



Informing the **Public** & Guiding **Policy** by **Conducting** Research

Free Clinics in Iowa

Impact of the ACA and Health System Change on the Iowa Safety Net

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Iowa's Free Clinics

This is a report that inventories all the information we have collected on the funding, patients, providers, and utilization of Iowa's Free Clinics. This information was collected as part of a study funded by The Commonwealth Fund to study the implications of the Affordable Care Act (ACA) on safety net health care providers. This report includes language from the ACA that relates to Free Planning.

Free Clinics are volunteer-based, safety-net health care organizations that provide a range of medical, dental, pharmacy, and/or behavioral health services to economically disadvantaged individuals who are predominately uninsured. Free 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 fee to patients, may still be considered Free Clinics provided essential services are delivered regardless of the patient's ability to pay.¹

Financing

Free clinics are primarily supported by private donations, which represent, on average, 59 percent of funding.² On average, thirteen percent of free clinics' funding comes from the government, which includes local and municipal governments.³ No federal money directly supports free clinics in Iowa.

In 2003, the Iowa legislature introduced Senate File 2298, which included \$10,000 for a Free Clinic test program for prescription drugs. Senate File 2298 was enrolled by the Iowa Legislature on 20 April 2004 and signed, after line-item veto, into law by the Governor on May 17, 2004. The \$10,000 grant was retained in the law. The grant was awarded to one Free Clinic for only one year (information indicating which Free Clinic received the grant was unavailable).

Introduced in 2005, House File 388 proposed yearly appropriations for free clinic direct services of \$500,000 starting in 2005 and ending in 2010. House File 388 was never enrolled by the Iowa Legislature; the bill was referred to the Human Resources Committee on 23 February 2005.

Since 2007, the Iowa Legislature appropriated funds to the Free Clinics for necessary infrastructure, statewide coordination, provider recruitment, service delivery, and assisting with locating appropriate medical homes. In 2007 & 2008, the Iowa Legislature appropriated \$250,000; in 2009 the Legislature appropriated \$204,500; and in 2010 the Legislature appropriated \$184,050, which represents a 26 percent decrease in funding compared to 2007.⁴

Table 1. Appropriations to free clinics from the Iowa Legislature (In thousands of USD)

2007	2008	2007	2010
250	250	205	184

Source: Iowa Legislature. Note: figures are in thousands of dollars.

For the 2011 fiscal year, Iowa House File 697 appropriates \$113,754 to free clinics for necessary infrastructure, statewide coordination, provider recruitment, service delivery, and providing assistance

for determining an appropriate medical home. Iowa House File 697 was, on 17 June 2011, recommended by the House Appropriations committee.

Providers

The Iowa Department of Public Health lists 47 free clinics located in 23 different counties.⁵ Of these, thirty clinics in 18 counties are members of Free Clinics of Iowa.⁶ The counties with a free clinic, as reported by the IDPH are indicated in Figure 1 and are listed in Table 2 below⁷:

