



Testimony before the House Ways and Means Committee

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Good morning Chairman Schaffer, Vice Chairman Scherer, Ranking Member Rogers and Members of the Committee. My name is Deborah Miller and I am the Executive Director of the Ohio Association of Free Clinics. Thank you for the opportunity to testify today.

The Ohio Association of Free Clinics (O AFC) has been working with free clinics in Ohio since 2002. Our mission is to provide resources, education and advocacy to strengthen and ensure high quality health care for people who are vulnerable.

There are fifty member clinics in the O AFC serving 57 counties. These are community based, nonprofit organizations that draw on volunteers, including physicians, nurses and dentists to serve vulnerable Ohioans. Last year, we provided more than 86,000 patient visits to over 52,000 individuals.

Free clinics have created systems of care coordination in each community that has demonstrated the effectiveness of community collaborations and cooperation by working together to provide the best health care possible for the uninsured and those without access to care. We work with federally qualified health care centers (FQHC's), mental health facilities, local hospitals, pharmacies, health departments and private physicians, dentists and optometrists.

There are two challenges that every clinic faces: recruiting professional health care providers to volunteer in the clinic and having enough money to expand services. H.B. 317 will help address the need for increased physician and dentist volunteerism.

People volunteer for various reasons. They want to improve and strengthen their communities. They recognize the needs of their neighbors and are in a position to help them. They obviously do not volunteer to increase their income. But as we are all aware, medicine has become a difficult and often challenging business. With the changes in the healthcare system and the uncertainties surrounding the future of healthcare, medical professionals often struggle with the "business" of medicine. Requirements on outcome measurements and time pressures to meet

productivity markers force physicians to focus on the business aspect of medicine. Throw a shortage of providers into the mix, and the strain on the medical professional to meet the demands of their communities can be exhausting.

One of the primary reasons physicians like volunteering in free clinics is that the money has been taken out of the equation. They don't have to meet productivity goals or make sure they "check a box" to get the maximum reimbursement allowable. They truly practice the art of medicine.

The challenge has become that, because of the demands of their practices, the pressure of paying off high student loans and the continued uncertainty about the future business of medicine, many physicians have very little energy left to give for volunteerism.

According to data from the U.S. Bureau of Labor Statistics, volunteering among professionals has seen a gradual decline over the past six years¹. In a 2008 survey of physicians, only 39 percent have volunteered their time in the last year². This is happening at a time when the uninsured rate is increasing. We saw a dip in the number of uninsured in 2015 to 9.1 nationally. In the second half of 2017, that rate has increased to 11.7 percent³. Now, when the need for volunteer physicians and dentists is greater than ever, they are finding it more difficult than ever to volunteer.

Our membership has 2,000 physicians volunteering in Ohio free clinics. Based on the LSC Fiscal Note, the minimum tax revenue loss under HB317 would be about \$200,000 depending on the marginal tax brackets. But if every physician in Ohio volunteered the maximum 80 hours and deducted \$10,000, the potential revenue loss could be as high as \$23 million. The offset for any potential revenue loss is the services already being provided by free clinics. In 2016, more than \$117 million in healthcare services was provided through free clinics. Assuming the maximum revenue loss of \$23 million, Ohio would still have net positive revenue of \$94 million.

Twenty eight percent of our patient population is currently on Medicaid. But as you know, there are not enough providers accepting Medicaid in their practices. Free clinics are seeing those with Medicaid coverage and not billing for those services. We are saving significant dollars for the Medicaid system. Additionally, because we are providing comprehensive chronic care and have become the primary provider for many, we have been able to reduce hospital emergency room usage and avoidable hospitalizations. Not only has this saved hospital systems millions of dollars, but it has strengthened communities by keeping people healthy - able to work and contributing members of society.

We are asking that you pass HB317 and provide a stimulus for volunteerism with healthcare professionals. Thank you for this opportunity to provide information about free clinics in Ohio and about the impact of HB317 on free clinics. I am happy to respond to questions.

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¹ Bureau of Labor Statistics. *Volunteering in the United States- 2015*. News Release, Washington DC: US Department of Labor, 2016.

² Grande, David, and Katrina Armstrong. "Community Volunteerism of US Physicians." *Journal of General Internal Medicine* , 2008: 1987-1991.

³

Barnett, Jessica C., and Marina Vornovitsky. *Health Insurance Coverage in the United States: 2015*. Washington DC: United States Census Bureau, 2016.

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