



**AMERICA'S FREE AND CHARITABLE CLINICS:
VITAL SUPPORT FOR 30 MILLION UNINSURED AMERICANS**

Protecting the underserved after the
implementation of the Affordable Care Act





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INTRODUCTION

The American health care landscape has been transformed by the implementation of the Affordable Care Act (ACA). State-based marketplaces are providing individuals with access to a new array of health insurance options, while new safeguards have eliminated practices such as “pre-existing conditions” and “gender rating” that had previously prevented many Americans from receiving care.

Yet, while this landmark law has expanded access to health care for millions of Americans the ACA does not provide universal access to health care. In fact, the non-partisan Congressional Budget Office estimates that 31 million Americans will remain uninsured following the full implementation of the ACA. As a result, there remains an urgent need for the lifesaving health care provided by Free and Charitable Clinics.

For decades, free and charitable clinics have provided a range of medical, dental, pharmacy, vision and/or behavioral health services to economically disadvantaged Americans. In so doing, they have served as a safety net for those who have fallen through the cracks of America’s health care system.

Despite the reforms made by the Affordable Care Act, the services provided by free and charitable clinics are more important than ever. Over the last two years, Free and Charitable Clinics have seen a 40 percent increase in patient demand, but a 20 percent decrease in donations. As the following report shows, there is a strong need for continued volunteerism and donations to support America’s free and charitable clinics so that they can continue to provide health care to those who need it most.



GRACE MEDICAL HOME

Orlando, Florida
Stephanie Garris, Executive Director

Patients of Grace Medical Home are the chronically-ill poor who have no other place to go for ongoing, comprehensive medical care. At Grace Medical Home we provide primary and preventative care, on-site labs, digital x-ray, vaccinations, diabetes education and free or low-cost medications. We also offer more than 20 on-site medical specialty clinics including cardiology, gynecology, endocrinology, ophthalmology, vascular, podiatry, orthopedics, mental health counseling and more. Staffed by a small clinical team, we rely on hundreds of clinical volunteers to care for our more than 2,200 patients. We receive no government funding, and rely heavily on the generosity of individual donors, foundations, and corporations as a source of funding.

Our services are needed now more than ever. The Affordable Care Act will help many of the uninsured gain insurance and access to health care. Unfortunately, many will continue to fall through the cracks. In Central Florida, nearly one in four people lack health insurance and roughly 1/3 live at or below 200 percent of the federal poverty level.

Our state has not expanded our Medicaid program and the majority of adult Floridians earning less than 100 percent of the federal poverty level are neither eligible to purchase subsidized health insurance through the marketplace, nor covered by Florida's Medicaid program. Even following the implementation of reforms made by the ACA, the chronically ill poor are still struggling to find comprehensive, affordable care. Indeed, a recent Urban Institute report estimated that, even after the ACA is implemented, 2.8 million Floridians will remain uninsured. These are the overwhelming majority of patients who we treat at Grace Medical Home.



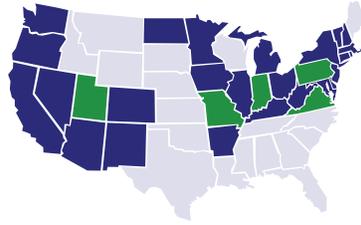
SCOPE OF THE PROBLEM

Prior to the passage of the Affordable Care Act, more than 47 million Americans were without health insurance coverage and the cost of healthcare was approaching 18 percent of the nation's gross domestic product. The Affordable Care Act was intended to address these two problems, but was never designed to provide universal health care.

The 31 million Americans who are estimated to remain without coverage include:

- Those who are eligible but can't afford care
- Those who are undocumented residents and are therefore ineligible for care
- Those who are eligible for Medicaid but reside in states that are not expanding the Medicaid program.

As the following table shows, clinics and hospitals in every state in the Union will continue to see uninsured patients walk through their doors. Yet as funding for uncompensated care diminishes over time, safety net providers such as Free and Charitable Clinics may be strained to meet demand.



