

medicaid
and the **uninsured**

**Migrant and Seasonal Farmworkers:
Health Insurance Coverage and Access to Care**

Executive Summary

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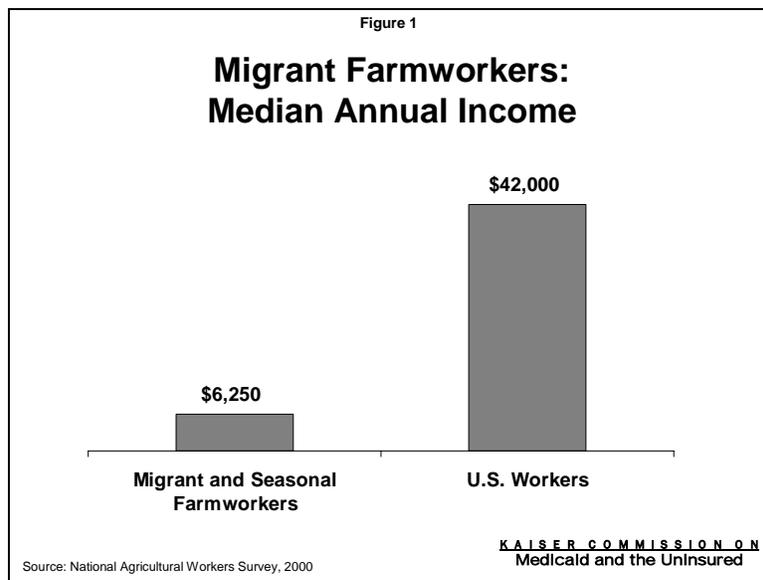
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EXECUTIVE SUMMARY

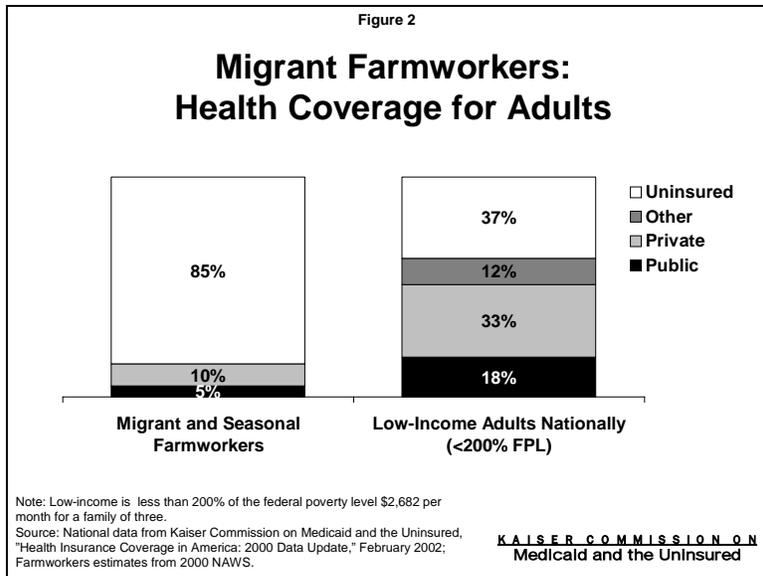
Migrant and seasonal farmworkers are an integral support to the nation's agricultural industry. Nearly three million workers earn their living through migrant or seasonal farm labor. Migrant and seasonal farmworkers and their families confront health challenges stemming from the nature of their work, their extreme poverty and mobility, and living and working arrangements that impede access to health coverage and care. This brief provides an overview of migrant and seasonal farmworkers and the health challenges they face and considers options for improving their health coverage and access to care.