Figure 1. Iowa Free Clinics- County locations- 2012

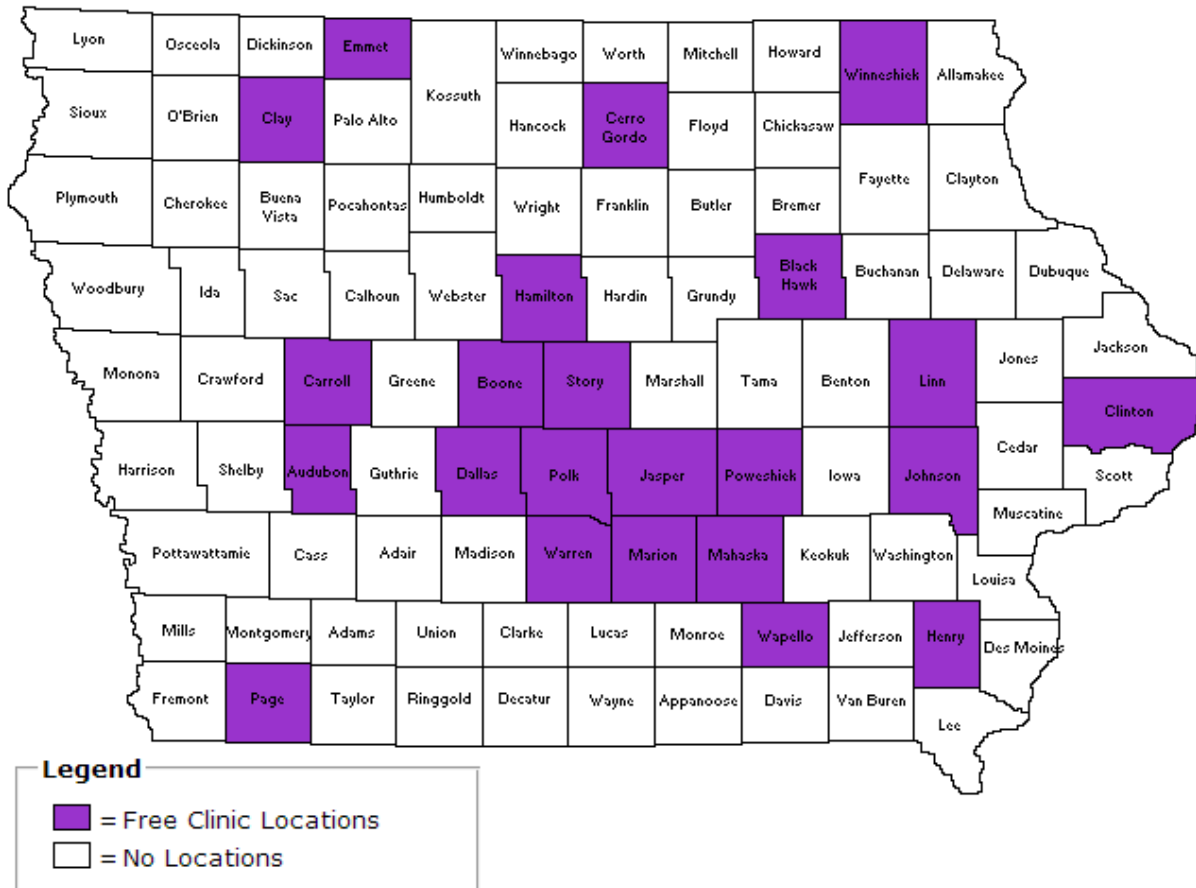


Table 2. List of Free Clinics in Iowa

Provider	City	Provider	City
Allen Community Engagement Salvation Army Partnership	Waterloo	Holy Family Free Clinic	Des Moines
Ames Free Medical Clinic	Ames	IHOPE Free Medical Clinic	Waterloo
Ames Free OB Clinic	Ames	Iowa City Free Medical Clinic/Dick Parrott Free Dental Clinic	Iowa City
Audubon County Free Clinic	Exira	Islamic Center of Des Moines Free Medical Clinic	Des Moines
Carroll Community and New Opportunities Free Clinic of Iowa	Carroll	Jasper County Free Clinic/Skiff Specialty Clinic	Newton
Cerro Gordo County Free Health Care Clinic	Mason City	Jim Ellefson Free Medical Clinic	Des Moines
Christ The King Free Clinic	Des Moines	Jubilee Community Health Clinic	Waterloo
Community Health Free Clinic	Cedar Rapids	La Clinica de la Esperanza	Des Moines
Corinthian Free Family Health Clinic	Des Moines	Mae E. Davis Free Medical Clinic	West Des Moines
Decorah Community Free Clinic	Decorah	Maple Street Free Clinic	Des Moines
DMU Free Medical Clinic	West Des Moines	Margaret Cramer Free Medical Clinic	Des Moines
EMA Free Medical Clinic	Waterloo	Namaste Outreach Collaborative Hampton OB Clinic	Hampton
Emmet County Free Clinic	Estherville	Nevlin Children's Clinic	Ankeny
Ezra Free Clinic	Ottumwa	Nodaway Valley Free Medical Clinic	Clarinda
First Christian Children's Clinic	Des Moines	Norwalk Free Medical Clinic	Norwalk
Free Clinic of Boone County	Boone	Oskaloosa Free Clinic	Oskaloosa
Gateway Free Clinic	Clinton	Pella Good Samaritan Free Medical Clinic	Pella
Good Samaritan Free Clinic	Knoxville	Southeast Polk Children's Clinic	Altoona
Grace United Methodist Church Free Clinic	Des Moines	St. Luke's Free Clinic	Polk City
Grand Avenue Free Medical Clinic	Spencer	Tree of Life Free Medical Clinic	Wayland
Grinnell Regional Community Care Clinic	Grinnell	Waukee Area Christian Free Clinic	Waukee
Healthy Kids Community Care School Based Clinic	Iowa City	Webster City Free Clinic	Webster City
His Hands Free Medical Clinic	Cedar Rapids		

For 2010, nurses provided the largest percentage (38%) of total provider hours at free clinics, working 25,112 hours (Table 3).⁸ In comparison, physicians provided 9,260 hours (14 percent of total provider hours), pharmacists supplied 1,935 hours (3%), and receptionists worked 14,246 hours (22%).⁹ The greatest year-to-year increase in provided service hours occurred with medical students (51%) and pharmacists experienced the largest decrease (64%) in provided service hours (Table 3).