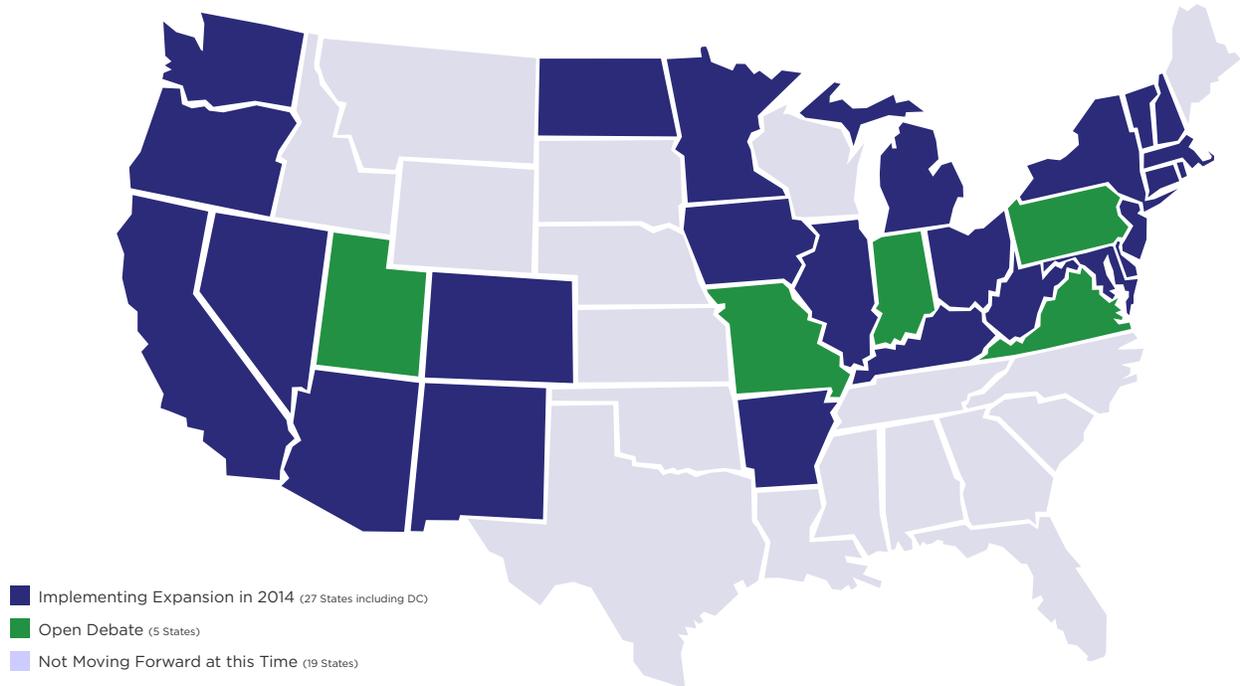
STATE BY STATE ESTIMATES

THE REMAINING UNINSURED UNDER THE ACA

STATE	ESTIMATED UNINSURED	STATE	ESTIMATED UNINSURED	STATE	ESTIMATED UNINSURED
Alabama	489,000	Kentucky	233,000	North Dakota	25,000
Alaska	74,000	Louisiana	557,000	Ohio	479,000
Arizona	488,000	Maine	81,000	Oklahoma	465,000
Arkansas	195,000	Maryland	331,000	Oregon	281,000
California	3,070,000	Massachusetts	307,000*	Pennsylvania	842,000
Colorado	382,000	Michigan	437,000	Rhode Island	58,000
Connecticut	166,000	Minnesota	243,000	South Carolina	543,000
Delaware	48,000	Mississippi	367,000	South Dakota	67,000
District of Columbia	24,000	Missouri	539,000	Tennessee	624,000
Florida	2,592,000	Montana	110,000	Texas	4,334,000
Georgia	1,369,000	Nebraska	141,000	Utah	273,000
Hawaii	42,000	Nevada	305,000	Vermont	27,000
Idaho	175,000	New Hampshire	81,000	Virginia	684,000
Illinois	750,000	New Jersey	632,000	Washington	450,000
Indiana	614,000	New Mexico	208,000	West Virginia	91,000
Iowa	116,000	New York	1,365,000	Wisconsin	222,000
Kansas	259,000	North Carolina	1,008,000	Wyoming	51,000



