



## **Written Testimony of Nicole Lamoureux, President and CEO, National Association of Free and Charitable Clinics**

On behalf of the NAFC Board of Directors, our membership and the 1,400 Free and Charitable Clinics in the United States, thank you for the opportunity to share our few thoughts about how telehealth has impacted our ability to serve the uninsured and medically underserved patients in the country.

The mission of the National Association of Free and Charitable Clinics is to ensure the medically underserved have access to affordable health care. Many people do not realize that there are approximately 1,400 Free and Charitable Clinics throughout the nation who since the 1960's have been filling in the gap for those who "fall through the cracks" in our current health care system. Our clinics receive little to no state or federal funding, we do not receive HRSA 330 funds, and we are not Federally Qualified Health Centers or Rural Health Centers. Therefore, our clinics rely heavily on the generosity of individual donors, foundations, and grants as funding sources.

Annually, 2 million patients through 6.9 patient visits receive health care at America's Free and Charitable Clinics. This is done with the help of over 200,000 volunteer providers. 94% of the Free and Charitable Clinics workforce is composed of volunteers, which led to a unique challenge during the pandemic as social distancing and stay at home orders were issued. 48% of our clinics had to modify their hours of operations due to concern for high-risk volunteers and staff.

Since the start of the pandemic, Free and Charitable Clinics and Pharmacies have been adapting their normal business to ensure that their patients and communities are cared for and not left behind. They have been making decisions on how to continue providing needed services while protecting their staff and volunteers, trying to get needed PPE, facing decreasing donations and increasing patient demand.

91% of Free and Charitable Clinics nationwide see patients with chronic diseases like Diabetes and/or Hypertension. They have been working hard to ensure that the treatment and chronic disease management among patients was continued as access to medications, provider visits, health foods and health education classes quickly decreased.

Free and Charitable Clinics have pivoted during this crisis and adapted their normal business protocols. They have been providing patients with needed medications and food –sometimes creating drive-throughs, curbside pickups and even making home deliveries, developing telehealth programs to keep connected while social distancing and to help address transportation issues, conducting COVID-19 education, screening, testing, and much more.

During COVID -19, over 90% of our member organizations have implemented telehealth programs, none of which are reimbursed by the federal government. 75% of those who implemented telehealth are going to continue with these programs. Telehealth services have

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allowed our providers to help patients remain compliant with their medication and treatment protocols. Telehealth services have allowed both our high-risk providers to continue to practice medicine and for many of our patients to receive needed care.

As much as telehealth is a huge victory for patient access to providers during COVID, it cannot be ignored that telehealth services make a great deal of assumptions when it comes to patient's accessibility to healthcare. Telehealth assumes that patients have access to computers, internet, broadband, cellular plans that allow for video chatting, and are comfortable utilizing technology as well as comfortable with speaking to someone about their personal health issues over audio or telephone rather than in a closed exam room.

For many patients, Free and Charitable Clinics have also had to address the challenge of availability of hours for providers, as well as language and health literacy barriers. For example, Free and Charitable Clinics have had to rewrite directions to read at a 4<sup>th</sup> grade reading level and in the patient's native language for how to login to a telehealth system. Another challenge is that many people do not feel comfortable speaking to a provider not in their native tongue, so enlisting the help of medical translators to be on the phone or on virtual calls with the provider and the patients is something else that has been needed to serve the medically underserved and racially diverse patient populations.

It is imperative that Congress address the need for broadband access for all so that this way of care can be more readily available for all people. While Telehealth has dramatically shifted the way that health care is provided to frankly white populations, it should not be ignored that we need more research, effort, and understanding of how to serve the medically underserved, as well as racially diverse patient populations.

It has become necessary for us to find providers who look like the patients we are serving and who speak in their language or vernacular. Telehealth is a wonderful asset, but it is not the only solution especially given the high cost of care and the limited access to phone systems, internet, and broadband. Additionally, for providers who serve the medically underserved, specifically Free and Charitable Clinics who serve uninsured populations and do not have a reimbursable model telehealth programs, telehealth can be cost prohibitive and time consuming.

Free and Charitable Clinics during COVID-19 as well as during non-pandemic times are an excellent partner to the federal government. Our clinics work hard every day to keep people out of the emergency rooms, so that emergency rooms can be reserved for emergencies.

It has become apparent throughout this pandemic, however, that the federal government needs to recognize that there are more providers working to provide access to healthcare than those who are Medicaid and Medicare reimbursable providers and/or federally qualified health centers.

We thank you for this opportunity to express to the committee how telehealth has impacted our ability to care for our patients during this pandemic.