

Affordable Care Act Provisions Do Little To Improve Farmworker Access To Health Care

*By Ed Kissam
Werner-Kobnstamm Family Fund*

- **SMALL EMPLOYERS:** Exempting “small” employers from the “play or pay” mandate (<50 FTE) will result in an estimated 50-65% of U.S. farm employers being exempt from providing health care coverage to their workers. Under IRS’s new regulations, even a business which employs 20 full-time workers and 120 farmworkers working for 2 months at the peak harvest in a crop such as grapes, or peaches, or strawberries would be considered “small”.
- **SEASONAL WORKERS:** A definitive estimate of how many farmworkers would be considered “seasonal employees” under the ACA provisions requires analysis of the ETA/DOL full National Agricultural Worker Survey (NAWS) dataset. Such analysis was not done prior to enacting the legislation or formulating regulations. Analyses of publically available NAWS data shows that at least 19% of the 1.9 million farmworkers in the U.S.—but probably as many as 40%—would be considered “seasonal workers” because they had worked less than 120 days during the year.
- **FEMALE FARMWORKERS:** Female farmworkers raising children (22% of the farm labor force—more than 400,000 women) would probably be the sub-population most seriously affected by excluding seasonal workers from the employer mandate because many work only seasonally during the peak harvest.
- **UNDOCUMENTED WORKERS:** Immigrants who lack legal status and are not covered by their employers will not have recourse to state insurance exchanges or Medicaid as an alternative although their annual earnings place them deep within the low-income range of families covered. Just under 1 million farmworkers in the U.S. (52% of the overall farm labor force, 68% of the foreign-born farmworkers) will be left out in the cold.
- **PROVISIONAL IMMIGRATION STATUS:** If immigration reform legislation conforms to the Senate policy framework currently envisioned even the farmworkers who are legalized under the legislation and gain “provisional legal status” will continue be excluded from access to health care for a very long time (probably 7-13 years).

- **CHILDREN:** The likely cost of employee contributions to health insurance policies which include coverage of children, together with co-payments for service in the cheapest available policies may well be unaffordable—given that a typical farmworker’s annual earnings fall in the \$15,000 to \$17,500 range. Three-quarters of the children in farmworker families would probably qualify for Medicaid because they are U.S.-born; however the remaining one-quarter who are undocumented would be denied access.
- **RURAL TOWNS HIT HARDEST:** In rural towns throughout the U.S. and in California where most local employment is in agriculture, entire communities will suffer. In Arvin, CA (Kern County) almost half of the town’s residents 19-34 years old lack legal status and 82% are employed in agriculture
- **CALIFORNIA:** With more than one-third of the nation’s labor-intensive agriculture, California will be particularly hard-hit by the combination of immigration policy and ACA provisions because its farm labor force consists almost entirely (98%) of foreign-born workers and two-thirds (67%) lack legal status. The Central Valley and Central Coast counties will be hardest hit. But undocumented immigrants working in small businesses in urban areas or unstable employment (e.g. day laborers, construction workers, restaurant workers) will also be left out.
- **FARMWORKERS WILL NOT HAVE ACCESS TO HEALTH CARE:** The de facto exclusion of farmworkers from access to health care is due to both the ACA provisions and immigration law—because of working for “small” agri-cultural employers, because of being employed only seasonally, the employer mandate will not help them and they will not be able to access/afford state health insurance exchanges, already dramatic health disparities will be exacerbated.
- **NEW INSURANCE STRATEGIES NEEDED:** If health insurance is to be the primary pathway toward affordable health care, innovative ways for agricultural and other employers with large seasonal workforces to make pro-rated payments into an insurance plan/pool so as to provide employees who work for multiple employers over the course of the year with year-round affordable health insurance coverage.