



2015 Public Policy Statements

Health Care Access and Affordability

The National Association of Free & Charitable Clinics believes that when discussing health care access and reform it is necessary for Congress to take into account the following overarching points.

- 1) Access to Affordable Health Care should be a right and not a privilege.
- 2) In the interest of public health, all individuals should have access to affordable quality health care.
- 3) Affordability, accessibility and portability of health care are issues that remain critical to the uninsured in this country.

Without addressing these points in their entirety, more work will need to be done on any health care reform efforts.

Medication Access and Affordability

Access to affordable medication is critical for individuals to combat the diseases they are diagnosed with. The high costs of many medications make it almost impossible for the medically underserved and working poor to afford. These individuals end up being forced to make tough choices which result in missed dosages, splitting dosages and in many cases not taking their medication due to these affordability challenges. 80% of clinics report that the high cost of medication is one of the largest challenges for the medically underserved in communities across the country. The NAFC encourages Congress to ensure that medication access is a priority for all Americans through the continued protection of the \$4 medication formulary and of Medicare part D and by increasing access to affordable generic medication.

The National Association of Free & Charitable Clinics also urges Congress to expand the 340B-pricing program to include Free & Charitable Clinics as eligible sites to receive this medication. The federal 340B drug discount program was created by Congress to provide substantial discounts on outpatient prescription drugs to entities that serve the nation's most vulnerable patient populations and currently, Free & Charitable Clinics are not eligible to participate in this program.



Free & Charitable Clinics, through the support of the private sector, provide much needed medical care to the uninsured spending millions of dollars on pharmaceutical and medical supplies annually. Every \$1 donated to a Free & Charitable Clinic generates \$5 in services. Annually Free & Charitable Clinics provide 6 million patient visits to individuals with limited access to health care.

Expanding the 340B-pricing program will allow Free & Charitable Clinics to service their patients in the most cost efficient and effective manner.

Volunteer Engagement

Expansion of the Federal Torts Claim Act

The National Association of Free & Charitable Clinics (NAFC) encourages Congress to support broadened coverage under FTCA for the Free Clinic entity. While we are extremely pleased that health care reform expanded FTCA coverage to Free Clinic staff, the expansion did not cover the Free Clinic entity. The NAFC would like Congress to remove the restrictive language regarding receipt of government funds, fee for service governmental programs (i.e. BCCSP) and billing on a sliding fee scale that disqualifies some clinics for coverage and the NAFC is encouraging Congress to streamline the application and deeming process for Free & Charitable Clinics to mirror the one time application process that is already in place for Federally Qualified Health Centers. Currently the application process is burdensome, confusing and time consuming which therefore requires more administrative times on the applications and therefore limits the time available for patient care.

In an effort to clarify those entities covered by FTCA we would like Congress to use the following definition of a Free & Charitable Clinic:

"Free and charitable clinics are safety-net health care organizations that utilize a volunteer/staff model to provide a range of medical, dental, pharmacy, vision and/or behavioral health services to economically disadvantaged individuals. Such clinics are 501(c)(3) tax-exempt organizations, or operate as a program component or affiliate of a 501(c)(3) organization. Entities that otherwise meet the above definition, but charge a nominal/sliding fee to patients, may still be considered free or charitable clinics provided essential services are delivered regardless of the patient's ability to pay. Free or charitable clinics restrict eligibility for their services to individuals who are uninsured, underinsured and/or have limited or no access to



primary, specialty or prescription health care.”

Such proposed coverage may be extended without any significant change in the level of risk assumed or potential for claims submitted. It should be noted that there have been no claims made to date under the free clinic program.

The NAFC urges Congress to expand FTCA coverage to allow free and charitable clinics to redirect resources, currently allocated to malpractice insurance premiums, into expanded service availability for the nation’s uninsured.

Quality Improvement Initiatives

Health Information Technology Affordability

Health Information Technology is a priority of this Congress and the Administration. Free & Charitable Clinics would like to be an active participant in this arena; however, the cost of HIT is prohibitive for many Free & Charitable Clinics that rely on donations, grants and volunteers to provide service to the uninsured.

The NAFC urges Congress to expand the funding and programs for Health Information Technology and adoption and utilization for Free & Charitable Clinics. Currently the incentive programs through the American Recovery and Reinvestment Act are not available for Free & Charitable Clinics given that the majority of our entities do not bill.

The NAFC encourages Congress to introduce legislation that will provide grant programs that will place Free & Charitable Clinics on a level playing field with other safety net providers by encouraging incentives for adoption, similar to those offered in the American Recovery and Reinvestment Act of 2009.

