



October 27, 2015

Volunteer Care: Affordable Health Care without Growing Government

AUTHORED BY

Patrick Ishmael | *Visiting Research Fellow*

Jonathan Ingram | *Vice President of Research*



TheFGA.org

 @TheFGA

INTRODUCTION

Physicians, dentists, and other medical professionals are ready, willing, and able to donate their time to care for low-income patients. Florida's Volunteer Health Services program is one example how innovative solutions can leverage existing medical resources to maximum effect. Since the reforms were enacted in 1992, millions of low-income patients have gained access to needed medical care. The state was able to secure free care for patients valued at more than \$2.6 billion not by expanding or creating welfare programs, but by unleashing the power of private charity.

Many states already have the basic infrastructure to build on Florida's successes. If they followed Florida's lead, millions of additional low-income patients could soon find access to free, privately-donated charity care.

Policymakers everywhere should follow the Sunshine State's example and strengthen legal protections for medical volunteers and ensure professionals can use volunteer hours to satisfy continuing education requirements. These reforms will not only provide needed care to underserved populations, they will also strengthen professionals' commitment to their communities.

FLORIDA'S INNOVATIVE SOLUTION

In 1992, Florida created a groundbreaking new system that encourages medical professionals to donate their time to treat uninsured and underserved low-income patients.¹ Over the years, Florida doctors, nurse practitioners, and other medical professionals have provided free medical care – worth more than \$2.6 billion – to millions of low-income patients through the Volunteer Health Services program.²

Under the program, medical professionals offer free care to uninsured patients below 200 percent of the federal poverty level or patients eligible for Medicaid under state law.³⁻⁴ Physicians and other providers willing to volunteer their services enter into contracts with the Florida Department of Health, becoming "agents of the state" during their volunteer hours.⁵ These providers, most of whom have relationships with non-profit or faith-based groups, can volunteer their time at charity clinics or see patients in their private practices.

By making medical professionals "agents of the state," Florida is able to offer sovereign immunity protection for providers while they are volunteering.⁶ This means that if a patient alleges that a provider has committed malpractice during his or her volunteer hours, the state steps in and defends the provider against the claim.⁷ Patients are provided written notice of this immunity and providers must report all adverse incidents to the state.⁸

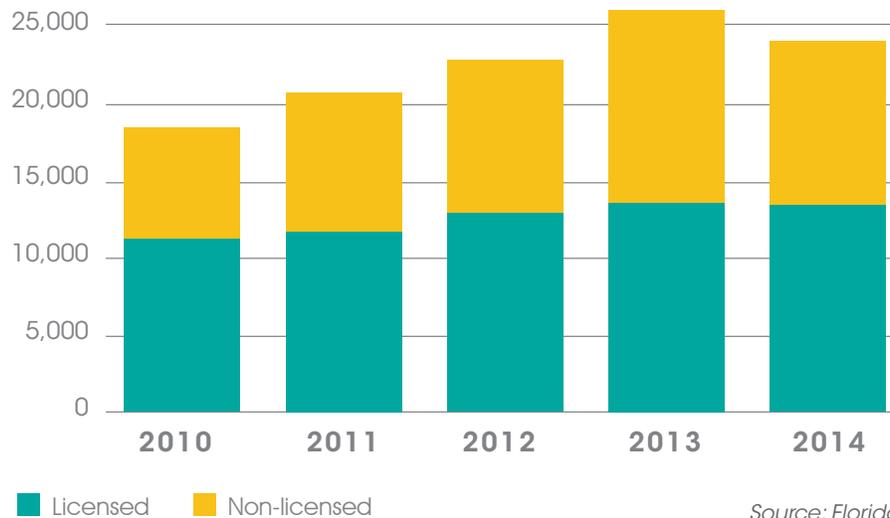
Florida also allows medical professionals to receive one hour of Continuing Medical Education credit for every hour of free care provided.⁹ This allows doctors and other providers to satisfy a portion of the credit hours required to maintain their licenses through charitable service to the community.

LOOKING AT THE TAPE: HOW FLORIDA'S VHS PROGRAM IS WINNING

Florida's Volunteer Health Services program has been an unqualified success. Roughly 25,000 volunteers participate in the program each year.¹⁰ The program is also growing, evidenced by the fact that the number of participating volunteers has increased by nearly 31 percent since 2010.¹¹ These volunteers include medical professionals providing direct patient care, language interpreters, and other volunteers providing administrative support.

