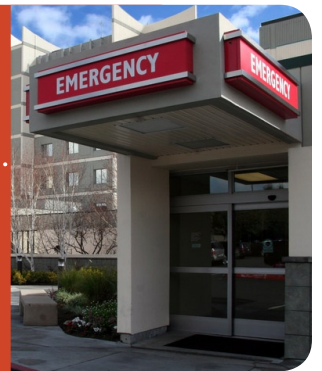


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# Free Care Monitoring Project:

*A How-To Guide for Advocates Seeking to Improve Hospital Free Care Programs*



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## ABOUT COMMUNITY CATALYST

**Community Catalyst** Catalyst is a national non-profit advocacy organization dedicated to making quality, affordable health care accessible to everyone. Since 1997, Community Catalyst has worked to build consumer and community leadership to transform the American health system. With the belief that this transformation will happen when consumers are fully engaged and have an organized voice, Community Catalyst works in partnership with national, state and local consumer organizations, policymakers, and foundations, providing leadership and support to change the health care system so it serves everyone—especially vulnerable members of society.

*The Free Care Monitoring Project* was produced by Community Catalyst's Hospital Accountability Project. The Hospital Accountability Project works with state and local health care advocates across the country to improve hospital practices so that uninsured and

underinsured people are neither weighted down by medical debt nor dissuaded from seeking health care services.

Special thanks to **The Access Project**; Building Parent Power, Hartford, Connecticut; **Health Care Now**, Washington, DC; Illinois Campaign for Better Health Care; **Legal Aid Society of Greater Cincinnati**; **Long Island Health Access Monitoring Project**; **Oregon Health Action Campaign**; and **UHCAN Ohio** for contributing their insights, which helped in evolving the **Free Care Monitoring Project** and developing this manual.

For more information about other **Community Catalyst** projects and publications, visit [www.communitycatalyst.org](http://www.communitycatalyst.org).





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## BACKGROUND AND PURPOSE OF THE GUIDE

For many people, free hospital services, are the only health care options available to them, especially in a time of crisis. These free services are called free care or charity care. Until affordable, comprehensive health coverage becomes available to everyone, there will be people who need free care. Therefore, free care functions as a kind of “health care safety net” for those people who cannot afford to purchase health care.

Many local hospitals provide free care to people who show they cannot afford to pay. Some hospitals also provide services at a discount to patients who can not pay for all of the cost of their care. These discounted services are also considered free care. Most hospitals have income levels patients must meet in order to be eligible for free and/or discounted care. Hospitals have an obligation to provide these services and do not expect to be paid.

Despite the fact that free care is an important foundation of our health care safety net, it can sometimes be difficult to obtain. Problems can arise because individual hospitals typically create their own free care policies with little or no state oversight and too often fail to notify patients about these policies. Without access to free care, uninsured and underinsured people are likely to either forego needed health services or incur crushing debt.

In recent years, some states have begun requiring hospitals to provide free care and establishing standards for how these policies must be implemented. However,

community vigilance is essential to make access to free care better in our communities.

Community Catalyst prepared this manual to help community advocates undertake campaigns to improve access to hospital free care. Since 1999, Community Catalyst has helped advocacy organizations in a number of states train volunteers to find out what information hospitals give the public about the availability of free care. They used their findings to work with hospitals and public officials to ensure that uninsured and underinsured individuals know about, and can access, free care.

Free care monitoring led to significant policy changes, and strengthened the organizations involved by engaging new activists, establishing new community collaborations with hospitals, and increasing organizations’ visibility and credibility.

This is a “how-to” manual; it is complemented by many other publications and tools available on the Community Catalyst website ([www.communitycatalyst.org](http://www.communitycatalyst.org)). We suggest that you read through the entire manual and review the other publications on the website before beginning your own Free Care Monitoring Project. This project is not difficult, but its success is based on good planning: before you begin, think about all the steps involved. Community Catalyst staff are available to answer your questions and discuss the project further. We also welcome feedback and results from your own project as they will add to our national effort to improve access to hospital free care. Contact us by writing to [hap@communitycatalyst.org](mailto:hap@communitycatalyst.org).

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## WHAT YOU SHOULD KNOW BEFORE YOU BEGIN

### What the Free Care Monitoring Project Involves

*Community members:*

- survey local hospitals by telephone or in-person visit to find out about their free care policy
- compile, analyze, and report their findings
- produce a report and present findings to local hospitals and/or to the public and policymakers
- negotiate with individual hospitals, hospital systems, and/or hospital associations to improve people's access to free care
- educate the community about accessing free care
- advocate for public policy changes – laws requiring free care standards, public disclosure of free care policies, and reporting on free care determinations



### Goals of your Free Care Monitoring Project

Why should your organization be interested in the free care monitoring project? First, it is an excellent short-term effort that has the potential for immediate and substantial changes in public and private policy. Second, the project can strengthen your organization.

