# **Key Facts** in Rural Health

September 2015

# Free Clinics in the Rural Safety Net, 2014

The Affordable Care Act (ACA) reduced the proportion of uninsured people in the US from 17.1% in 2014 to 12.9% in 2015. It was unclear what effect the increasing numbers of people covered by health insurance would have on free clinics, safety net providers that use volunteers and staff to provide essential medical services to persons who cannot afford care, without requiring any form of payment. We used listings on the National Association of Free and Charitable Clinics to explore the geographic distribution of free clinics in the U.S. Next, we interviewed with free clinic associations in 14 states of the 21 states with such associations to investigate issues facing clinics, including standardization of care, effects of the ACA and use of various payment and funding models.

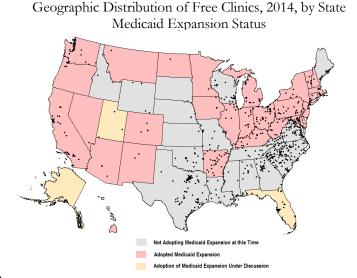
## **Geographic Distribution**

- Free clinics are predominantly located in urban counties (78%; 594 clinics) with only 22% in rural counties (165 clinics).
- Seventeen out of 50 states have no free clinics in any rural counties.

### **Issues Facing Free clinics:**

#### Certification

 Many states have free clinic associations that promote best practices and quality standards among clinic members. Only one state, South Carolina, has a formal certification process for free clinics.



#### Impact of ACA

• Clinics generally reported no change in demand after passage of the ACA. Only two states reported any clinics closing (a total of three clinics) because of reduced need due to the ACA.

#### Business Models and Financial Support

- Nine of 14 free clinic associations reported some members using hybrid payment plans, although such plans are still rare among free clinics.
- Clinics may adopt hybrid or charitable payment plans to accommodate insured patients because of lack of other health care access in the area.
- Free clinics continue to receive financial support from state governments, philanthropic
  organizations, and faith communities and build partnerships with other healthcare providers—
  such as hospitals or Federally Qualified Health Centers—and institutions such as medical
  schools, universities and policy centers.



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