

# Policies to Support Free and Charitable Clinics and Pharmacies **Before, During, and After Disasters**

Free and charitable clinics and pharmacies are critical to overall health of the nation, reducing health disparities, and providing care to those underserved. Disasters exacerbate existing inequities, as seen during COVID-19. Policies to support clinic workforce are crucial to build resiliency, achieve health equity, and ensure clinics remain strong before, during, and after emergencies.

## **Free and Charitable Clinics and Pharmacies: The Basics**

Free clinics and pharmacies have a unique role in the healthcare system because of the patients they serve, how they operate, and how they are funded. Their mission is to ensure that medically underserved people throughout the US have reliable access to affordable, quality healthcare.

Their services span medical, dental, pharmaceutical, behavioral health, vision, and health education. Every year, two million people receive healthcare at 1,400 free and charitable clinics and pharmacies in urban, rural, and suburban areas of the US. Reports from [National Association of Free and Charitable Clinics \(NAFC\)](#), an organization dedicated to supporting and advocating for clinics show how patients visiting clinics differ from the general population of the US. In 2023, 59% of clinic patients were members of racial/ethnic minorities, compared to 37% of the general US population, 52% of patients were employed, compared to 60.2% of the general US population, and 85% of patients were uninsured, compared to 7.9% of the general US population (50% of patients were insured, but unable to afford care, they are considered underinsured). Over 219,000 volunteers and 12,800 staff power this essential [workforce](#).

Unlike community health centers, federally qualified health centers, and look-a-likes, free clinics and pharmacies receive little or no state or federal funding, so they rely on volunteers, public-private partnerships, and strong relationships to prioritize healthy communities and provide care to all communities. They are a key component to achieving health equity by being open to the 27 million uninsured people around the US.

## **Free and Charitable Clinics and Pharmacies: During Disasters**

Because anyone, regardless of insurance coverage, employment status, age, etc., can access resources at a free clinic or pharmacy, they are a central point of care during an emergency when people and health systems might be further strained. However, despite the outsized role clinics take on during an emergency, they are limited in their ability to access resources, such as federal funding, and therefore, more reliant on other sources of funding and donations.

For example, during the COVID-19 pandemic, providers, staff, and administrative personnel working in free clinics and pharmacies needed to self-advocate and seek out personal protective equipment, vaccines, and

other essential supplies from donations and other avenues to provide care to patients. This inequitable distribution of resources in general and particularly during an emergency, contributes to added stress on clinics' workforce and negative impacts of health equity in underserved communities.

## Free and Charitable Clinics and Pharmacies: Policies to Support the Healthcare Workforce

Elevating specific federal policies are a critical way to support the mission and workforce of free clinics and pharmacies to provide best care to patients, contribute to fostering health equity, and help recover and build resilience before, during, and after disasters.

### Free and Charitable Clinics:

#### How to expand and strengthen the clinic workforce

Healthcare clinics need to be at full capacity in order to serve patients during and after a disaster. Expanding and reinforcing the clinic workforce is an important way to prepare clinics before a response.

#### 2 policies to expand & strengthen the clinic workforce:

1

##### Grant Medically Underserved Area (MUA) and/or Health Professional Shortage Area (HPSA) designations to expand the clinic workforce.

Grant free clinics and pharmacies **MUA and/or HPSA designations**, similar to how Federally Qualified Health Centers receive an automatic HPSA designation based on the populations they serve. This would make clinics eligible for loan repayment programs such as the Nurse Corps Loan Repayment Program and the National Health Service Corps, which would **attract more nurse practitioners, physician assistants, and providers**.



2

##### Register clinics as a covered entity under programs like 340B Drug Pricing to expand medicine to millions of uninsured and underinsured patients.

The 340B Drug Pricing Program requires drug manufacturers to provide outpatient drugs to covered entities (like clinics and pharmacies) at **significantly reduced prices**.

Clinics registered under this program would be reimbursed for treating patients who are often well under the poverty threshold and unable to receive care elsewhere. This, or a similar program, would make medicine more affordable and **increase access of medications to millions of uninsured and underinsured people**.



Expanding and reinforcing the clinic workforce is an important method to ensure clinics are at full capacity before disasters so they can remain nimble and well-ready to center vulnerable patients in a response. One policy to support and expand access to workforce development programs would be to grant free clinics and pharmacies Medically Underserved Area (MUA) and/or a Health Professional Shortage Area (HPSA) designations, in the same way that Federally Qualified Health Centers receive an automatic HPSA designation based on the populations they serve. This would make clinics eligible for programs such as the [Nurse Corps Loan Repayment Program](#) and the [National Health Service Corps](#) to be able to attract more nurse practitioners, physician assistants, providers with loan repayment services.

Additionally, recognizing clinics as a “covered entity” under federal programs like the [340B Drug Pricing Program](#) would expand access to care for patients seen in clinics, who are often unable to receive care elsewhere. Without this designation, clinics are ineligible to receive reimbursements in the same way other eligible safety-net providers are. The intention of the program is to help safety-net providers use their financial resources to increase affordability and access of medications for uninsured and underinsured people.

### Find More Resources and Ways to Support Community Health Centers

- <https://healthcareready.org/community-health-centers-and-clinic-resources/>
- <https://healthcareready.org/telehealths-applications-for-preparedness-and-response/>
- <https://healthcareready.org/cdrt/>
- <https://healthcareready.org/resource-center/>



### National Association of Free and Charitable Clinics

The National Association of Free and Charitable Clinics (NAFC) is the only nonprofit 501c (3) organization whose mission is solely focused on the issues and needs of the uninsured and underinsured throughout the nation and the more than 1,400 Free and Charitable Clinics and Pharmacies that serve them. The NAFC has earned the Platinum Seal of Transparency from GuideStar and a 4-star rating from Charity Navigator. Founded in 2001 and headquartered near Washington, D.C., the NAFC is working towards healthy communities for all through quality, equitable, accessible healthcare. For more information about the NAFC, please visit [www.nafcclinics.org](http://www.nafcclinics.org).



### Healthcare Ready

Healthcare Ready is a nonprofit organization that serves as a public-private nexus to prevent patient care disruptions amid crises. We do this by forging partnerships and serving as the linkage point between the healthcare supply chain and government. By working with supply chain stakeholders, emergency management, patient advocacy groups, and community-based organizations, we help safeguard patients before, during, and after crises by leveraging our core capabilities.