*Through this project, your group can:*

- document whether hospitals are informing the public about the availability of free care
- advocate for improvements to hospital free care policies and practices
- educate the community about hospital free care obligations and how to access free care
- give a face to the issues of the uninsured and underinsured in the community
- increase organizational visibility and credibility
- recruit community members for a concrete project that is empowering
- provide leadership training to existing and new members
- reach out to organizations and populations with whom you want to strengthen ties
- engage hospitals and other health leaders in advocacy efforts to expand and improve access to care



## TIMELINE

The general timeline below will give you a sense of the project's various stages and when they may occur. The timeframe is variable, depending upon local circumstances and strategies. If your organization decides

to go beyond seeking change in individual hospital policy to influence public or hospital association policy, expect your efforts to stretch over many months.

ACTIVITY	WEEK											
	1	2	3	4	5	6	7	8	9	10	11+	
Train monitors	■											
Conduct surveys	■	■	■									
Report on results				■								
Collect additional data				■	■	■						
Analyze and develop draft report					■	■	■	■				
Develop hospital strategy							■	■				
Undertake hospital negotiations									■	■	■	
Release report and publicize findings									■	■	■	
Review and revise strategy/ consider public policy approaches												■

## PREPARING FOR THE PROJECT

### Learning about Hospital Free Care Obligations and Funding for these Services in Your Area

The expectation that hospitals will provide some level of free care arises from several different but equally important sources. These include non-profit hospitals' tax-exempt status, "earmarked" funds that reimburse hospitals for providing free care and a basic understanding of corporate

social responsibility. (See Community Catalyst's *Free Care Fact Sheets* for an expanded explanation of these obligations). Your state or county may have additional laws, regulations, or other requirements (such as certificate-of-need conditions) governing the obligation to provide free care. Community Catalyst's publication, *Free Care: A Compendium of State Laws*, is a very good place to start researching your state's specific requirements. Understanding these requirements will help you develop your survey and provide important background when you train monitors.

## Deciding Which Hospitals to Target

Should you target one hospital or a combination of institutions? Is this a citywide project? Or will it target communities with a high rate of uninsured and underinsured individuals?

While you may focus on one hospital, it is useful to monitor a number of hospitals in the community. You can then compare the free care policies and practices of several institutions. This can highlight those hospitals that proactively inform community members about free care and which fail to do so. In addition, when you negotiate with one hospital, knowing the behavior and policies of other local hospitals can give you added leverage. Finally, public support is likely to be stronger based on the concept that free care should be a community-wide burden, not the disproportionate responsibility of one targeted hospital.



## Developing Your Monitoring Survey

The purpose of the monitoring survey is to determine whether hospitals have explicit policies regarding free care and whether they provide this information to the public on a consistent basis. The surveys contained in the accompanying *Advocate's Toolbox* help determine:

- whether uninsured people, or those who work with or serve uninsured people, can find out if there is a standard hospital policy related to free care
- if a policy does exist, whether it addresses all the important areas related to free care, such as eligibility standards, services covered, billing and collection practices
- how difficult or easy it is to find out this information
- whether the hospital posts signs related to free care and provides a written policy to community members upon request

You can adapt the surveys if you'd like to collect additional or different information (e.g., about translation services or billing practices). However, keep the surveys short enough so that monitors can handle them easily, and it is credible that callers are personally interested in the information. In particular, keep the uninsured person's survey short and focused; the community agency – as evidenced in our sample survey – can credibly ask additional questions.

## Recruiting Volunteers

This project provides your organization with an opportunity to involve current and new members in a concrete activity, engage them with your work more deeply, and strengthen their advocacy skills. If you are

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a grassroots organization, free care monitoring is an excellent way to get involved in health issues that are winnable on the local level. If your organization does not have a strong grassroots base, it provides an opportunity to reach out to people in the community who are directly affected by this issue and have a stake in ensuring that hospitals meet their free care obligations.

Monitors can come from all walks of life and bring different interests, skills, and knowledge. No special skills or qualifications are needed to participate in the project, but attention to detail is important. Also, it is helpful if volunteers are literate: they will have to fill out survey forms to accurately document the results of their calls. It is also helpful to recruit some bilingual volunteers to conduct the survey: one project component is determining how institutions respond to individuals with limited English proficiency.

Once the training and the surveys are completed, it is better if monitors remain involved in the project to advocate for improvements in free care policies and practices. This ongoing commitment strengthens negotiations with the hospital and advocacy for changes in public policy. It gives community members an opportunity to speak directly to policymakers about the issues they encountered while conducting the survey.

