Perspective

Rediscovering the Importance of Free and Charitable Clinics

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Free and charitable clinics are one of the most enduring yet least studied features of the U.S. health care safety net. Such clinics have played key roles throughout the history of medicine in the United States, adapting in various ways to the broader economic and social environment. Before the establishment of the Medicaid and Medicare programs, free clinics were a primary source of care for people who couldn't afford to purchase private coverage or pay for services. When the Affordable Care Act (ACA) substantially expanded insurance access, free clinics took on added roles related to helping people navigate insurance enrollment and addressing social determinants of health.[1,2] In light of the Covid-19 pandemic, public health funders are increasingly recognizing the value that free and charitable clinics bring to a patchwork health care safety net.

There are currently about 1400 free and charitable clinics in the United States serving 2 million patients per year, which accounts for a substantial portion of low-income uninsured people who seek care.[2] These clinics take various forms and operate in a range of settings[3]; examples include full-time conventional clinics serving tens of thousands of patients, mobile units hosting pop-up events, and once-a-week makeshift arrangements. Free and charitable clinics charge only nominal fees, if any. As opposed to free clinics, which don't accept insurance, charitable clinics treat a limited number of Medicaid-covered patients, but the term "free clinics" can reasonably describe either type of arrangement. Free clinics rely on volunteerism and philanthropy to provide care that meets immediate and ongoing needs. Roughly 90% of the 65,000 clinicians serving in these clinics are volunteers, a majority of whom are retired from full-time practice.

More than a decade of experience under the ACA has made it clear that — at least for the foreseeable future — a core segment of the U.S. population will continue to be uninsured, and the need for safety-net clinics is therefore unlikely to abate any time

soon. Indeed, this need will probably grow rapidly as temporary Medicaid expansions implemented during the Covid-19 pandemic unwind this year, which is expected to cause millions more Americans to become uninsured. Although the number of states opting to expand Medicaid as part of the ACA has continued to increase, the percentage of the U.S. population lacking insurance or having inadequate insurance has remained stubbornly at or above 10%.

Free clinics can help address these needs, which haven't been fully met or addressed as efficiently by more formalized and better-funded programs. But free clinics typically haven't been a central focus of policymakers and advocates seeking to improve safety-net access. Perhaps because free clinics have been seen as a stopgap option serving as a bridge to eventual universal coverage, until recently there has been little or no government effort to invest in supporting existing clinics or establishing new ones. Now, however, free clinics are starting to receive greater respect and attention.

The Covid-19 pandemic made policymakers more aware of the several critical ways that free clinics augment the services provided by federally qualified health centers (FQHCs) and public health departments. By focusing on the neediest portions of the population and people who don't seek care elsewhere for various reasons, free clinics can reach difficult-to-contact people and those who face perceived or real barriers to obtaining care from other safety-net providers. In addition, because free clinics aren't subject to as many regulations or contractual commitments as traditional health care facilities, some have been able to respond nimbly to the emergence of new and localized health care or social needs, such as an increasing population of people without homes or an influx of migrants.

In addition to removing financial barriers to care, free clinics can help overcome logistic barriers. Such clinics are often located in disadvantaged communities or near public transportation, and some offer telemedicine services. Moreover, the fact that most free clinics don't accept insurance means that they typically don't require patients to disclose as much personally identifiable information as do conventional providers, which can

make them a less intimidating source of care than government institutions or FQHCs. Such elements of trust and familiarity proved to be crucial to improving the effectiveness of Covid-19 testing and vaccination programs.

Free clinics have also demonstrated their ability to provide high-quality care. For much of the past century, free clinics provided primarily episodic or urgent care. Now, many of these clinics — and virtually all large free clinics — serve as medical homes, use electronic medical records, and care for a substantial number of patients with chronic disease. Many clinics are in the pilot phase of collecting and monitoring quality metrics, with initial reports showing favorable performance.[3]

Federal support for safety-net clinics remains focused on conventional community health centers, but at the state and local levels, free clinics are increasingly being seen as an important and complementary component of the safety net meriting government support. Coordinated efforts during the Covid-19 pandemic to reach people from all segments of the population for testing, vaccination, and treatment led to new partnerships being forged between free clinics and the public health community. As a result, many state and local health departments now work with free clinics on a more regular basis than they did before the pandemic. Of 19 state associations of free clinics surveyed by their national association in 2022, for example, 13 reported working with one or more state health department programs. Medical researchers also are reaching out to free clinics, recognizing that partnering with these clinics can help them recruit participants from groups that have historically been underrepresented in studies. In addition, leaders in the free-clinic community are being sought out to participate more visibly in broader health policy discussions and planning efforts.

Examples of State Support for Free Clinics, 2022.*	
State	**Funding**
North Carolina	$15 million
Virginia	$10 million
Florida	$9.5 million
Illinois	$9 million
California	$2 million
Tennessee	$2 million
South Carolina	$1.5 million
Vermont	$1 million
Georgia	$500,000
Michigan	$400,000
Iowa	$334,000

* Data are from the National Association of Free and Charitable Clinics.

Examples of State Support for Free Clinics, 2022.

Having demonstrated their merits, free clinics are beginning to receive more substantial financial support. During the Covid-19 pandemic, many clinics received temporary assistance from federal, state, or local government sources. Some state legislatures and local public health departments are making their assistance for clinics more permanent (see **table**). Free clinics have generated a positive return on investment[4] by using financial support to attract volunteers and philanthropy and by reaching historically marginalized populations more readily than conventional institutions have been able to do.

Such indications of success remain largely anecdotal, however, and somewhat scattered. To sustain and expand on this success, many state associations of free clinics report an ongoing need for stable and predictable funding, both for operating expenses and to support key infrastructure. More paid staff are needed to complement the sizable ranks of clinical volunteers. Funding is also needed for the expensive equipment that clinics require to take full advantage of the available workforce and to improve the quality and scope of services they offer.

Data are lacking, however, on exactly what resources are needed and where. In part because they vary in structure and are relatively informal, free clinics haven't been the focus of systematic study. The medical and health policy communities therefore have only a limited understanding of the number of free clinics using various strategies and the effectiveness and sustainability of specific efforts.[3] Such knowledge will be essential for considering how best to build on this undervalued but critical resource going forward.

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