Table 3. Distribution of provider service hours for Iowa free clinics by provider type and year.

Provider	2009	2010	2011	2012	Percent Change
Physicians	9,506	9,260	5,741	3,990	-58.0
Nurses	21,885	25,112	12,001	6,211	-71.6
Reception	14,355	14,246	13,834	7,860	-45.2
Medical Students	2,087	3,159	2,413	2,064	-1.1
Pharmacists	5,322	1,935	2,479	812	-84.7
Other	24,149	11,742	26,423	11,113	-54.0

Source: Iowa Collaborative Safety Net Provider Network.

Patients and Utilization

A total of 22,893 unique patients visited Iowa's free clinics in 2012 accounting for 50,151 total encounters (Table 4).¹⁰ In comparison, the Iowa Department of Public Health reported that the Iowa volunteer health care provider program (which indemnifies health care professionals working at free clinics) served 37,225 patients in 2006 decreasing 22 percent to 29,017 patients in 2010.¹¹ Seventy-six percent (22,727) of the patients visiting free clinics in Iowa during 2012 were uninsured (Table 5) and an additional 11 percent of patients (3,063) were either on Medicaid, Medicare, or another form of public assistance.¹² The largest increase (4125%) from 2009 occurred among patients insured by Medicare (Table 5).

Table 4. Number of unique patients and encounters for Iowa free clinics by year.

	2012	2011	2010	2009	Percent Change
Number of unique patients	22,893	24,153	18,618	18,429	24.2
Number of encounters	50,151	58,687	91,989	87,774	-42.8

Source: Iowa Collaborative Safety Net Provider Network.

Table 5. Distribution of free clinic patients by insurance status and year of visit.

Insurance	2012		2011		2010		2009		Percent Change	
	Patients	Patients	Encounters	Patients	Encounters	Patients	Encounters	Patients	Encounters*	
Uninsured/self-pay/private pay	22,727	21,025	4,146	15,633	14,654	16,764	11,367	35.6	-	
Private/commercial	952	535	151	80	850	74	613	1186.5	-	
Medicaid	598	380	385	356	299	171	206	249.7	-	
Medicare	507	468	5	231	287	12	216	4125.0	-	
Other public	1958	545	138	237	281	167	309	1072.5	-	
Unknown	3105	724	653	133	704	411	404	655.5	-	

*All clinics reported number of patients in 2012 and not encounters, so percent change in encounters was not calculated.
Source: Iowa Collaborative Safety Net Provider Network.

Regarding the racial distribution of free clinic patients in 2011, white individuals represented 72 percent (16,686) of free clinic patients (Table 6); experiencing the largest increase—289 percent—from 2009, Blacks represented 12 percent (2,789) of free clinic patients in 2011 (Table 6); and individuals with a Hispanic/Latino ethnicity accounted for 2,519 (13 %) free clinic patients in 2011 (Table 7).¹³ Females composed 55 percent (12,823) of free clinic patients and individuals aged 25-34 represented 25 percent (6,306) of free clinic patients in 2011 (Tables 8 and 9).¹⁴

Table 6. Distribution of free clinics patients by race and year of visit.

Race	2012		2011		2010		2009		Percent Change	
	Unique Patients	Unique Patients	Encounters	Unique Patients	Encounters	Unique Patients	Encounters	Unique Patients	Encounters*	
White	551	16,686	2,368	10,633	12,294	10,291	10,439	-94	-	
Black	1,600	2,789	182	2,057	1,537	717	1,169	37	-	
American Indian	3,337	133	14	81	31	120	20	2680	-	
Asian/Pacific Islander	5,776	586	39	330	469	348	349	1560	-	
Other	4,962	1,147	72	1,868	2,490	2,949	510	68	-	
>1 race	6,326	460	20	243	108	111	21	5599	-	
Race unknown	4,292	1,498	309	1,424	1,613	871	1,292	393	-	

*All clinics reported number of patients in 2012 and not encounters, so percent change in encounters was not calculated.
Source: Iowa Collaborative Safety Net Provider Network.

