



COMPARISON OF FREE & CHARITABLE CLINICS TO FEDERALLY FUNDED CLINICS

Accessible and affordable health care remains a national priority. Issues currently being examined include out-of-control health care spending, health equity, medication access and affordability and more. Safety-net providers -- in the form of Free and Charitable Clinics, Charitable Pharmacies, community health centers (CHC) and federally qualified health centers (FQHC) -- provide much needed support to fill service delivery gaps for the uninsured and underinsured. Federal 330 grants provide funds to operate the CHC/FQHC programs.

There is no equivalent funding stream for the more than 1,400 Free and Charitable Clinics and throughout the nation. Distinct variations exist between Free and Charitable Clinics and federally funded clinics. The table below summarizes these differences.

Critical Issues	Federally Funded Clinics	Free and Charitable Clinics
Regulatory Agencies	Defined by Section 330 of the Public Health Service Act as a FQHC or FQHC look –alike. Oversight by HRSA.	Varies by locale
Primary Funding Mechanisms	Federal Government Grant and Medicare; State Government-Medicaid reimbursement; Insurance payers; Public & Private Gifts/Grants, Self Pay	Private sector (donations, grants, etc.)
Population Served	Insured/Uninsured	Uninsured/Underserved Usually up to 200% of Federal Poverty Level
Composition of Board of Directors	Federal rules require that at least 51% of board members be consumers	Per Bylaws developed by each Free or Charitable Clinic
Prescription Assistance	Medications provided through private drug coverage benefits or at discounted pricing using the federal 340b program	Free , may include a processing fee No 340b access
Primary Care	Provided by Clinic <i>employees</i>	Primarily and often exclusively volunteers
Dental Care	Provided by Clinic <i>employees</i>	Primarily and often exclusively volunteers
Vision Care	Referrals based on <i>reimbursement</i>	Referral to volunteers
Specialty Care	Referrals based on reimbursement	Provided on site by volunteers or through referrals at little or no cost to patients.
In-Patient Care	Referrals to hospitals <i>reimbursement or sliding fee scale</i>	Referrals to hospitals free or sliding fee scale
Fees for Service	Third Party Payers or Sliding Fee Scales	Free or Minimal fee(s) may be charged only if fee(s) are waived when necessary for essential services. Patient donations may be accepted.
Lab/Radiology	Referral based on <i>reimbursement</i>	Referrals usually free
Economic Impact	Unknown	Minimum 3:1

The National Association of Free & Charitable Clinics (NAFC)

1800 Diagonal Road Suite 600 • Alexandria, VA 22314

Phone 703-647-7427 • Fax 866-875-3827 • Email info@nafcclinics.org • www.nafcclinics.org