HEALTH CARE REFORM: Latinos have the biggest stake

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Last Updated Friday, Feb 04 2011 10:43 PM

WHO IS ELIGIBLE FOR WHAT?

Latinos are by far the largest single group affected by health reform in California -- even after subtracting illegal immigrants who are excluded from all major provisions of reform and a segment of legal permanent residents who may be excluded from Medi-Cal.

Of the 3.9 million Californians who will newly qualify for benefits, more than 2.1 million will be Latino, according to research by the California Pan-Ethnic Health Network.

Who qualifies for what?

Medi-Cal: Low-income adults, including those without children, will be eligible, as long as their incomes don't exceed 133 percent of the federal poverty level, or $14,404 for individuals and $29,326 for a family of four, according to current poverty guidelines.

Exchanges: Premium subsidies will be available for individuals and families with incomes between 133 percent and 400 percent of the poverty level, or $14,404 to $43,320 for individuals and $29,326 to $88,200 for a family of four.

The subsidies will be on a sliding scale. For example, a family of four earning 150 percent of the poverty level, or $33,075 a year, will have to pay 4 percent of its income, or $1,323, on premiums. A similar family with income of 400 percent of the poverty level will have to pay 9.5 percent, or $8,379.

Excluded from Medi-Cal and Exchanges: Undocumented immigrants are ineligible for both Medi-Cal and the exchanges. Legal permanent residents for fewer than five years may be excluded from Medi-Cal under state budget cuts. Both groups will be able to receive medical help at federally funded clinics that will see their budgets increase with reform.

HEALTH CARE REFORM TIMELINE

The federal Affordable Care Act, major health reform legislation passed by Congress and signed by President Obama in March 2010, will be rolled out over the next three years to increase access to medical care.

Many important benefits have begun, including cost savings for families, seniors, small businesses, and coverage options for many who have been locked out of the insurance market because of a preexisting medical condition. The largest measures are scheduled for implementation in 2014.

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Here is a look at what has already been implemented and what is coming:

2010

President Obama signs Patient Protection and Affordable Care Act: March 23, 2010.

Pre-existing Condition Insurance Plan: Creates a temporary program to provide health coverage to individuals with pre-existing medical conditions who have been uninsured for at least six months. The plan will be operated by the states or by the federal government. Implementation: Enrollment into the federal plan began July 1, 2010; dates for similar state-operated plans vary. California initiated its plan in October 2010.

Adult Dependent Coverage to Age 26: Allows parents to put adult children, no older than 26, on family insurance plans.

Implementation: Plan or policy years beginning on or after Sept. 23, 2010

2011

Closing the Medicare Drug Coverage Gap: Requires pharmaceutical manufacturers to provide a 50 percent discount on brand-name prescriptions filled in the Medicare Part D coverage gap and begins phasing in federal subsidies for generic prescriptions filled in the Medicare Part D coverage gap. Medicare covers people 65 and older.

Implementation: Jan. 1, 2011

2012

Medicare Value-Based Purchasing: Establishes a program in Medicare to pay hospitals based on quality performance measures and requires plans to develop similar programs for skilled nursing facilities, home health agencies, and ambulatory surgical centers.

Implementation: Oct. 1, 2012

2013

State Notification Regarding Exchanges: States indicate to the U.S. Secretary of Health and Human Services whether they will operate an American Health Benefit Exchange, commonly called the insurance exchange.

Implementation: Jan. 1, 2013

2014

Expanded Medicaid Coverage: Expands the health care program -- called Medi-Cal in California -- to all qualified individuals not eligible for Medicare under age 65. Adults with no dependent children now qualify, as well as families that previously held too many assets. Applicants must earn no more than 133 percent of federal poverty level, or $14,404 for individuals and $29,326 for a family of four.

Implementation: Jan. 1, 2014. States have the option to expand coverage to childless adults immediately.

Health Insurance Exchanges: Creates state-based insurance exchange administered by a governmental agency or non-profit organization. Qualified individuals and families can purchase insurance in the exchange if they make between 133 percent and 400 percent of federal poverty level. The government will cover part of the costs on a sliding scale with families paying the rest. The out-of-pocket limit for a family of four earning 150 percent of the poverty level, or $33,075 a year, will be 4 percent of its income, or $1,323. A family that earns 400 percent of federal poverty level, or $88,200, will have to pay 9.5 percent, or $8,379.

Implementation: Jan. 1, 2014

Individual Requirement to Have Insurance: Requires U.S. citizens and legal residents to have qualifying health coverage. There is a phased-in tax penalty for those without coverage. The penalty for individuals is capped at $95, or up to 1 percent of income, whichever is greater, and rises to $695, or 2.5 percent of income, by 2016. The penalty for families is capped at $2,085, or 2.5 percent of household income, whichever is greater. Some are exempt from this so-called individual mandate because of financial hardship or religious beliefs.