CURRENT STATUS OF STATE MEDICAID EXPANSION DECISIONS, 2014



ACA IS NOT UNIVERSAL CARE

The Affordable Care Act expanded coverage to millions of Americans in two major ways. First, the original legislation that was passed into law included a nationwide expansion of the Medicaid program to include adults under age 65 who earn up to 138 percent of the federal poverty level and a reauthorization of the Children's Health Insurance Program. If implemented as originally written, these two programs were expected to insure an additional 17 million Americans by 2022. However, following a ruling by the United States Supreme Court, 24 states have refused to expand Medicaid (as of

March 2014). As a result, only 11 million Americans are estimated to benefit from these programs by the year 2022.

Second, for families with incomes between approximately 100 percent and 400 percent of the federal poverty line, the ACA provided tax credits to assist in purchasing health insurance on newly-created health care marketplaces. To date, more than 8 million Americans have registered for health insurance on these health care exchanges. Yet 5 million more – especially those living in states that have refused to expand Medicare – find themselves in

a 'coverage gap', where their income is too high to qualify for Medicaid but too low to receive the public subsidies and tax credits necessary for them to purchase insurance on the health care marketplaces.

Taken together, these changes were a big first step to expanding coverage, but clearly do not provide universal health care. Especially for those Americans who now find themselves in the coverage gap, Free and Charitable Clinics continue to be a vital – and often primary – source of affordable health care.



PEDIPLACE

Denton County, North Texas
Larry Robbins, President and CEO

PediPlace is one of the very few charitable pediatric primary-care health care organizations in North Texas dedicated exclusively to serving uninsured children and children with Medicaid and CHIP benefits. PediPlace works daily to address this health care crisis for these underserved populations by providing high quality primary pediatric health care services to children living throughout North Texas. We provide families with a medical home that allows them to bring their children to a friendly place for routine care, immunizations, and a comforting helpful facility when they are sick.

Recently, a patient, Maria, emailed us the following:

"I am currently a pre-nursing student and would love to have the opportunity to volunteer at PediPlace. PediPlace is where I would go as a child and now my younger siblings go there. I would love the chance to volunteer since PediPlace helped my family in tough times and made them feel more at ease even if the reason why we were there was serious. PediPlace is really the reason why I decided to go into nursing and hope to work in pediatrics."

While free and charitable clinics, PediPlace included, work diligently to reduce expenses, the provision of quality healthcare is expensive. Creating and growing sustaining funding streams is a constant challenge. Increased competition from other charitable organizations, regardless of mission and confusion from some funders regarding the need for our services in the age of the ACA, put additional strain on our clinic; all of this while the demand for our services grows from both uninsured and underinsured patients.



LONG-STANDING BARRIERS STILL REMAIN



In addition to those excluded from the benefits of the ACA, there remain millions of Americans who continue to struggle to access health care because of long-standing barriers that existed well before the passage of ACA.

For many Americans (especially those living in rural areas), lack of transportation options and limited health services within the immediate vicinity continue to limit or prohibit them from receiving health care. For many more, lack of health literacy continues to compromise their health care. In fact, poor health literacy affects more than 90 million Americans¹. For many low- and moderate-income families, out of pocket health costs remain a significant barrier, even if they have health insurance, and for the 11 million undocumented immigrants in the United States, access to care remains severely limited as they are legally prohibited from participating on the healthcare exchanges created under the ACA.

In addition to these long-standing challenges, there is a growing shortage of physicians that is impacting the disadvantaged communities served by Free and Charitable Clinics. The American Academy of Medical Colleges estimates that the United States will face a shortage of 63,000 doctors by 2015 and 130,600 doctors by 2025. In the face of this shortage, disadvantaged communities must struggle to keep up with the increasing demand facing the physicians who remain and the rising incentives encouraging them to practice within higher-income populations.

