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California's Agricultural Workers



As the backbone of the agriculture industry, farmworkers play a vital role in the food supply of the United States. Their access to health care is important to ensure a strong, stable economy, especially for California. The recent passage of health reform is expected to increase eligibility for subsidized health insurance to an estimated 4.02 million people in California by 2019.¹ Many agricultural workers in California are uninsured and will benefit from Medi-Cal expansions and government subsidies to purchase private health insurance through the Exchange. However, the new provisions will also exclude health care for many farmworkers who contribute to our nation's economy. Although some farmworkers are ineligible because of immigration status, many of those who are qualified may be unaware of the available health care programs.

Examination of the possible impacts of reform on farmworkers could extend knowledge beyond the agriculture industry to other parts of the flex workforce. To achieve meaningful health care reform, we must build and improve systems of employment-based coverage for farmworkers to ensure that individuals who contribute to our nation's economy are effectively covered.

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Profile of California's Farmworkers

Nature of Work:

Farming is recognized as a highly hazardous occupation, involving operation of heavy machinery, exposure to pesticides, and long hours of physically demanding work that occurs outdoors in all kinds of weather. Because work cannot be delayed when crops must be planted or harvested, most farm work revolves around seasons, rather than a regular 40-hour week. In California, and elsewhere, work involves shorter peak harvest periods and bigger crews, thus shorter employment periods. Long hours and weekend work are common for farmworkers, where they may work 6 or 7 days a week during planting and harvesting seasons. Many farmworkers are classified as "migrant agricultural workers," as they perform seasonal, contractual labor and may travel to various farms, not limited to California. In January 2010, California employed 44% of the nation's agricultural service workers, approximately 80,000 individuals.⁶

Demographics and Health Status:

Research focused primarily on farmworkers is confined to studies conducted 10 years ago, which include the California Agricultural Workers Health Survey, CAWHS, and the National Agricultural Worker Survey, NAWS. According to both surveys, farmworkers consist mostly of young Latino males, with little education and low incomes. Most are poor and have limited access to medical care and just half reported they could read Spanish well and very few read English.⁷ Many, if not most, of California's agricultural workers often have family members, including dependents, on both sides of the southern U.S. border. Studies indicate that undocumented persons used far fewer services and were much less costly to cover than US citizens or legal permanent residents.

Agricultural Industry

Knowledge of California's agriculture industry is helpful when comprehending the work force that maintains this multibillion-dollar industry. Agricultural work involves both raising plants and livestock. The largest branch of labor involves crop, nursery and green house farmworkers whose main duties entail planting, harvesting, pruning, irrigation, and packaging of crops.²

Approximately half of all fruits, nuts, and vegetables grown in the US, are from California farms. California's agriculture industry leads the nation in production of several crops including almonds, artichokes, dates, figs, grapes, raisins, kiwifruit, clingstone peaches, pistachios, dried

plums, pomegranates, and walnuts. Despite fieldwork delays due to the rain last year, California remained a competitive force in the market, ranking first for output in 2009; a total value of 36.4 billion dollars in revenue.³

Agricultural employers range from large multinational growers who produce in multiple states and counties to small family farms who sell on the local market. An estimated 37% of the workforce is employed by farm labor contractors who contract with growers to provide crews for farming tasks.⁴ Businesses that hire employees for less than 4 months are exempt from having to offer insurance or pay penalties.

Health Care Obstacles

Immigration status, fluctuating incomes, and migratory patterns result in difficulties to obtaining medical coverage for farmworkers.

Accessibility

Migrant workers face huge accessibility challenges due to geographic isolation and distance to health care providers. Traveling among states and temporary resident status further complicates health care coverage for farmworkers.

Since 1996, legal immigrants are excluded from full scope Medicaid/Medi-Cal for the first five years of living in the U.S. Under federal law, they are eligible for emergency or restricted scope Medi-Cal that pays for emergencies, deliveries, and pre-natal care. Uninsured new legal permanent resident children are eligible for full scope Medi-Cal and Healthy Families under the 2009 CHIPRA legislation.

Enrollment Difficulties

Regardless of their legal status, farmworkers often face language and cultural barriers. Language assistance is often minimal, so farmworkers, with limited English skills, who are eligible for Medicaid/Medi-Cal may have difficulty completing the application and enrollment process. Certified Application Assistants are important in this transition and should be culturally aware. In addition, "Promotoras" or Health Educators, have proven effective in facilitating communication among farmworkers and health care providers.

Affordability and Economic Challenges:

Migrant farmworkers often do not qualify for federal assistance because their income changes, dependent upon harvest seasons. During peak seasons, the level of income may be too high to qualify, not representative of low income during off-season.