Implementation: Jan. 1, 2014

Sources: www.healthreform.gov; The Kaiser Family Foundation

Images

Aurelia Ventura/La Opinion

LOS ANGELES — Maria Elena Nunez would probably benefit from expansion of Medi-Cal due to health care reform. She has chronic pain in her feet, and even though she has a family history of diabetes and arthritis, she doesn't have health insurance or money to see a doctor. She hopes her condition doesn't worsen and does folk remedies to ease the pain.

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LOS ANGELES -- In the two years since Maria Elena Nunez lost her health coverage, she's begun limping through stinging foot pain — a symptom of the diabetes that killed her father, debilitates her sister, and is found disproportionately among Latinos.

"It feels like I have needles on my heels," Nunez, 49, said at her tidy Lynwood home where generic ibuprofen and rubbing alcohol treat her ailment. The homemaker, originally from Jalisco, Mexico, lost her Medi-Cal coverage after her husband worked just enough overtime to nudge the family $50 above the maximum income allowed for the federally funded benefit, called Medicaid in other states.

With no health insurance offered at her husband's job as plumber's assistant, there appears to be little that can help the working class family that, like many in the Latino community, suffers from poor health and a lack of medical access.

That could change when the new health reform law known as the Affordable Care Act becomes a comprehensive medical plan for more than 2 million of the state's chronically uninsured and undertreated Latinos. But it must push through legal and legislative challenges between now and its implementation in 2014.

Latinos have by far the biggest stake in the future of health reform in California — accounting for more than half of the uninsured population that will be newly eligible for its publicly funded medical coverage.

Even after deducting undocumented immigrants who are excluded, approximately 2.1 million of the 3.9 million uninsured people eligible statewide are Latino, according to a November 2010 study by the California Pan-Ethnic Health Network.

If provisions of the new law are struck down in a federal court challenge against it, if it is undermined in the U.S. Congress by political opponents who pledge repeal, or if it becomes a bureaucratic mess to implement, Latinos could be relegated to a perpetual state of limited medical access, experts believe.

"The Affordable Care Act will have the biggest impact on the health of Latinos in California since Medicaid was established more than 40 years ago," said Ellen Wu, executive director of the Pan-Ethnic Health Network, a multicultural health advocacy organization based in Oakland. "This new law provides a foundation to address the health disparities that uninsured Latinos experience. But for it to live up to its full potential, it must meet the needs of Latinos."

With 36 percent of California's overall population, according to the U.S. Census, Latinos surge to approximately 55 percent of the California population that would qualify for reform benefits.

They would be eligible for an expanded version of Medi-Cal and to purchase policies at the federally subsidized insurance marketplace to be created by reform, according to the CPEHN study.

Non-Hispanic whites are a distant second with approximately 28 percent of health reform beneficiaries. Asians are 10 percent, and blacks are the remaining 7 percent, according to the findings, which CPEHN drew from the California Health Interview Survey conducted by UCLA's Center for Health Policy Research.

LATINOS LACK COVERAGE

Reform will only grant medical coverage to people without health insurance, and in California that means Latinos. They are 61 percent of California's uninsured non-elderly population, according to a 2010 estimate by the Employee Benefit Research Institute.

Another factor for Latinos is that contrary to perception, health reform is not only a benefit for the poorest of the poor. An uninsured family of four can earn up to $88,200 a year and still be eligible for the marketplace subsidies that would help pay for their health insurance. That falls squarely into the economic profile of longtime U.S.- resident Latinos, many of them working class or middle class.

They are people like Nestor Sanchez, 39, a laid-off news camera operator and U.S. citizen.

Almost two years ago he lost a television studio job that came with full health benefits, paid vacation and sick days. He said he was lucky enough to find work a month later but it came with a pay cut of almost $20,000 a year, and no health plan.

"I was working all the time and did not want to take any time off to go to the doctor even when my knee was hurting," he said. "Finally, when there was a rumor the station was going to a massive change that included canceling of the newscasts, I decided to make an appointment."

The doctor told him he needed knee surgery. The employer gave him a pink slip.

There are workplace strains on backs and knees, like Sanchez copes with. But Latinos also confront complex health issues — with experts finding that their susceptibility to chronic disease increases with the amount of time they have lived in the United States.

IN POOR HEALTH

A 2008 study by the San Francisco-based Public Policy Institute of California found that Latino immigrants have lower rates of chronic diseases and longer life expectancies than U.S.-born Latinos.

With undocumented immigrants excluded from major reform benefits, the Latinos that will join the new health care system will largely be these U.S.-born and second-generation Latinos. They not only have worse health profiles than recent immigrants, but worse health than the general population.

According to the 2007 California Health Interview Survey compiled by the UCLA Center for Health Policy Research, more than one in five Latino adults in the state who are either U.S.-born or naturalized citizens reported their health as fair or poor.

Only Native Americans reported a worse health profile, with more than a third saying they were in fair or poor health.

When higher rates of diabetes, high blood pressure, obesity and other ailments collide with Latinos' chronic lack of health insurance, the result is a population in dire need of coordinated care, experts said.