FLORIDA'S VOLUNTEER HEALTH SERVICES PROGRAM IS ATTRACTING MORE AND MORE VOLUNTEERS

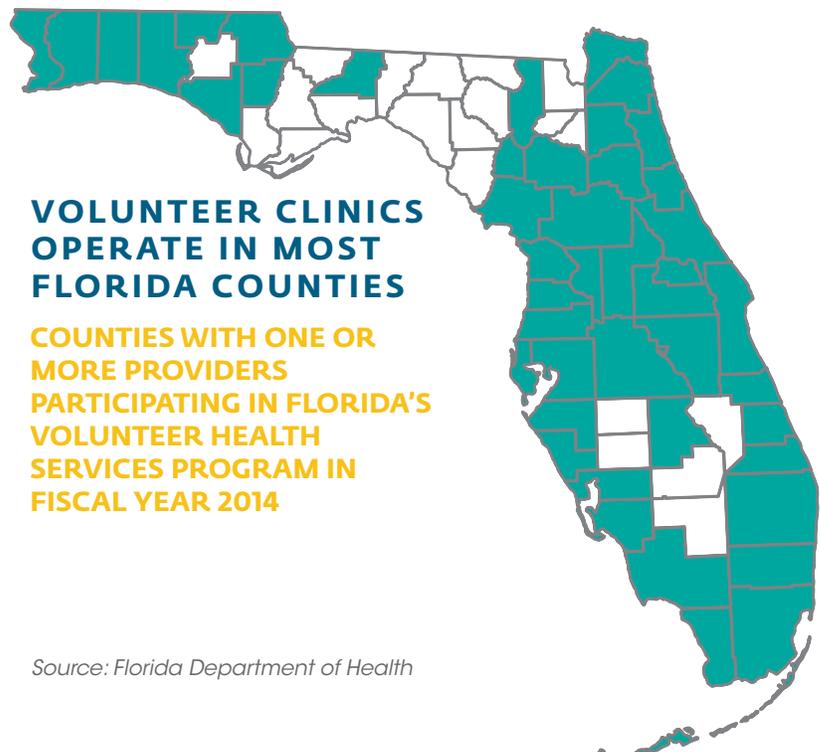
LICENSED AND NON-LICENSED VOLUNTEERS PARTICIPATING IN FLORIDA'S VOLUNTEER HEALTH SERVICES PROGRAM, BY FISCAL YEAR



Source: Florida Department of Health

Medical professionals provide free care to patients in nearly 200 volunteer clinics in 46 different counties.¹² These clinics operate all over the state, with volunteers in both urban and rural communities alike.¹³ More than 97 percent of low-income uninsured Floridians live in counties with one or more providers volunteering through the program.¹⁴

These volunteers provided low-income patients with nearly 470,000 free visits in 2014.¹⁵ Since 2010, medical professionals have donated more than 2.2 million free patient visits under the program.¹⁶ This amounts to roughly three free visits for every ten uninsured, low-income Floridians, all delivered through private charity.¹⁷⁻¹⁸⁻¹⁹



Source: Florida Department of Health

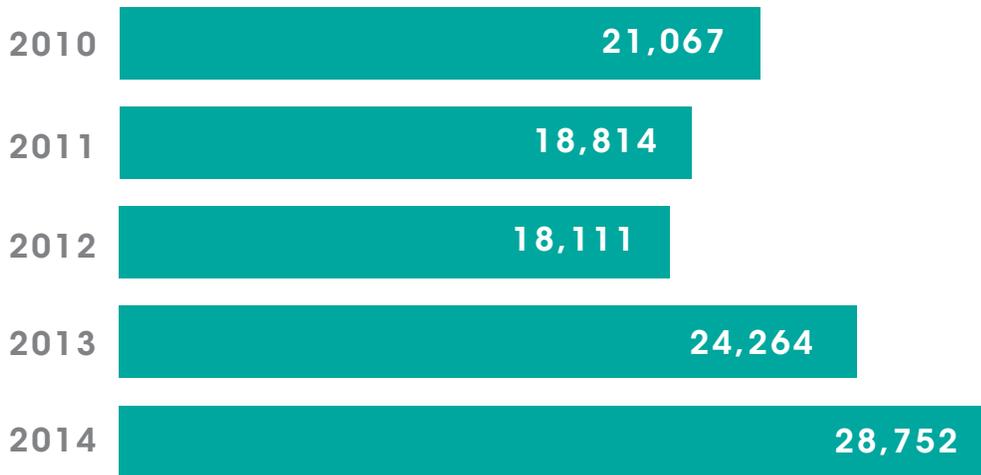


TheFGA.org

@TheFGA

VOLUNTEERS ARE REACHING MORE UNDERSERVED PATIENTS

NUMBER OF DONATED VISITS PER 100,000 UNINSURED, LOW-INCOME PATIENTS, BY FISCAL YEAR



Source: Florida Department of Health

The Florida Department of Health reports that \$2.6 billion worth of goods and services have been donated under the program since it was created in 1992.²⁰ In 2014 alone, nearly \$300 million worth of private charity care was donated through the program.²¹ This includes both the value of time donated by medical professionals, as well as the value of medical supplies and equipment donated for patient use. The value of these donated goods and services equates to roughly \$635 for every free patient visit.²²