The California budget crisis, huge deficits, and political tension make expanding their health coverage difficult. While health reform will provide coverage to many farmworkers, it restricts federal Medicaid funding for workers who may be legally hired new immigrants awaiting citizenship approval, and also to those farmworkers who are undocumented.

Health Reform Opportunities

The current recession and California's troubled economy have the state looking to the federal government for assistance. Reform offers some opportunities to expand and improve health services in California. The state should seek federal funding that would alleviate health care concerns regarding its farmworkers.

Exchange

Uninsured new legal permanent resident adults are eligible for emergency Medi-Cal and for participation in the refundable tax credits through the Exchange. Because California provides full scope Medi-Cal benefits to new legal permanent residents, transferring some into the Exchange would alleviate financial burdens on the state. Another solution would involve the creation of a private "Exchange," or a pool of agricultural trust funds that would allow employers and employees to purchase collectively for their farmworkers. A private exchange or pool of agricultural trust funds would expand coverage for those excluded from Medi-Cal.

Strengthening the Safety Net and Coverage Options for Undocumented Farmworkers

Coverage would be best accomplished through shared responsibility for costs of care to the farmworker with the federal government and their employers. California should seek to cover undocumented farmworkers for an affordable set of basic benefits through their employers' assessments, public funds, and through their own premium contributions.⁹ This could include a county match option for existing county expenditures for the populations covered and the ability to wrap around or supplement Medicaid limited benefits coverage.

Reform, Federal Assistance and DSH Payments

The federal Disproportionate Share (DSH) program pays for hospitals' uncompensated care to the uninsured. Federal law caps DSH payments at each hospital's actual cost for unreimbursed care to the uninsured plus the difference between the hospital's actual cost of care to Medi-Cal patients and its Medi-Cal reimbursement. As California increases coverage for the uninsured and seeks to increase Medi-Cal reimbursement rates to Medicare levels, ITUP suggests that California redistribute DSH funds to support local coverage expansion for farmworkers consistent with federal law.

Improving Accessibility to Medicaid/Medi-Cal

Farmworkers are often a mobile population and will move among different states to follow harvest seasons so health care coverage is difficult to maintain. Using a multi-state enrollment card could work well if there was a standard eligibility process across states. Federal guidelines would be needed for a migrant worker enrollment option, changing existing eligibility criteria, and identifying health centers and other programs to serve as enrollment sites for this mobile population. The model of paying for multi-state services requires efforts to identify multi-state provider networks willing to participate and a claims administration intermediary. Federal efforts could encourage and improve this type of program.

Binational Coverage

Binational Coverage is a broader solution for farmworkers and their families and could be implemented by a joint coverage program with the Mexican government and Mexican insurers, that could enroll farmworkers and their families on a nationwide basis, offering portable benefits and much more affordable prices.⁸



California Impacts

The top ten agricultural counties in California, listed consecutively, are Fresno, Tulare, Kern, Monterey, Merced, Stanislaus, San Joaquin, Kings, Imperial, and Ventura.² The need for farmworker care is expected to be the largest in these regions.

Undocumented Workers:

Information on undocumented farmworkers is limited. In general, undocumented workers comprise 20% of California's uninsured and about 4% of the state's overall population.⁸ Undocumented workers are not equally distributed among the states or counties.

The absence of federal assistance for undocumented and newly legal immigrants will affect some counties and communities disproportionately. As there is wide variation among county safety net systems policies towards care for immigrants, it is important to understand and restructure the rules governing specific financing streams (i.e., realignment, tobacco, disproportionate share hospital (DSH), Safety Net Care Pool (SNCP), and county match funds) and the policies towards immigrants of different delivery systems (e.g., public hospitals, private hospitals, county, community, and free clinics, and private providers).¹¹

The Co-op Solution

Co-ops are non-profit groups owned by consumers that would offer insurance plans with a network of health providers. The California United Agricultural Benefit Trust has been noted as an effective model, which has offered health insurance to its members for almost 30 years and now enrolls over 2,500 businesses.¹² The trust actively negotiates rates with providers and is governed by a board of subscribers.

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² US Department of Food and Agriculture. (2010). Agriculture Overview, California Agriculture Statistics 2008. Retrieved May 4, 2010, from Website: <http://www.cdfa.ca.gov/statistics/>

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⁹ ITUP. Wulsin, L. (23 April 2010). California's Uninsured and Insured: Changes Under Federal Reform. Retrieved from the ITUP Website: <http://www.itup.org>

¹⁰ ITUP. (2008). Safety Nets and Coverage Expansion: ITUP Recommendations. Retrieved from the ITUP Website: <http://www.itup.org>

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Pg 1: Farmworker

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Pg 2: California

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Pg 3: California Farm

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