"Instead of using preventive services and services that are most likely to be cost-effective, their conditions

become chronic and more expensive to treat," said Arturo Vargas-Bustamante, a professor at the UCLA School of Public Health whose research focuses on uninsured populations. "Their symptoms usually go unnoticed."

It's a reality that Guadalupe Sosa and her husband, Jose, deal with daily, as they try to compensate with home remedies.

Every day, Guadalupe makes a tea from aloe and gives it to her husband. He does not like the taste, but a family friend told her that it is good for problems related to the intestinal tract. Expressing embarrassment, the couple quietly said his symptoms are bleeding and intense bowel pain.

"The doctor at the clinic, where we pay about $20 per consultation, said he needs to see a specialist. There's nothing more they can do there for him," said Guadalupe. "He doesn't want to go because he's afraid he'll get a several hundred, or even a thousand-dollar hospital bill."

The cost estimate comes from experience. A few months back, Guadalupe experienced strong headaches and vomiting and ended up in the emergency room at Olive View-UCLA Medical Center in Sylmar.

"Health care is very expensive and we just cannot afford it," said Guadalupe, a laid off factory worker whose episode was attributed to hypertension. "We are still making monthly payments from an $850 bill we received by mail."

They are both 55 and have two daughters, ages 10 and 13. The children qualify for the state's Healthy Families program for lower-income households. The parents do not have any form of health care because it is not offered at the shop where Jose works as a mechanic.

He works long hours, especially on weekends when customers want car problems solved as soon as possible. The couple applied for Medi-Cal but were denied because he makes too much money.

Yet the Sosas fear the new health care system will be too complicated. They said they would be hesitant to enroll in 2014, partly because their first language is Spanish.

Polls have found that Americans of Latino descent strongly favor health reform. But like many other Americans, the Sosas said they think the health care system could become too complicated under the law.

A survey last month by the Kaiser Family Foundation and the Harvard School of Public Health found Americans evenly split in favor, and against, the legislation.

Twenty-eight percent of respondents wanted to expand it, 19 percent wanted to leave it as-is, 23 percent wanted to repeal and replace it with a Republican alternative, and 20 percent wanted repeal with no replacement.

ENROLLMENT BARRIERS

Jennifer Ng'andu, deputy director of the Health Policy Project for the Washington, D.C.-based National Council of La Raza, said language and immigration barriers could make Latinos especially hesitant to navigate the complex enrollment bureaucracies to be created by reform, whether they favor the law or not.

Forty-two percent of Californians eligible for reform benefits will speak English less than well, according to CPHEN's estimates.

With primarily English-speaking staff, the system must scrutinize immigration status, pay levels and other factors, then place beneficiaries in one of two categories.

Lower income beneficiaries will qualify for an expanded version of Medi-Cal. Those with higher incomes will qualify for the subsidized insurance marketplace, often referred to as the exchange. The amount of subsidy a beneficiary receives is based on a sliding scale according to the beneficiary's income. When the earnings of a beneficiary change, the bureaucracy must re-determine what an applicant qualifies for.

Even more complicated is determining who qualifies among Latinos according to their immigration standing, said Ng'andu.

"Particularly in California, we still have communities that are very mixed in terms of immigration status," she said. "You can have situations where there is a citizen in the family, with one legal permanent resident child, and one undocumented parent."

Ng'andu said La Raza, the largest Latino advocacy organization in the U.S., has been working with health experts, community groups and policymakers to ensure the application process is streamlined for Latinos.

She said despite the growing voting power of Latinos in the U.S., and their heavy stake in the future of reform, there is no evidence Latinos will become a force in lobbying for the law to survive its legislative and legal challenges.

Its exclusion of undocumented immigrants weakens its ability to resonate in the Latino community, she said.

The organization has called reform an important first step in improving Latino health and the health of all Americans.

"We can't engage in electioneering at La Raza," she said. "But we do talk about the consequences of not showing, not demonstrating a commitment to the key issues in the Latino community."

House Republicans recently voted for repeal but a similar effort in the Democrat-controlled Senate failed Wednesday. On Monday, a federal judge in Florida became the second jurist to find reform's "individual mandate" unconstitutional.

Legal experts believe the constitutionality of the mandate requiring people to have some form of health coverage will ultimately be decided by the Supreme Court.

For Núñez, who has become increasingly worried about inheriting diabetes, reform's future is tied to a better life. She mentioned emergency rooms and clinics she could go to for a diagnosis. Then she decided against it, afraid of the illness, but also afraid of the doctor's bill.

"The only health screens I have had in the past couple of years have been the women's exams like cervical and mammography," she said. "I guess we will have to go longer without medical care. Until, who knows?"

This project is the result of a partnership between The Californian, the California HealthCare Foundation Center for Health

Reporting and La Opinion, a Los Angeles-based Spanish-language newspaper.

The Center is an independent news organization devoted to reporting about health care issues that concern Californians. It is headquartered at the University of Southern California's Annenberg School for Communication & Journalism and funded by the nonprofit, non-partisan California HealthCare Foundation.