Because Florida's Volunteer Health Services program relies on private charity, Florida policymakers have been able to greatly expand access to health care with only minor investments from taxpayers. In fiscal year 2014, taxpayers contributed less than \$485,000 to the Florida Department of Health in order to administer the program statewide.²³ For context, Florida's fiscal year 2014 budget totaled more than \$68 billion.²⁴

To put the administrative costs in perspective, the \$485,000 administrative budget amounts to approximately \$1 for every free visit donated under the program.²⁵ Even as the program has expanded to more volunteers and provided more free care, overall administrative costs have remained low.²⁶

VOLUNTEERS PROVIDE NEARLY \$300 MILLION IN FREE CARE YEARLY

VALUE OF DONATED GOODS AND SERVICES, BY FISCAL YEAR



Source: Florida Department of Health

THE COST TO ADMINISTER FLORIDA'S VOLUNTEER HEALTH SERVICES PROGRAM IS ROUGHLY \$1 PER FREE PATIENT VISIT

STATE ADMINISTRATIVE COST PER DONATED VISIT, BY FISCAL YEAR



Source: Florida Department of Health

Although millions of free patient visits have been donated under the program, allegations of malpractice are virtually non-existent.

Only 10 patients have ever filed lawsuits alleging malpractice since the program began in 1992.²⁷ Since 2010, Florida has spent a combined \$214,803 to defend against or settle malpractice claims under the program.²⁸ To put that in perspective that represents just 10¢ in potential legal costs for every patient visit.²⁹

The cost to defend against or settle malpractice claims represents just **10¢** per patient visit

Ultimately, the Florida Volunteer Health Services program returns more than \$614 in privately donated care for every state dollar spent on administrative or legal costs.³⁰ The return on investment is expected to climb higher in future years, as the value of goods and services donated is rising and the overall administrative and legal costs have remained stable.

ONLY 10 PATIENTS HAVE EVER FILED LAWSUITS ALLEGING MALPRACTICE

\$614
in donated care for every dollar spent on administrative or legal costs

ROI



TheFGA.org

 @TheFGA

HOW STATES CAN HELP THEIR GOOD SAMARITANS

As the Florida experience demonstrates, physicians and other medical professionals are ready, willing, and able to donate their time to care for low-income patients. But the threat of malpractice allegations often poses as a significant barrier to this volunteerism. A study published in the *New England Journal of Medicine*, for example, found that roughly 40 percent of medical malpractice cases involved no errors on the part of the physician.³¹ The costs associated with winning a case, let alone losing one, are often times so prohibitive that suits are settled to avoid even costlier litigation, which can take years to resolve.³²

Simply put, providing medical care can be a risky and expensive proposition, even where no malpractice has actually occurred. This risk is even greater in circumstances where physicians are giving away their services for free and where the beneficiaries are struggling financially. By providing volunteers with sovereign immunity protection for the hours they donate, Florida has ensured that such charitable care can be delivered without new, undue risks to providers.

Fortunately, many states already have the infrastructure to replicate Florida's successful reforms. All 50 states have some form of "Good Samaritan" laws, which provide legal protection to certain qualified volunteers.³³⁻³⁴ The precise rules differ from state to state, with some only providing protection during emergencies and others providing protection even in non-emergency situations.³⁵ Others only offer protection in clinics that are completely free and only serve uninsured patients. Many states have expanded these laws to include charitable medical missions – groups of professionals licensed in one state who wish to volunteer in other states.³⁶

In fact, one survey of other states by the Florida Department of Health found that only a handful of states offered legal protection for charity care delivered in private practices and operated programs to coordinate that volunteer care.³⁷ This signals that states can build on their existing legal frameworks to expand private charity care by replicating Florida's common-sense reforms.

Likewise, virtually every state requires medical professionals to obtain continuing education credits in order to remain licensed.³⁸ Just five states have no continuing education requirements for physicians, while the typical state requires physicians to complete an average of 30 credit hours per year.³⁹ These requirements provide states with the unique opportunity to enact common-sense reforms that encourages private charity care and volunteerism within the existing continuing education framework.