¹ Wizemann Theresa, Rapporteur; Roundtable on Health Literacy; Board on Population Health and Public Health Practice; Health Literacy Implications for Health Care Reform-Workshop Summary Institute of Medicine



METROWEST FREE MEDICAL PROGRAM

Boston's Metrowest, MA
Kim Prendergast, Executive Director

The MetroWest Free Medical Program (MWFMP) provides free health care services to the medically underserved in Boston's MetroWest communities through evening clinics in a Jewish temple and Unitarian church. With the dedication of more than 250 volunteers and just three part-time staff, MWFMP provides general medical and specialty care, health screening, health education, insurance assistance and referrals to more than 1,500 individuals each year. Our program serves a large Brazilian and Latino immigrant population that has found it challenging to access primary care, as well as providing care to individuals who weren't eligible for health insurance prior to the Affordable Care Act.

The Health Care Reform legislation of 2008 led to remarkable increases in the number of residents in Massachusetts who had access to health insurance. The Affordable Care Act built upon this model and created new opportunities for Massachusetts residents to access affordable coverage. However, despite these successes, thousands of individuals in Boston's MetroWest communities still lack access to health insurance and a primary care physician because they have been unable to navigate the

complex and ever-changing system. These individuals continue to rely on free clinics like the MWFMP and we have begun to see a shift in the health status of our patient population. Our volunteer doctors and nurses are treating more patients with significant complications from chronic disease that have gone unmanaged for years, as well as more individuals who are critically ill.

As a result, the work of the MWFMP is as important as ever. Our services have expanded to include patient navigation services to be sure that patients are following clinician recommendations, checking on medication adherence, providing reminders and additional support for follow-up and referral appointments, and helping patients to identify and address barriers to following their care plans. Thanks to funding from the CVS Caremark Foundation/NAFC and visionary community health funders in Massachusetts, MWFMP is working diligently to conduct outreach to identify those individuals and families who remain uninsured and disenfranchised from the healthcare system to be sure that our services are accessible to all who need them.



FILLING THE GAPS

FREE AND CHARITABLE CLINICS

Free and Charitable Clinics remain one of the only health care providers in the country to provide essential health care services regardless of the patient's ability to pay. In fact, Free and Charitable Clinics only serve individuals who are uninsured, underinsured and/or have limited or no access to primary or specialty providers or prescription health care. In short, Free and Charitable Clinics are exactly the kind of provider that can assist those left out of coverage from the ACA.

Today there are more than 1,200 clinics within the United States conducting an estimated 5 million patient visits each year. Over the last two years, these clinics have seen a 40 percent increase in patient demand for services for everything from pediatric vaccinations to long-term management of diabetes among the adult population.

In addition to providing health care for those who need it most, Free and Charitable Clinics regularly serve as advocates — or navigators — for their patients. Given the many recent changes to the health care system under the ACA, clinics will continue to play a major role in helping individuals and families secure affordable health care — whether it is through a Free and Charitable Clinic or through another health care provider.

Overwhelmingly, it is working families who are increasingly relying upon Free and Charitable Clinics to meet their health care needs. Eighty-three percent of the individuals who

receive health care at a Free or Charitable Clinic come from a working household. Without the care of the 100,000 medical experts who volunteer their services at Free and Charitable Clinics, these working families may be unable to secure the health care they need.

Yet while demand for services has gone up, donations to Free and Charitable Clinics have fallen by 20 percent over the last two years. Free and Charitable Clinics draw on grassroots — not government — support and receive little-to-no state or federal funding. They do not receive HRSA 330 funds and they are not Federally Qualified Health Centers or Rural Health Centers. Therefore, these clinics rely heavily on the generosity of individual donors, foundations and grants as funding sources and utilize a volunteer/staff model to provide health care to those in the country who need help the most.