Overview of Farmworkers and their Health Coverage and Care

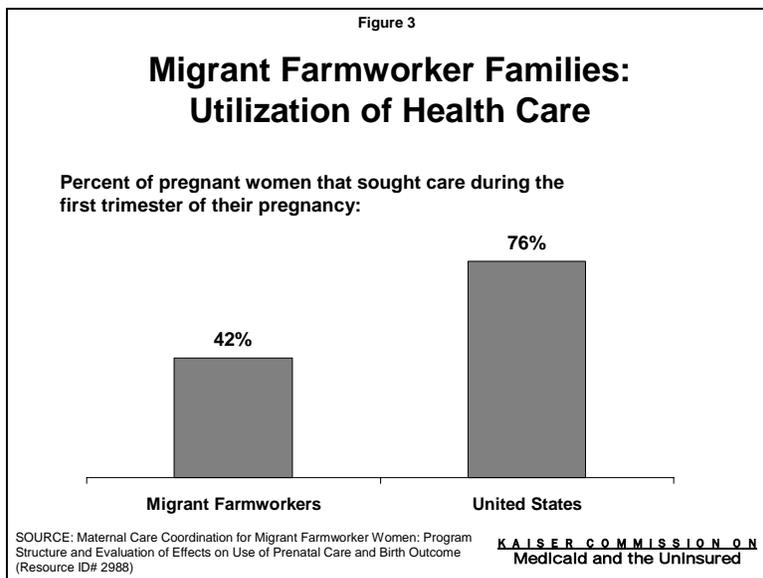
Almost all migrant and seasonal farmworkers are foreign-born with only 6% reporting being born in the United States. The majority (70%) permanently reside in the United States. Although concentrated in certain areas of the country, migrant and seasonal farmworkers reside in all states. They travel frequently between states for their employment. As a group, migrant and seasonal farmworkers face significant language barriers—about 9 in 10 say they read and speak little or no English. They are predominantly male (88%), over half are married (52%), and over four in ten have children (44%). Even though migrant and seasonal farmworkers report working five to six days a week, they are extremely poor. In 2000, the median income for migrant and seasonal farmworkers was \$6,250, compared to \$42,000 for U.S. workers overall (Figure 1).



Migrant and seasonal farmworkers and their families are overwhelmingly uninsured. In 2000, 85% of migrant and seasonal farmworkers were uninsured, compared to 37% of low-income adults nationally (Figure 2). Further, nine in ten children in migrant and seasonal farmworker families were uninsured compared to less than a quarter (22%) of low-income children nationally.



Reflecting their low levels of coverage, migrant and seasonal farmworkers and their families use very little health care compared to other low-income people. In 2000, only 20% of migrant and seasonal farmworkers reported using any healthcare services in the preceding two years. Further, one study found that only 42% of women in farmworker families reported seeking early prenatal care compared to over three-quarters (76%) nationally (Figure 3). Data show a nearly one in four incidence of undesirable birth outcomes and elevated rates of low birthweights and pre-term births among the farmworker population.



The low utilization patterns among farmworkers are not a reflection of limited health care needs. Migrant and seasonal farmworkers are often in poor health and they are at elevated risk for an enormous range of injuries and illnesses due to the nature of their jobs. The two most significant reported barriers to care among migrant and seasonal farmworkers are cost and language.

Health Centers Serving Farmworkers

Federally funded health centers are a key source of care for migrant and seasonal farmworkers. In 2002, 125 of the nation's 843 federally funded health centers received funds specifically targeted to meet migrant health needs. These centers serviced some 670,000 migrant and seasonal farmworkers and their families. An additional 247 health centers, which did not receive a specific migrant subsidy, served another 39,000 migrant and seasonal farmworkers and their families.

The vast majority of health centers that receive migrant funding also rely on general health center grants and serve the overall low-income population. Because they serve both farmworkers and other community residents, they are similar to health centers that do not receive special migrant funding in terms of the insurance distribution of both their patients and their revenues—Medicaid covers about 35% of patients and accounts for over a third of revenues, and about a quarter of revenues comes from federal grants. Centers that receive migrant funding do differ from other centers in that they often offer services tailored to migrant and seasonal farmworkers families' needs, such as outstationed services.

In 2002, some 15 health centers were funded exclusively with migrant grant funding and did not receive general health center grants. These centers tend to be far smaller than other health centers, and, because the overwhelming majority of their patients are uninsured (92%), their revenues primarily come through their federal grants (80%).

