Californians will be uninsured after full implementation of the ACA. Most of these individuals are eligible for coverage through the exchange, Medi-Cal, or other insurance, but are not enrolled. An estimated 1 million Californians will be uninsured and not eligible for coverage due to immigration status.

Although those individuals are uninsured and not eligible for coverage based on their immigration status, the state still spends an estimated $1.3 billion each year providing health care services. People without insurance generally wait to seek care until they are seriously ill, and in many cases health problems that could have been avoided with preventive care, or treated early for little cost, become significant, and costly health issues. The impacts of this include lost productivity, increased demand on emergency services, and increased costs in our healthcare system.

Current policy excludes undocumented immigrants from many of the most basic health care services. It does not reflect our values, or serve the common good, to leave hundreds of thousands of workers, students, and family members without treatment for preventable ailments.

Solution:
SB 1005 will ensure that everyone in our communities has access to quality, affordable healthcare.

Access to preventive care keeps people healthier by providing regular check-ups and screenings, and early diagnosis of health problems ensures those problems can be treated before they become overly expensive. By ensuring everyone has access to health care, we can improve the health of our entire community, limit the overcrowding of emergency rooms, and reduce the costs of healthcare in California.

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A Little Investment Goes a Long Way

Modest Cost to Expand Preventive and Routine Health Services
To All Low-Income Californians

May 2014

UC Berkeley Center for Labor Research and Education
UCLA Center for Health Policy Research

Authors:

- Laurel Lucia
- Ken Jacobs
- Dave Graham-Squire
- Greg Watson
- Dylan H. Roby
- Nadereh Pourat
- Gerald F. Kominski

Summary

The Affordable Care Act (ACA) has expanded health coverage to millions of Californians and has improved coverage for millions more, but between 2.7 and 3.4 million Californians under age 65 are predicted to still remain uninsured by 2019, after the ACA is fully implemented. Of those predicted to remain uninsured, almost half—between 1.4 and 1.5 million—are ineligible for federal coverage options due to their immigration status.

To close this health access gap, the California legislature is considering a proposal (Senate Bill 1005, the Health for All Act) that would expand Medi-Cal coverage to include primary and preventive care, prescription drugs, mental health care, dental care, and other routine health services for all low-income California residents regardless of immigration status. The expansion of health services would build on existing federal and state funds spent on emergency and pregnancy-related care, available under federal policies that have been in place since the 1980s. The policy would also shift services from an episodic fee-for-service delivery and payment model to managed care plans.

California has recently taken a lead in adopting state policies that expand the rights of undocumented immigrants, who make up 9 percent of the state's workforce and pay more than $2 billion in state and local taxes annually. The proposed policy would continue that advancement.

This brief finds that the proposed Medi-Cal expansion would involve new state spending, but the cost is modest in comparison to the impact on health and coverage, and the policy also produces savings. Specifically, we find that:

- The net increase in state spending is estimated to be equivalent to 2 percent of state Medi-Cal spending, compared to an enrollment increase of 7 percent in 2015.

- The new spending would be substantially offset by an increase in state sales tax revenue from managed care organizations, in addition to savings from reduced county spending in providing care to the uninsured.

- The net increase in state spending is estimated at between $353 and $369 million in 2015, growing to between $424 and $436 million in 2019.

- Enrollment in Medi-Cal would increase by between 690,000 and 730,000 individuals in 2015, growing to an increase of between 750,000 and 790,000 in 2019. This enrollment would reduce the number of uninsured Californians by approximately one-quarter in 2019.

READ THE FULL REPORT AT:

http://laborcenter.berkeley.edu/healthcare/health_undocumented.shtml

July 10, 2014

Health Care Coverage for California Farmworkers:

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Panelists Biographies

In order of appearance

WELCOME AND INTRODUCTIONS

Joel Diringer, JD, MPH

Diringer and Associates

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Joel Diringer is an attorney and health policy expert who has worked extensively on health access issues affecting children, low-income, immigrant, and farmworker populations for over thirty years.

Joel is the project director of New Models of Health Care Coverage for California Farmworkers. He is also the author of the 2011 report: Health Care for California's Farmworkers: Consensus Report of Local Agriculture and Labor Representatives --the culmination of an 18 month dialogue with growers, farmworker advocates, safety net providers and health plans on how to ensure that health reform benefits the California agricultural workforce.