If all states adopt programs similar to Florida's Voluntary Health Services program and witnessed similar results, medical professionals could provide nearly 3.9 million free visits to low-income patients.⁴⁰ This could amount to up to \$2.2 billion in free patient care across the country.⁴¹⁻⁴²

POTENTIAL FREE VISITS		POTENTIAL VALUE OF DONATED CARE
Alabama	72,382	\$41,080,751
Alaska	9,142	\$5,188,586
Arizona	116,054	\$65,867,005
Arkansas	34,901	\$19,808,230
California	427,970	\$242,896,427
Colorado	68,923	\$39,117,579
Connecticut	24,856	\$14,107,142
Delaware	6,311	\$3,581,838
District of Columbia	4,750	\$2,695,885
Florida	355,006	\$201,485,359
Georgia	178,470	\$101,291,505
Hawaii	7,437	\$4,220,905
Idaho	18,361	\$10,420,874
Illinois	132,571	\$75,241,307
Indiana	81,359	\$46,175,691
Iowa	24,064	\$13,657,639
Kansas	31,830	\$18,065,269
Kentucky	32,747	\$18,585,717
Louisiana	79,916	\$45,356,709
Maine	14,161	\$8,037,144
Maryland	36,594	\$20,769,100
Massachusetts	21,505	\$12,205,266
Michigan	78,299	\$44,438,973
Minnesota	37,880	\$21,498,976
Mississippi	49,118	\$27,877,157
Missouri	52,921	\$30,035,567
Montana	15,100	\$8,570,077
Nebraska	19,072	\$10,824,405
Nevada	45,695	\$25,934,417
New Hampshire	9,417	\$5,344,664
New Jersey	113,180	\$64,235,852
New Mexico	28,952	\$16,431,847
New York	152,663	\$86,644,618
North Carolina	151,022	\$85,713,261
North Dakota	7,280	\$4,131,799
Ohio	105,457	\$59,852,626
Oklahoma	70,077	\$39,772,538
Oregon	37,986	\$21,559,137
Pennsylvania	109,401	\$62,091,063
Rhode Island	7,518	\$4,266,877
South Carolina	75,624	\$42,920,764
South Dakota	7,740	\$4,392,874
Tennessee	87,906	\$49,891,472
Texas	586,910	\$333,103,587
Utah	38,446	\$21,820,212
Vermont	2,243	\$1,273,025
Virginia	85,177	\$48,342,615
Washington	70,602	\$40,070,504
West Virginia	14,246	\$8,085,386
Wisconsin	41,113	\$23,333,880
Wyoming	6,168	\$3,500,678
UNITED STATES	3,886,523	\$2,205,814,778



TheFGA.org

 @TheFGA

CONCLUSION

Florida's Volunteer Health Services program serves as a pre-eminent example of how innovative solutions can leverage existing medical resources to maximum effect—and without using the heavy hand of government.

In order to encourage more private charity care, policymakers should extend and strengthen existing legal protections for medical volunteers, ensuring professionals can use volunteer hours to satisfy continuing education requirements.

The results in Florida have been an unqualified success. Florida physicians and other medical professionals provide low-income patients with nearly 500,000 free visits each year, with donated time and supplies worth approximately \$300 million. By leveraging private charity, the Florida Department of Health is able to obtain a return on investment of more than \$600 for every dollar spent on administrative costs.

Better still, malpractice claims under the program are extremely rare. Just 10 patients have ever filed suit under the program since it was created in 1992. The cost to taxpayers of providing additional legal protection is minimal – roughly 10 cents for every free visit donated.

Many states already have the basic infrastructure to build on Florida's successes. If they followed Florida's lead, millions of patients could soon find access to free, privately donated charity care. Other states would do well to follow the Sunshine State's example.