Table 7. Distribution of free clinic patients by ethnicity and year of visit.

Ethnicity	2012		2011		2010		2009		Percent Change	
	Patients	Patients	Encounters	Patients	Encounters	Patients	Encounters	Patients	Encounters*	
Hispanic/Latino	3,606	2,519	96	2,146	3,894	3,917	1,921	-8	-	
Not Hispanic/Latino	21,137	15,698	2,609	13,200	6,332	12,778	5,945	65	-	
Ethnicity Unknown	5,185	703	299	1,396	7,284	49	5,788	10481	-	

*All clinics reported number of patients in 2012 and not encounters, so percent change in encounters was not calculated.
Source: Iowa Collaborative Safety Net Provider Network.

Table 8. Distribution of free clinic patients by sex and year of visit.

Sex	2012		2011		2010		2009		Percent Change	
	Patients	Patients	Encounters	Patients	Encounters	Patients	Encounters	Patients	Encounters*	
Female	15,774	10,459	1,338	78,306	10,730	10,205	4,849	54	-	
Male	12,159	12,823	1,476	4,327	7,412	7,349	3,041	65	-	
Unknown	1,970	8	118	N/A	25	11	454	17809	-	

*All clinics reported number of patients in 2012 and not encounters, so percent change in encounters was not calculated.
Source: Iowa Collaborative Safety Net Provider Network. N/A= not available.

Table 9. Distribution of free clinic patients by age and year of visit.

Age	2012		2011		2010		2009		Percent Change	
	Patients	Patients	Encounters	Patients	Encounters	Patients	Encounters	Patients	Encounters*	
0-5	551	981	6	586	537	329	2,038	67	-	
6-17	1,600	1,906	38	1,085	1,421	852	2,095	88	-	
18-24	3,337	3,671	184	3,061	2,030	2,654	3,293	26	-	
25-34	5,776	6,306	560	4,479	3,159	3,509	6,061	64	-	
35-44	4,962	3,790	566	2,963	3,371	2,708	3,605	83	-	
45-54	6,326	4,714	888	3,368	4,488	2,616	3,917	142	-	
55-64	4,292	3,167	558	10,942	2,930	1,562	2,376	175	-	
65+	1,098	661	25	319	496	339	224	224	-	

*All clinics reported number of patients in 2012 and not encounters, so percent change in encounters was not calculated.
Source: Iowa Collaborative Safety Net Provider Network.

Regarding services provided to patients at free clinics in Iowa in 2010 (Table 10), patients received either basic, preventive, or curative services in 20,800 encounters (22 percent of total encounters in 2010); patients were treated for a chronic illness in 45,299 clinic encounters (47 percent of total clinic encounters in 2010); and urgent care was provided to patients in 29,837 clinic encounters (31 percent of total clinic encounters in 2010).¹⁵

The most common enabling service provided by free clinics in 2010 was interpretation (12,232) followed by referrals (1,688), case management (990), eligibility assistance (943), and transportation (52); interpretation services increased 364 percent and eligibility assistance increased 154 percent compared to 2009 (Table 11).¹⁶

Table 10. Distribution of free clinic patients by level of service provided and year of visit.

Service	2012	2011	2010	2009	Percent Change
	Encounters	Encounters	Encounters	Encounters	
Basic, preventive, curative	24,719	8,444	20,800	23,669	4.44
Chronic Illness	10,411	13,488	45,299	36,977	-71.8
Urgent Care	16,085	18,471	29,837	26,493	-39.3

Source: Iowa Collaborative Safety Net Provider Network.

Table 11. Distribution of free clinic patients by enabling service provided and year of visit.

Service	2012	2011	2010	2009
	Encounters	Encounters	Encounters	Encounters
Transportation	12,736	73	52	300
Interpretation	428	1,921	12,232	2,638
Eligibility Assistance	141	57	943	371
Food Assistance	14	1,673	14	N/A
Case Management	475	3	990	914
Referrals	1,018	924	1,688	1,155
Other	2,505	523	389	N/A

Source: Iowa Collaborative Safety Net Provider Network. Note: 2009 had very low response rate from free clinics.

See Appendix A for the legal review of Affordable Care Act Provisions relating to Free Clinics.

¹ Iowa Primary Care Association, Iowa Collaborative Safety Net Provider Network 2012 Report.

² M.M. Nadkarni & J.T. Kilbrick. (2007). Free Clinics: a national survey. *The American Journal of the Medical Sciences*, 330(1), 25-31.