## How Many Volunteers?

The number of volunteers you need depends on:

- your goals
- your organization's capacity for recruiting and mobilizing members

- the number of institutions you will survey
- the amount of time people have available

Those who conduct the survey tend to develop strong convictions about the hospitals' obligations, so involve as many people as possible in this stage.

Each hospital should receive English phone calls, phone calls in another language, and a visit. Monitors need to attend an initial two-hour training session and a two-hour debriefing meeting at which they share their findings and experiences.

Each hospital call will require from 30 to 60 minutes, with the calls spread out over several days. Each hospital visit will require 30 to 45 minutes, plus travel time.

Given these considerations, decide the appropriate number of volunteers you need to meet your goals. In our experience, most monitors call only one or two hospitals – this makes the task manageable and allows you to involve a larger number of people. Keep in mind that the more monitors you have, the more staff time it takes to support them. As with any volunteer activity, you will likely lose one or two people as the project progresses, so recruit about two or three more monitors than you expect to need.

As noted, the project will be strengthened if volunteers continue to be involved after the actual monitoring is completed. This may influence who and how many volunteers you recruit. Some groups pay stipends to the monitors, particularly if they are uninsured. This provides an extra incentive for monitors to complete their tasks and recognizes the limited financial resources of many uninsured individuals.



## CONDUCTING THE FREE CARE MONITORING

We recommend monitors have *about two weeks* to gather their information. Schedule a debriefing session to share and discuss results at the completion of the monitoring period.

### Train Monitors and Make Assignments

The accompanying *Advocate's Training Presentation* is an adaptable PowerPoint you can use for the initial training session. Consult the Free Care Fact Sheets and other materials on Community Catalyst's website ([www.communitycatalyst.org](http://www.communitycatalyst.org)) to fill in more detail. Also included in the accompanying *Advocate's Toolbox* are handouts and checklists you can use to reinforce the training and organize the assignments.

*The training has three parts:*

- Background on hospitals' obligation to provide free care

- Detailed training for undertaking free care monitoring
- Actual monitoring assignments

Allow at least two hours for the training session. Of course, feel free to adapt the training to your local situation. Distribute a set of survey forms during the training, as well as the *Free Care Fact Sheets*. People should leave with several sets of forms to use as they conduct surveys, as well as the "Points to Remember" handout. These materials can all be found in the *Advocate's Toolbox*.

Those making phone calls will feel much more confident if they have a chance to practice the calls during the training and to get (and give) pointers. To accomplish this: (1) the facilitator can "role play" calls with monitors, or (2) monitors actually can phone hospitals that will not be part of your study. That gives monitors a chance to test what it feels like to make calls and be more prepared for the variety of responses they may get.



We recommend conducting at least one role play in front of all trainees and giving them the opportunity to record the results of the call on survey forms. Discuss what people recorded on the forms so they have a better sense of how to accurately capture information.

*This will be crucial to the quality of the data you collect.*

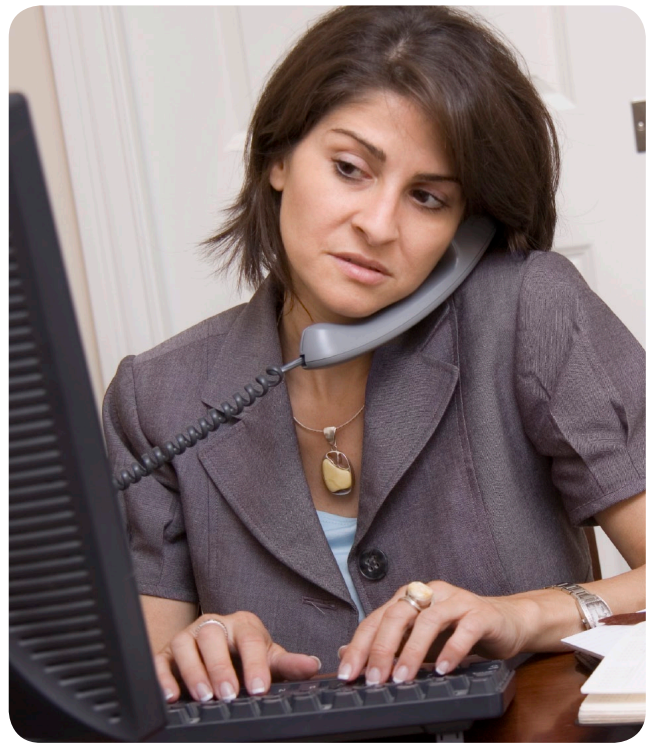
## Conduct Surveys

You have constructed your survey, and recruited and trained your volunteers. Now you are ready for the next step: collecting the data/information.

Volunteers will collect information via phone and site visits. To assist you in developing your own data collection tools, we have included in the *Advocate's Toolbox* sample surveys for those making calls and conducting visits. Adapt these as appropriate for your own use.

