Health Reform and California Farmworkers

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Why is a healthy agricultural workforce important?

- A vibrant agricultural industry both promotes a healthy economy for rural California and enhances the state's ability to preserve a rural culture and open space in the state's surviving agricultural valleys.
- The United States needs a secure, dependable, healthy and domestic food supply.
- To ensure a healthy and stable workforce for California's $43 billion agricultural industry.
  - Fresno $6.6 billion
  - Merced $3.3 billion
  - SLO $860 million

California's agricultural workforce

- Approximately 550,000 persons -- 36 percent of the nation's farmworkers — are employed in California
- Approximately 1.2 million Californians in farmworker families

BPHC 2000 estimates:
Fresno: 113,000
Merced: 20,000
SLO: 9.000

Census – ag industry employment
Fresno: 39,000
Merced: 12,000
SLO: 4,500

California's agricultural workforce

- Nearly two-thirds are married, and over one-half have children
- Nearly all are foreign born, primarily from Mexico
- Most (63+%) do not have work authorization
- Nearly all are very low-income -
- 39 percent of Western US farmworkers work fewer than 180 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.)

Health of the agricultural workforce

- 70% have no health insurance – fewer than 20% have employer supplied coverage
  - Coverage varies by income, immigration status and number of days worked in agriculture
- Half of farmworkers used no health services in the Western US in the past year – of those who seek services 27% went to clinics; 48% to private providers; 1% to ERs.
- 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 (CAWHS)
- The hazards of farm work lead to occupational injuries and diseases

Coverage options under ACA

- Employer provided coverage:
- Medi-Cal or Exchange subsidies for documented workers when not offered employer benefits.
- 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).

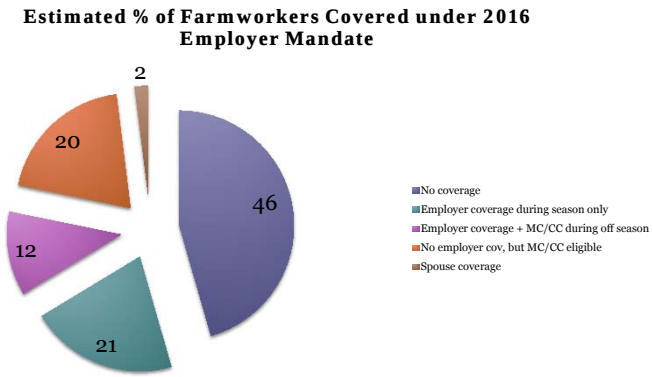
Coverage options under ACA

- Employer provided coverage:
- Ag plans waivers that allowed capped benefits expire in 2014.
  - This increases costs by 35% or more.
  - Coverage may be more expensive with higher deductibles and co-pays
- Beginning 2015, for farmworkers that are employed by "largest employers" (100 or more FTEs); Medium size employers (50 – 99) begin coverage in 2016.
- New IRS rules state that seasonal workers (those that work customarily six month or less) are NOT considered full-time employees.
- No net increase in coverage is projected under "employer mandate"

Challenges to coverage

- Seasonality of employment
- Affordability of premiums, co-pays and deductibles
- Large number of undocumented workers excluded from Exchange and Medi-Cal (except for emergency)
- County indigent services generally exclude undocumented.
  - Only two of the top 10 California counties with the highest concentration of farmworkers cover undocumented persons, and one of them, Fresno, is has obtained court permission to stop serving the undocumented.

Challenges to coverage



Possible solutions for care and coverage

- **Support coverage**
  - For newly legalizing workers through immigration reform
  - State supported coverage for undocumented through Exchange and Medi-Cal and/or county programs
- **Re-establish and augment state funding for outreach and preventive and primary services at farmworker clinics**
- **Provide *promotora* assistance in navigating coverage systems**
- **Maintain current employer based coverage where possible through legislative and regulatory changes such as:**
  - Allowing first dollar coverage for preventive, primary and RX services while limiting other coverage

Possible solutions for care and coverage

- **Alternative models:**
  - Direct health services by employer, with wrap-around coverage
  - Combining worker's comp and health coverage
  - plan that aggregate's employer and employee contributions and state funding for full year coverage and care through migrant health centers

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