REFERENCES

1. John H. Armstrong, "2013-2014 Volunteer Health Services annual report," Florida Department of Health (2015).
2. Ibid.
3. Florida Statutes § 766.1115 (2015).
4. Medicaid patients are only eligible to receive free services through the program if the treatment is not a covered Medicaid service or is otherwise unavailable because of lack of providers accepting Medicaid.
5. Florida Statutes § 766.1115 (2015).
6. Ibid.
7. Ibid.
8. Ibid.
9. Ibid.
10. Authors' calculations based upon data provided by the Florida Department of Health.
11. Ibid.
12. Ibid.
13. Ibid.
14. Authors' calculations based upon data provided by the Florida Department of Health and data from the U.S. Census Bureau. See, e.g., Census Bureau, "Small area health insurance estimates," U.S. Department of Commerce (2014), <http://www.census.gov/did/www/sahie/data/interactive>.
15. Authors' calculations based upon data provided by the Florida Department of Health.
16. Ibid.
17. Authors' calculations based upon data provided by the Florida Department of Health and data from the U.S. Census Bureau. See, e.g., Census Bureau, "Current population survey: Annual social and economic supplement," U.S. Department of Commerce (2015), www.census.gov/cps/data/cpstablecreator.html.
18. Approximately 87 percent of eligible uninsured, low-income patients report that their health status is in good, very good, or excellent condition. See, e.g., Census Bureau, "Current population survey: Annual social and economic supplement," U.S. Department of Commerce (2015), www.census.gov/cps/data/cpstablecreator.html.
19. In a given year, approximately half of all low-income uninsured patients have no medical expenses. Just 12 percent of these patients will seek emergency room care, but one in three will have one or more visits to physicians' offices. See, e.g., Agency for Healthcare Research and Quality, Medical expenditures panel survey," U.S. Department of Health and Human Services (2013), <http://meps.ahrq.gov/mepsweb/index.jsp>.
20. John H. Armstrong, "2013-2014 Volunteer Health Services annual report," Florida Department of Health (2015).
21. Authors' calculations based upon data provided by the Florida Department of Health.
22. Ibid.
23. Ibid.
24. Office of Policy and Budget, "Final budget report: 2014," Florida Executive Office of the Governor (2014), <http://floridafiscalportal.state.fl.us/Document.aspx?ID=11517&DocType=PDF>.
25. Authors' calculations based upon data provided by the Florida Department of Health.
26. Ibid.
27. John H. Armstrong, "2013-2014 Volunteer Health Services annual report," Florida Department of Health (2015).
28. Authors' calculations based upon data provided by the Florida Department of Health.
29. Ibid.
30. Ibid.
31. David M. Studdert et al., "Claims, errors, and compensation payments in medical malpractice litigation," *New England Journal of Medicine* 354(19): 2024-2033 (2006), <http://www.nejm.org/doi/pdf/10.1056/NEJMsa054479>.
32. Amy Norton, "Docs win most malpractice suits, but road is long," *Reuters* (2012), <http://www.reuters.com/article/2012/05/23/us-docs-win-most-idUSBRE84M11N20120523>.
33. Eboni Morris, "Liability under 'Good Samaritan' laws," *American Academy of Orthopaedic Surgeons* (2014), <http://www.aaos.org/news/aaosnow/jan14/managing3.asp>.
34. Patricia Elliott, "Volunteer protection acts and Good Samaritan laws: Fact sheet," *Association of State and Territorial Health Officials* (2012), <http://www.astho.org/Programs/Preparedness/Public-Health-Emergency-Law/Emergency-Volunteer-Toolkit/Volunteer-Protection-Acts-and-Good-Samaritan-Laws-Fact-Sheet>.
35. Ibid.
36. Patrick Ishmael, "Missouri should lower barriers for out-of-state charitable medical missions," *Show-Me Institute* (2012), <http://showmeinstitute.org/blog/misc-miscellaneous/missouri-should-lower-barriers-out-state-charitable-medical-missions>.
37. Kim E. Barnhill et al., "Improving access to care for the underserved: State-supported volunteerism as a successful component," *Archives of Internal Medicine* 161: 2177-2181 (2001), <http://archinte.jamanetwork.com/article.aspx?articleid=649201>.



TheFGA.org

 @TheFGA

38. American Medical Association, "State medical licensure requirements and statistics, 2013," American Medical Association (2013).
39. Ibid.
40. Authors' calculations based upon the average donated visit per uninsured low-income resident in Florida between fiscal years 2010 and 2014 and each state's total uninsured low-income population.
41. Authors' calculations based upon the average donated visit per uninsured low-income resident in Florida between fiscal years 2010 and 2014, average value of donated goods and services per donated visit between fiscal years 2010 and 2014, and each state's total uninsured low-income population.
42. Florida's Department of Health calculates the value of care rendered through the program by collecting data through self-reporting providers. Given the price variability between states for individual medical services, this self-reported system makes it difficult to extrapolate with high confidence what comparable service values may be in individual states on this data alone. The estimates provided herein should be treated as a rough approximation to provide context to readers, as it relies on Florida's results as a credible baseline and assumes similar service valuations nationwide for the low-income patients served. These estimates may ultimately differ from actual experience state to state. Future tracking in other states that enact these reforms may help refine these estimates in the future.

Patrick Ishmael | *Visiting Research Fellow*

patrick@thefga.org

Jonathan Ingram | *Vice President of Research*

jingram@thefga.org



TheFGA.org  **@TheFGA**