Nurse Corps Loans Repayment Program

Nursing staff and volunteers expand access to medical care across the United States of America in Free and Charitable Clinics. Nurses provide health care, health education and clinical experiences, however, the cost of education for nurses is at times cost prohibitive. The Nurse Corps Loan Repayment Program allows registered nurses (including advanced practice registered nurses and nursing faculty) to help to create healthy communities in poor urban and rural areas as they build their own careers by paying off 60 percent of their unpaid nursing student



loans in just 2 years – plus an additional 25 percent of the original balance for an optional third year. In return, NURSE Corps members fulfill a service obligation at one of the thousands of eligible nonprofit hospitals, clinics, nursing schools and other facilities located in designated mental health or primary medical care Health Professional Shortage Areas across the U.S.

(<http://www.hrsa.gov/loanscholarships/repayment/nursing/>)

Unfortunately, at this time, Free & Charitable Clinics are not named as critical shortage area sites for which nurses can work and have their loans repaid. The NAFC encourages Congress to expand the Nurse Corp Loan Repayment program by naming Free & Charitable Clinics as accepted sites for nurses to work and take advantage of the Nurse Corp Loan Repayment program.

Designate Free and Charitable Clinics as Health Resource Shortage Areas, Dental Resource Shortage Areas and Mental Health Resource Shortage Areas.

Free and Charitable Clinics provide much needed health care, dental care and mental health care to millions of individuals every day in the United States. Currently, these clinics must be located in a designated Resource Shortage Area in order to take part in loan repayment programs, many incentive programs and grant programs offered by the Federal Government.

The NAFC is asking Congress to provide an automatic health resource shortage area designation to qualifying Free & Charitable Clinics similar to the program that is in place for Federally Qualified Health Centers. In an effort to clarify those entities covered by this request the NAFC asks Congress to use the following definition of a Free & Charitable Clinic:

"Free and charitable clinics are safety-net health care organizations that utilize a volunteer/staff model to provide a range of medical, dental, pharmacy, vision and/or behavioral health services to economically disadvantaged individuals. Such clinics are 501(c)(3) tax-exempt organizations, or operate as a program component or affiliate of a 501(c)(3) organization. Entities that otherwise meet the above definition, but charge a nominal/sliding fee to patients, may still be considered free or charitable clinics provided essential services are delivered regardless of the patient's ability to pay. Free or charitable clinics restrict eligibility for their services to individuals who are uninsured, underinsured and/or have limited or no access to primary, specialty or prescription health care."



Nonprofit Advancement

Charitable Tax Deduction and Expiring Tax Programs

The National Association of Free & Charitable Clinics supports programs that encourage Americans to donate to charities and causes by providing tax deductions. The NAFC Independent Sector advocates for policies that encourage Americans to contribute to the charitable causes of their choice by providing tax deductions for their gifts and tax incentives for volunteer service, removing tax obstacles to charitable gifts, and maximizing gifts from private foundations.

The NAFC urges Congress to reject any proposals that limit the abilities of Americans to itemize their deductions.



2015 Public Policy Priorities

Advanced Reimbursement Rates

- Allow Charitable Clinics to get advanced reimbursement rates for servicing patients that get Medicaid

Affordable Drug Pricing

- Protect the \$4 medication formulary
- Protect Medicare part D
- Increase access to affordable generic medication
- Expand the 340B-pricing program to include Free & Charitable Clinics as eligible sites to receive this medication

Federal Torts Claim Act (FTCA)

- Broaden coverage under FTCA for the Free Clinic entity. Health care reform expanded FTCA coverage to Free Clinic staff but the expansion did not cover the Free Clinic entity
- Remove the restrictive language regarding receipt of government funds, fee for service governmental programs (i.e. BCCSP) and billing on a sliding fee scale that disqualifies some clinics for coverage
- Streamline the application and deeming process for Free & Charitable Clinics to mirror the one time application process that is already in place for Federally Qualified Health Centers.
- Use the NAFC definition of a Free & Charitable Clinic
- Expand FTCA coverage to allow free and charitable clinics to redirect resources currently allocated to malpractice insurance premiums into expanded service availability for the nation's uninsured



Health IT

- Expand funding and programs for Health Information Technology and adoption and utilization for Free & Charitable Clinics. Currently the incentive programs through the American Recovery and Reinvestment Act are not available for Free & Charitable Clinics given that the majority of our entities do not bill
- Introduce legislation that will provide grant programs that will place Free & Charitable Clinics on a level playing field with other safety net providers by encouraging incentives for adoption, similar to those offered in the American Recovery and Reinvestment Act of 2009

Nurse Loan Repayment Program

- Name Free & Charitable Clinics as critical shortage area sites for which nurses can work and have their loans repaid

Tax

- Provide tax deductions and remove tax obstacles to charitable gifts
- Provide tax incentives for volunteer service
- Maximize gifts from private foundations
- Reject proposals that limit the abilities of Americans to itemize their deductions.