³ *Ibid*, p. 28.

⁴ For 2010 see 2010 Iowa Acts, Chapter 1192, Division 2, Section 2 (4)(g)(5); for 2009 see 2009 Iowa Acts, Chapter 182, Division IV, Section 60(4)(d)(5); for 2008 see 2008 Iowa Acts, Chapter 1187, Division IV, Section 62(4)(d)(5); and for 2007 see 2007 Iowa Acts, Chapter 218, Division VIII, Section 97(4)(d)(5).

⁵ Iowa Department of Public Health's website at: <http://www.idph.state.ia.us/webmap/default.asp?map=vhcpp> [accessed 4 August 2011].

⁶ Available at: <http://www.freeclinicsofiowa.org/clinics> [accessed 1 November 2012].

⁷ Available at: <http://www.idph.state.ia.us/webmap/default.asp?map=vhcpp> [accessed 1 November 2012].

⁸ Iowa Primary Care Association, Iowa Collaborative Safety Net Provider Network 2010 Report.

⁹ Iowa Primary Care Association, Iowa Collaborative Safety Net Provider Network 2010 Report.

¹⁰ 2010 report from the Iowa Collaborative Safety Net Provider Network, Iowa Primary Care Association.

¹¹ IDPH, 2010 Annual Report.

¹² Iowa Primary Care Association, Iowa Collaborative Safety Net Provider Network 2010 Report.

¹³ Iowa Primary Care Association, Iowa Collaborative Safety Net Provider Network 2010 Report.

¹⁴ Iowa Primary Care Association, Iowa Collaborative Safety Net Provider Network 2010 Report.

¹⁵ Iowa Primary Care Association, Iowa Collaborative Safety Net Provider Network 2010 Report.

¹⁶ Iowa Primary Care Association, Iowa Collaborative Safety Net Provider Network 2010 Report.

Appendix A

Legal Review of the Impact of the ACA on Free Clinics

Section 10608 of the ACA extends medical malpractice coverage to a free clinic's non-clinical staff.¹⁷ Explicitly included by the ACA for coverage under the Federal Tort Claims Act are free clinic officers, governing board members, employees, and contractors.¹⁸

Affordable Care Act Text

42 USC Section 233(o)(1) as amended by ACA Section 10608

(o) Volunteer services provided by health professionals at free clinics.

(1) For purposes of this section, a free clinic health professional shall in providing a qualifying health service to an individual, or an officer, governing board member, employee, or contractor of a free clinic shall in providing services for the free clinic, be deemed to be an employee of the Public Health Service for a calendar year that begins during a fiscal year for which a transfer was made under paragraph (6)(D). The preceding sentence is subject to the provisions of this subsection.

(2) In providing a health service to an individual, a health care practitioner shall for purposes of this subsection be considered to be a free clinic health professional if the following conditions are met:

(A) The service is provided to the individual at a free clinic, or through offsite programs or events carried out by the free clinic.

(B) The free clinic is sponsoring the health care practitioner pursuant to paragraph (5)(C).

(C) The service is a qualifying health service (as defined in paragraph (4)).

(D) Neither the health care practitioner nor the free clinic receives any compensation for the service from the individual or from any third-party payor (including reimbursement under any insurance policy or health plan, or under any Federal or State health benefits program). With respect to compliance with such condition:

(i) The health care practitioner may receive repayment from the free clinic for reasonable expenses incurred by the health care practitioner in the provision of the service to the individual.

(ii) The free clinic may accept voluntary donations for the provision of the service by the health care practitioner to the individual.

(E) Before the service is provided, the health care practitioner or the free clinic provides written notice to the individual of the extent to which the legal liability of the health care practitioner is limited pursuant to this subsection (or in the case of an emergency, the written notice is provided to the individual as soon after the emergency as is practicable). If the individual is a minor or is otherwise legally incompetent, the condition under this subparagraph is that the written notice be provided to a legal guardian or other person with legal responsibility for the care of the individual.

(F) At the time the service is provided, the health care practitioner is licensed or certified in accordance with applicable law regarding the provision of the service.

(3) (A) For purposes of this subsection, the term "free clinic" means a health care facility operated by a nonprofit private entity meeting the following requirements:

(i) The entity does not, in providing health services through the facility, accept reimbursement from

any third-party payor (including reimbursement under any insurance policy or health plan, or under any Federal or State health benefits program).