Joel is the founder and principal consultant of Diringer and Associates, a Central California-based health policy consulting firm specializing in research, program development and evaluation with a focus on vulnerable populations

Richard Figueroa
Director of Health and Human Services**,** *The California Endowment*
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Richard Figueroa is the Director of Prevention and the Affordable Care Act for The California Endowment. In the California Governor's Office, he was a Deputy Cabinet Secretary and Health Care Advisor for Governor Arnold Schwarzenegger and Deputy Legislative Secretary for Governor Davis where he was responsible for health care, human services and health insurance issues. Mr. Figueroa has also served as the Legislative Director for California Insurance Commissioner John Garamendi, a Principal Consultant to the Senate Committee on Insurance, Senior Consultant to the Senate Budget and Fiscal Review Committee, and a Legislative Budget Analyst in the Office of the Legislative Analyst.

BACKGROUND ON FARMWORKER'S HEALTH AND COVERAGE

Edward Kissam
Researcher*, Werner-Kohnstamm Family Fund*
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Edward Kissam has conducted applied research on farmworker issues for more than 30 years. His publications include *Working Poor: Farmworkers in the United States* (1995), labor market research studies for the Commission on Agricultural Workers (1992), studies of census undercount, indigenous Mexican migrants, and the impacts of health promotion campaigns via Spanish-language radio. His previous work on health related issues includes a national evaluation of farmworker vocational rehabilitation and a national study of the living and working conditions of teenage farmworkers. Dr. Kissam is a co-trustee of the WKF Charitable Giving Fund, which supports a range of projects serving farmworkers, applicants for deferred action, naturalization and dreamers. He also serves as the co-chair of Grantmakers Concerned with Immigrants and Refugees CIII Education, Economic Opportunity, and Immigrant Integration workgroup.

EMPLOYER SUPPLIED HEALTH COVERAGE PANELISTS

Ed McClements, Jr.
Senior Vice President of Benefits, *Barkley Insurance*
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Ed McClements, Jr is one of California's leading benefits experts with special knowledge of the agricultural marketplace. With more than 35 years' employee-benefit experience, Ed is currently the Senior Vice President of Benefits at Barkley Insurance, an AG trade association health plan for

move than 13 years. In this role, he has pioneered innovations to lower costs and improve access to health care for farm workers. Ed is the past president of the Agricultural Management Association, and was past senior vice president and branch manager at one of California's largest insurance agencies.

Jon D. Alexander

General Counsel**,** *Western Growers Assurance Trust*

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Jon Alexander is Western Growers Assurance Trust's general counsel. Jon has been practicing law for 11 years, eight of which have been concentrated on ERISA and other aspects of employee benefits law. He has provides legal guidance on ERISA, the Affordable Care Act (ACA), and self-funded employer benefit plans to health plans, employers, and insurance professionals. Before joining Western Growers, Jon worked in private practice focusing primarily on litigation and bankruptcy. He earned his Juris Doctor in 2003 from the University of Idaho. Of late, Mr. Alexander has lectured extensively about the impact of the ACA with special emphasis on the differing ramifications for small, large and self-funded ag employers.

Patty Benkowski

Vice President of Operations, Western Growers

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Ms. Benkowski is the Vice President of Operations at Western Growers. She has more than 30 years experience working in health care delivery, health care benefits and the insurance industry. In her current capacity at Western Growers, she oversees and directs health benefit claims administration, customer service, various cost containment programs and provider network relationships in the U.S. and Mexico, as well as new business implementation, eligibility, enrollment and billing administration for Western Growers Assurance Trust. Prior to joining Western Growers, Patty worked for a large hospital corporation. She is considered a subject matter expert in the area of prescription drug card programs, self-funding, PPO network contracting, health benefit plan design, and ERISA governance and state mandated benefits, as well as the Patient Protection and Affordable Care Act.

Greg Joslyn

Senior Vice President, Sales & Client Services**,** *United Agricultural Benefit Trust*

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Since 1986, Greg has worked in mid- to large-group medical insurance sales and management helping employer groups. For the past six and a half years, he has focused exclusively on agriculture health plans. He develops programs that meet the constantly changing needs of industry constituencies and demographics while meeting regulatory compliance. Greg works daily on product development, management, sales, and retention while striving to meet the needs of all agricultural stakeholders at the most practical of levels – their personal health plan.