Even in these challenging financial times, clinics make the most of each dollar in financial support. While 44 percent of clinics have an operating budget of less than \$100,000, for every dollar donated to a Free or Charitable Clinic, a minimum of \$5 in services are provided to the patients. In addition, patients who utilize the services of Free and Charitable Clinics reduce the burden on our nation's emergency rooms. Data collected shows that patients of Free and Charitable Clinics utilize emergency rooms less than other uninsured individuals².

² Hwang, Liao, Griffin, and Foley Do Free Clinics Reduce Unnecessary Emergency Department Visits? The Virginian Experience *Journal of Health Care for the Poor and Underserved* 23 (2012): 1189-1204



FREE CLINIC OF SIMI VALLEY

Simi Valley, CA
Fred Bauermeister, Executive Director

The phone first rang at the Free Clinic of Simi Valley (FCSV) on March 1, 1971 and has been ringing ever since. During the clinic's 43 years of service, the patient population has changed from young Caucasian teenagers to a mixture of older, ethnically diverse and generally sicker individuals - people that have neglected their health care for a variety of reasons that now need regular care for diabetes, hypertension and cholesterol. All of these individuals seek care at our clinic because they are unable to receive services elsewhere.

Since the passage of the Affordable Care Act (ACA), our phones have continued to ring with a steady stream of patients seeking services. Many of these patients state that they either cannot find a physician that is willing to take their new insurance, or telling us that the deductible is too high and they cannot afford it. The Free Clinic of Simi Valley is here for these people and therefore more important than ever before. As the health care landscape evolves, our fear is that our funders will pull back and no longer offer support. Believe me, we still need it!



THE CHANGING ROLE OF FREE AND CHARITABLE CLINICS

Free and Charitable Clinics provide an essential service — healthcare for those who cannot get it anywhere else — yet they face dwindling resources, particularly at the dawn of ACA implementation, when there is an incorrect perception that free clinics are no longer needed or don't need funding. Yet as the American health care landscape evolves, so too does the role of Free and Charitable Clinics. In the coming years, some clinics will start to take Medicaid, some will continue to see only uninsured persons, and some will partner with their health departments and Federally Qualified Health Centers to provide care.

As this report shows, millions of Americans will continue to need the assistance of a community health provider who — through the generosity of their staff, volunteers and supporters — can provide the health care services, regardless of a patient's ability to pay. Free and Charitable Clinics are proud to play this role in communities across the United States and will continue to do so, now and for years to come.



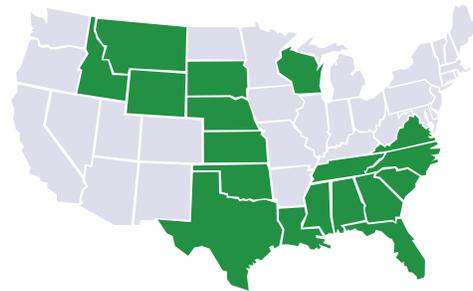
A Check-Up on the Health of the Nation's Most Vulnerable
**FREE AND CHARITABLE CLINICS REMAIN ESSENTIAL MEMBERS OF THE
 NATION'S HEALTHCARE SAFETY NET**

1 THE DIAGNOSIS: Free and Charitable Clinics are still critical to the health of millions in the U.S.

20% overall decrease in funding for free and charitable clinics.

26 states aren't expanding Medicaid eligibility, is yours one of them?

Free and Charitable Clinics operate with little to no state funding.



Are you one of **31 million** Americans expected to still be uninsured by 2024?

YES NO

YES
NO

2 THE TREATMENT: Free and Charitable Clinics provide quality care for those who need it most.

40% increase in demand of Services from Free and Charitable Clinics.

Percentage of services offered for free by clinics

Gaps in essential healthcare benefits under the Affordable Care Act.



CHECK ALL THAT APPLY ->



Every \$1 donated to Free and Charitable Clinics equals \$5 worth of patient services.

Free and Charitable Clinics need your support. To find out how you can help visit:

NAFCCLINICS.ORG