Medicaid Coverage Barriers

Migrant and seasonal farmworkers face a number of barriers to obtaining Medicaid coverage. Some of these problems affect the low-income population generally, but many of them are exacerbated by the characteristics of migrant and seasonal farmworkers, such as their immigrant status, their fluctuating incomes, and their migratory patterns.

- **Many migrant and seasonal farmworkers are not eligible for Medicaid.** One significant barrier is that, under current law, states cannot provide Medicaid coverage to non-disabled low-income adults without dependent children. Further, since 1996, recent immigrants, including legal immigrants, have been excluded from Medicaid for the first five years they reside in the United States. From a financial eligibility perspective, some states use monthly budgeting rules and have restrictive asset tests, which make it difficult for low-income workers with fluctuating incomes and assets needed for employment (e.g., a truck) to qualify.
- **Eligible migrant and seasonal farmworkers can have difficulty enrolling in Medicaid.** Migrant and seasonal farmworkers who are eligible for Medicaid may have difficulty completing the application and enrollment process. Given their limited English skills, it can be very difficult for them to complete long application forms or meet extensive verification requirements, particularly if there is limited availability of language assistance. Inaccessible site locations can also impede enrollment.
- **Because of their frequent movement among states for work, migrant and seasonal farmworkers also face state residency barriers to Medicaid coverage.** Medicaid is a state-based program. It recognizes state residency among people who live in a state for work-related purposes and states also are required to provide out-of-state coverage for their

residents to permit travel, but this coverage can be very limited. Accordingly, migrant and seasonal farmworkers can seek to apply for Medicaid each time they change their state residence, but they may encounter enrollment barriers such as those mentioned above. On the other hand, farmworkers can travel with a Medicaid card from the state in which they permanently reside but may find that they are only covered for emergency situations and/or have difficulty identifying out-of-state providers willing to honor the card.

Options to Improve Coverage and Access to Care

Over the years, a few states, including Wisconsin and Texas, have attempted to improve Medicaid's ability to serve farmworkers. From these state experiences, we have learned that Medicaid can be made more accessible through rapid enrollment, accessible enrollment locations, acceptance of out-of-state enrollment cards, and payment for a broad range of services provided out-of-state. Federal efforts could be undertaken to improve states' willingness to pursue these initiatives and to improve their effectiveness. The federal government also could pursue broader efforts to address farmworkers' coverage challenges:

- **Improving access to Medicaid.** A number of actions could be taken to facilitate farmworkers' ability to enroll in and utilize Medicaid coverage.

Facilitating eligibility reciprocity across states. The model of accepting an out-of-state enrollment card can work well but is hindered by varying eligibility standards across states. It could be facilitated by federal guidelines for implementing a fast track enrollment option, changing existing eligibility criteria, and identifying health centers and other programs to serve as enrollment sites. It could be further encouraged by allowing states to establish separate eligibility standards for farmworkers and their families that could be consistent across states.

Improving "traveling Medicaid card" models. The model of paying for out-of-state services requires efforts to identify out-of-state providers willing to participate and a claims administration intermediary. Federal efforts could encourage and improve this model. For example, if a regional intermediary were identified, it could enable processing of out-of-state claims, creation of provider networks, and outreach and education for traveling families. Costs for this effort would appear to be directly related to state Medicaid administration and, thus, eligible for reimbursement.

- **Creating a new federal coverage program for farmworkers and their families.** While these initiatives may help encourage enrollment and access among eligible farmworkers, they will not be able to overcome the barriers stemming from Medicaid's exclusion of adults without dependent children and recent immigrants. A broader solution for farmworkers and their families might be to couple Medicaid access efforts with a federal coverage program that could enroll farmworkers and their families on a nationwide basis, thereby permitting interstate movement and portable benefits.

The health needs of farmworkers are considerable, but their numbers are relatively modest. The evidence reviewed in this analysis suggests the importance of addressing their needs and presents a range of viable options, including efforts through Medicaid and other programs to complement Medicaid's reach. Such efforts might help surmount the major challenges farmworkers and their families face in terms of securing health coverage and accessing needed care.

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