Patrick Pine

Administrator, *RFK Jr. Health Plan*
PPine@RFKJDLC.COM

Since 2010, Patrick Pine has been the chief administrative officer for the Robert F. Kennedy Medical Plan and Juan De La Cruz Pension Plan. Based primarily in California, both are Taft Hartley benefit trusts serving employees and dependents of firms that have collective bargaining agreements with the United Farm Workers or employees and their dependents of organizations affiliated with the UFW. Both trusts provide benefits to 10,000 to 12,500 individuals. He directs a staff with a main office in Keene, California (near Bakersfield). Mr. Pine previously served as national operations manager for HR Simplified, a third party administrator serving a variety of Taft Hartley trusts including timber workers, carpenters, laborers, sheet metal workers and others. Prior to his career in the benefits arena, he worked on the staff of Oregon and Nevada's governors. He also managed budget and finance for Clark County (Las Vegas) and regional water and sewer utilities in Nevada and Oregon. Mr. Pine is a member of the Southern California Association of Benefit Plan Administrators, the International Foundation of Employee Benefit Plans, and the National Coordinating Committee for Multiemployer Plans.

PUBLIC COVERAGE PANELISTS

Betzabel Estudillo, MSW

Health Policy Coordinator, *California Immigrant Policy Center*
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Betzabel Estudillo is the health policy coordinator for the California Immigrant Policy Center. Previously, she was community coordinator for the CLEAN Carwash Campaign organizing immigrant carwash workers in Los Angeles. While in graduate school, she interned with the Los Angeles County Department of Mental Health, analyzing health policies and providing best practices when working with immigrants. She has also been a community organizer in multiple immigrant youth groups.

Gilbert Ojeda

Program Director, *California Program on Access to Care*
gilbert.ojeda@berkeley.edu

Gilbert Ojeda is the California Program on Access to Care's founding Director and a leading expert on healthcare issues pertaining to immigrants, low-income communities, those with limited English, and medically uninsured populations. On behalf of the University of California, Mr. Ojeda's duties include developing and guiding CPAC's long-term health policy initiatives, administering CPAC's technical assistance program for legislative bodies, and overseeing an extensive competitive grants program to research healthcare issues salient in our state. Mr. Ojeda's 38 years of healthcare experience include program development and planning, contract negotiations, and

advocacy for underserved communities. He also has extensive experience advising members and staff of the California Legislature, California executive branch officials, and the U.S. Congress. With a background in planning and market analysis, Mr. Ojeda is skilled at interpreting the implications of federal, state, county, and health industry policies as they relate to healthcare delivery and reimbursement.

DIRECT CARE FOR FARMWORKERS PANELISTS

Max Cuevas, M.D

Chief Executive Officer, *Clinica de Salud del Valle de Salinas (CSVS)*
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Max Cuevas, M.D., is the current CEO of Clinica de Salud del Valle de Salinas. He has been with Clinica since 1986 in a variety of roles including medical director and program administrator. He has also directed the medical staff at the Natividad Medical Center, is a founding member of the California Association of Community Health Centers, and has been the president and founding member of the California Hispanic Health Care Association. Dr. Cuevas has provided research support to studies on exposures and health of farmworker children in California, on reducing pesticide exposures to farmworker children, and on environmental health education for the California Comprehensive Perinatal Services Program.

Corinna Adams

Benefits Manager, *Reiter Affiliated Companies*
Corinna.Adams@berry.net

Corinna Adams is the benefits manager at Reiter Affiliated Companies, an agriculture global employer based in Oxnard. She has a background in human resources and employee benefits in various lines of business including benefit carriers, benefit brokerage and corporate employers. She has experience developing a broad range of benefit offerings that comply with the ever changing legal and regulatory landscape, provide employee satisfaction, and meet the financial goals of organizations. Since joining Reiter in 2013, she has worked with a cross-functional team to create an ACA-compliant health care program for 2014 that incorporates company-owned medical clinics as carve-out providers in one of the medical plan offerings as well as standalone clinic plans.

Benjamin H. Flores, MPH

President and CEO, *Ampla Health*
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Benjamin H. Flores, MPH is president and CEO of Ampla Health, headquartered in Yuba City. Ampla is a federally qualified health center with 13 medical and six dental centers in Butte, Colusa, Glenn, Tehama, Sutter and Yuba counties, serving more than 70,000 members. Mr. Flores also serves as

president of the Central Valley Health Network's Board of Directors and is an elected member to the board of directors of the California Primary Care Association (CPCA). Mr. Flores believes that a solid primary care infrastructure that provides high quality, affordable, accessible healthcare to underserved populations is vital to the health of a nation. Prior to joining Ampla Health, Mr. Flores was CEO of United Health Centers of the San Joaquin Valley, serving migrants. He has also been director of the Office of Minority and Special Populations and Chief of the Migrant Health Branch within the Bureau of Primary Health Care, HRSA, U.S. Department of Health and Human Services, CEO of the Washington Association of Community and Migrant Health Centers, CEO of Columbia Valley Community Health, CEO of Barrio Comprehensive Family Health Care Center, CEO of South Plaines Health Provider Organization, and administrator of the Blythe Family Health Center.

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