

Key Facts in Rural Health

April 2015

Rural Free Clinic Markets and Models

With uncertainty surrounding Medicaid expansion, take-up of insurance through health insurance marketplaces (HIMs), and increase in primary care demands, the presence of free clinics to address uninsured population needs remains essential to a strong rural safety net. We explored the locations of free clinics nationwide and described their availability in rural counties. In addition, we examined free clinic business models and perceptions regarding how the Patient Protection and Affordable Care Act (ACA) affected their operations.

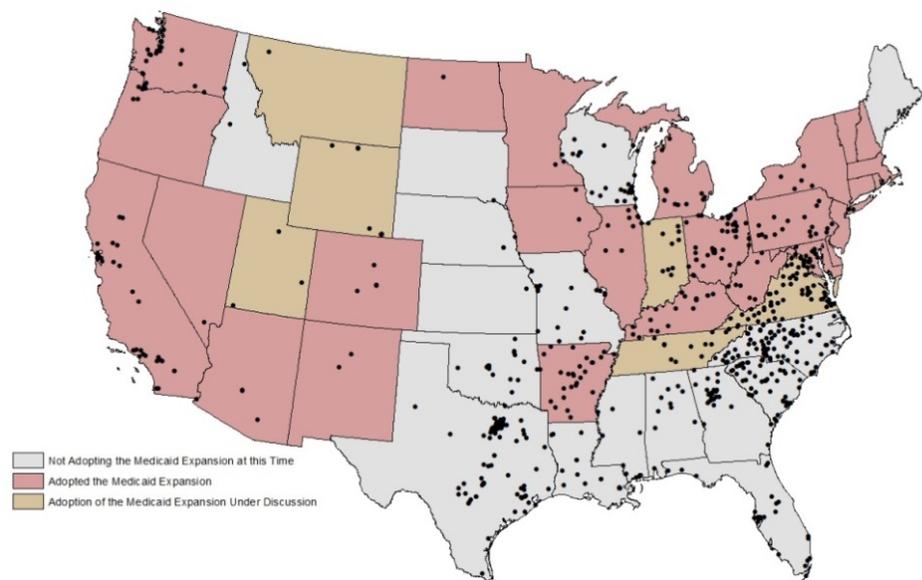
Availability of Free Clinics

- Only 21% of free clinics were located in rural counties. Twelve states had no free clinics in rural counties.
- A majority of free clinics (51.5%) were located in states that did not expand Medicaid (see map, below).

Free clinic locations, continental US, by Medicaid expansion status as of December, 2014

Hybrid and Charitable Care Business Models

- Nine of 14 free clinic associations reported a small number of free clinics using *hybrid* business models, where patients with Medicaid are accepted and billed.
- Six of 14 free clinic associations reported some clinics using *charitable care* models, where a nominal fee is collected from patients for care.



Challenges

- Three states indicated their free clinics continue to provide to patients after they acquire Medicaid coverage due to *poor access* to providers.
- Few closures were reported. These were attributed to local circumstances such as expansion of safety net providers, loss of funding, and staffing challenges, with only two state associations suggesting that ACA implementation led to clinic closures.

Technical notes: Location data were collected from the National Association of Free and Charitable Clinics website. Other information was obtained through telephone interviews with leadership at 14 of the 21 state free clinic associations.