(ii) The entity, in providing health services through the facility, either does not impose charges on the individuals to whom the services are provided, or imposes a charge according to the ability of the individual involved to pay the charge.

(iii) The entity is licensed or certified in accordance with applicable law regarding the provision of health services.

(B) With respect to compliance with the conditions under subparagraph (A), the entity involved may accept voluntary donations for the provision of services.

(4) For purposes of this subsection, the term "qualifying health service" means any medical assistance required or authorized to be provided in the program under title XIX of the Social Security Act [[42 USCS §§ 1396](#) et seq.], without regard to whether the medical assistance is included in the plan submitted under such program by the State in which the health care practitioner involved provides the medical assistance. References in the preceding sentence to such program shall as applicable be considered to be references to any successor to such program.

(5) Subsection (g) (other than paragraphs (3) through (5)) and subsections (h), (i), and (l) apply to a health care practitioner for purposes of this subsection to the same extent and in the same manner as such subsections apply to an officer, governing board member, employee, or contractor of an entity described in subsection (g)(4), subject to paragraph (6) and subject to the following:

(A) The first sentence of paragraph (1) applies in lieu of the first sentence of subsection (g)(1)(A).

(B) This subsection may not be construed as deeming any free clinic to be an employee of the Public Health Service for purposes of this section.

(C) With respect to a free clinic, a health care practitioner is not a free clinic health professional unless the free clinic sponsors the health care practitioner. For purposes of this subsection, the free clinic shall be considered to be sponsoring the health care practitioner if--

(i) with respect to the health care practitioner, the free clinic submits to the Secretary an application meeting the requirements of subsection (g)(1)(D); and

(ii) the Secretary, pursuant to subsection (g)(1)(E), determines that the health care practitioner is deemed to be an employee of the Public Health Service.

(D) In the case of a health care practitioner who is determined by the Secretary pursuant to subsection (g)(1)(E) to be a free clinic health professional, this subsection applies to the health care practitioner (with respect to the free clinic sponsoring the health care practitioner pursuant to subparagraph (C)) for any cause of action arising from an act or omission of the health care practitioner occurring on or after the date on which the Secretary makes such determination.

(E) Subsection (g)(1)(F) applies to a health care practitioner for purposes of this subsection only to the extent that, in providing health services to an individual, each of the conditions specified in paragraph (2) is met.

(6) (A) For purposes of making payments for judgments against the United States (together with related fees and expenses of witnesses) pursuant to this section arising from the acts or omissions of free clinic health professionals, there is authorized to be appropriated \$ 10,000,000 for each fiscal year.

(B) The Secretary shall establish a fund for purposes of this subsection. Each fiscal year amounts appropriated under subparagraph (A) shall be deposited in such fund.

(C) Not later than May 1 of each fiscal year, the Attorney General, in consultation with the Secretary, shall submit to the Congress a report providing an estimate of the amount of claims (together with related fees and expenses of witnesses) that, by reason of the acts or omissions of free clinic health professionals, will be paid pursuant to this section during the calendar year that begins in the following fiscal year. Subsection (k)(1)(B) applies to the estimate under the preceding sentence regarding free clinic health professionals to the same extent and in the same manner as such subsection applies to the estimate under such subsection regarding officers, governing board members, employees, and contractors of entities described in subsection (g)(4).

(D) Not later than December 31 of each fiscal year, the Secretary shall transfer from the fund under subparagraph (B) to the appropriate accounts in the Treasury an amount equal to the estimate made under subparagraph (C) for the calendar year beginning in such fiscal year, subject to the extent of amounts in the fund.

(7) (A) This subsection takes effect on the date of the enactment of the first appropriations Act that makes an appropriation under paragraph (6)(A), except as provided in subparagraph (B)(i).

(B) (i) Effective on the date of the enactment of the Health Insurance Portability and Accountability Act of 1996 [enacted Aug. 21, 1996]--

(I) the Secretary may issue regulations for carrying out this subsection, and the Secretary may accept and consider applications submitted pursuant to paragraph (5)(C); and

(II) reports under paragraph (6)(C) may be submitted to the Congress.

(ii) For the first fiscal year for which an appropriation is made under subparagraph (A) of paragraph (6), if an estimate under subparagraph (C) of such paragraph has not been made for the calendar year beginning in such fiscal year, the transfer under subparagraph (D) of such paragraph shall be made notwithstanding the lack of the estimate, and the transfer shall be made in an amount equal to the amount of such appropriation.

¹⁷ ACA Section 10608.

¹⁸ ACA Section 10608(a).