



Implementation Efforts and a Call to Action: Latino Health Forum 2011

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Health Care is a Human Right



Recession Hits People of Color Harder

Unemployed Youth (16-19)	Rate of Unemployment
Black Youth	57.8%
Latino Youth	40.4%

Source: Employment Security Department/LMEA, Bureau of Labor Statistics, UIAC materials
9.30.2011

Latinos Over Represented Among Uninsured

Hispanic Health Coverage by State, 2009						
	Percent Hispanic of State Population	Uninsured Hispanics		Uninsured Hispanic Children		Percent Hispanic of State Uninsured Population
		Number	Percent	Number	Percent	
WA State	10.3%	195,695	28.9%	32,306	11.7%	22.3%
U. S.	15.8%	14,775,850	31.0%	2,626,106	15.7%	32.4%

Source: NCLR Calculation using U.S. Census Bureau, "American Fact Finder," 2009 American Community Survey. This table just includes the extrapolated WA and US. Located on October 3, 2011 <http://www.familiesusa.org/conference/health-action-2011/speaker-materials/Fact-Sheet-on-Uninsurance-by-State-2009-ngandu.pdf>

Affordable Care Act



- Extends health coverage to almost 10 million Latinos
- Creates strategies to increase access to rural & underserved communities
- Ends discriminatory pre-existing condition practice
- Support small business owners by providing tax credits for health coverage
- Creates a new health exchange market
- Expands Medicaid to 133% FPL (plus 5%)

Possible NEW Health Options in 2014

0% FPL ← 400% FPL ← full cost

WA State Health Care State & Federal Coverage	Federal Poverty Level (FPL)	External Private Market
Exchange	Full Cost over 400% FPL Subsidies 133-400% FPL	No Subsidies
Federal Basic Health Option	Subsidized 133-200% FPL Documented immigrants allowed below 200% FPL	No Qualified Health Plan Requirements
Medicaid	Expanded 0-133% FPL (plus 5% FPL income dis.)	Still to be determined external market regs Overseen by OIC

Consumer Oriented Exchange

Priorities, Healthy WA Principles

- Create an active purchaser
- Incentivizing value, quality, access and service
- Apply the same regulation policies offered inside and outside the exchange
- Governance should be accountable, flexible, and transparent
- Ensure parallel public programs to serve low-income people unable to access the exchange
- Efficiently and effectively collect and aggregate premiums to pay health plans
- The exchange should function as a one-door entry-point to health coverage
- Help screen and enroll individuals into all coverage options



Immigrant Provisions in ACA

UNDOCUMENTED IMMIGRANTS

No federal coverage

- Not allowed to purchase private health insurance at full cost in state insurance exchange(s).
- Not eligible for premium tax credits or cost-sharing reductions.
- Exempt from individual mandate.
- Not eligible for Medicare, nonemergency Medicaid, or CHIP.

LEGAL IMMIGRANTS

Limited federal coverage

- Subject to the individual mandate and related tax penalty (exempt if low-income or meet specific exemptions).
- Lawfully present immigrants may purchase from the state insurance exchanges.
- Lawfully present immigrants eligible for premium tax credits and cost-sharing reductions.
- Lawfully present immigrants eligible for temporary high-risk pools and “basic health plans” offered by a state.



NILC, “How Are Immigrants Included in Health Care Reform,” April 2010.
<http://www.nilc.org/immspbs/health/immigrant-inclusion-in-HR3590-2010-04-19.pdf>

Cuts and Austerity Harm People of Color and the Poor

- Basic Health, 20,000 slots cut
- Apple Health for Kids, premiums increased
- Medical Interpreters, cut by 20% (\$37 million)
- Public Health, cut by \$10 million
- Maternity Support Services, cut by 30%
- Restricted Medicaid ER use to three non-emergency visits, then full medical bill sent



More Reform is Needed

- U.S. Ranks **37th** in world of 191 member nations in the World Health Organization
- We can work to implement and reform more
- We can fight the cuts and win:
 - Children’s Health
 - Basic Health
 - Vermont Health Care
- We must fight for:
 - Revenue
 - Jobs
 - Health Care for All





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