Each hospital will be monitored in four ways:

- **By telephone 1:** Uninsured caller (or person representing an uninsured caller) in English (3 calls)
- **By Telephone 2:** Uninsured caller (or person representing uninsured caller) in languages other than English (3 calls)
- **By Telephone 3:** Person representing a community agency (1 or 2 calls)
- **By a Site Visitor:** Representing a community agency, faith-based organization, or the like (1 visit)



## Telephone Surveys

There is one survey for uninsured callers and a slightly different version for those representing community agencies. The questions asked for each scenario are similar, but they are usually addressed to different individuals within the hospital.

- An uninsured caller (or someone representing an uninsured caller) phones the hospital's central number on three different days and at different times of day in order to reach different individuals. Example: weekday business hours, evenings, weekends.
- A caller representing a community agency phones the hospital billing department; some groups also call the social services department, as reflected in the sample survey.

The uninsured caller introduces him/herself as a family member or a potential patient, and then asks the survey questions about free care at the hospital.

Some callers are most comfortable simply stating that they are uninsured (or a friend or family member is uninsured) and have medical conditions they think may require care. Other callers choose to have a slightly more elaborate story. The easiest approach is to draw upon a medical condition s/he or a friend or family member actually has. If nothing comes to mind, they may wish to state that a friend or family member has a heart condition, severe back pain, frequent severe headaches, or another common condition.

Make sure uninsured callers feel comfortable with the brief story they will tell. Even if hospital personnel ask for specific information about the person's condition and situation, the caller should keep the story simple and not elaborate, and return to their request to find out if free care is available to those unable to pay.

The uninsured caller phones the main hospital number because this is most likely what an uninsured person seeking information on free care would do. It is not the responsibility of the potential patient to figure out which department to call. All hospital staff members who have contact with the public should be trained to answer these questions or know exactly how to refer callers to those who do.

By conducting calls at different times of day and different days of the week, you can determine whether problems encountered are due to just one staff member or are more pervasive and systematic.

The community agency caller has a slightly longer survey. He or she should actually represent an agency or call on behalf of your organization.

## Site Visits

In the site visit, monitors visit four areas in the hospital: the front desk, the patient registration and admitting desk, the emergency room, and the billing office/patient accounts. In each area, monitors look for posted and written information about free care and applications for free care or financial assistance. If the circumstances permit – that is, if staff are not busy – monitors also ask a series of questions about free care at the hospital. Remind volunteers not to disclose details of the Free Care Monitoring Project at this point. If they do, it may compromise the ability of other monitors to collect information on this hospital and others in the community.



## Go Online

In addition to the telephone surveys and site visits, assign one volunteer the responsibility of visiting each hospital's website and recording what free care information is available. For instance, does the website contain:

- an explanation of the free care policies?
- phone numbers for the financial assistance office?



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- eligibility guidelines?
  - clear information about the documentation a patient needs to provide?
  - information in multiple languages?
  - free care applications?

It is also important for the monitor to document how easy or hard it is to find the information on the website.

## Data Collection

Give the monitors a date to complete their data collection, usually within two weeks of the training session. Keep the data collection phase short: the longer it drags out, the more likely the monitors will forget their training and collect less information.

To better manage data collection, make a list of specific assignments for each volunteer. A sample assignment sheet is included in the *Advocate's Toolbox*. As project coordinator, keep track of who is doing what and check in regularly with volunteers to see if they are having any difficulties in filling out the surveys. Often, you will identify one or two individuals who won't complete their tasks and others who can take on extra calls. Shift assignments as needed.

Stress the importance of accuracy and objectivity. The monitors need to reflect on and correctly document the information they receive from hospital personnel. This information gives the group credibility as it presents its findings to the hospitals, the press, and the public. It is important that monitors keep track of all calls and their outcomes, as well as how many times they were transferred and to whom. The surveys in the *Advocate's Toolbox* help

monitors easily and systematically record their interactions. Encourage monitors to record direct quotations when possible; these add flavor to the written report.

You may want to give monitors extra copies of their reporting forms so they can first jot down notes, and then more carefully fill out a form for submission. Emphasize that forms must be filled out legibly in order for the information to be accurately transcribed.

## The Debriefing: Reporting on the Results of the Monitoring Activity

The *Advocate's Toolbox* contains a facilitator's agenda for the debriefing session. There is also a template that you can transfer to flipcharts for reporting on each individual hospital. The template closely follows the monitoring forms.

The debriefing session is an opportunity to increase volunteers' knowledge about free care and to give them a time to discuss their surveys, the responses, and their feelings about the experience. It also provides another opportunity to connect new members to one another and to your organization.

During the debriefing, monitors report both positive and negative responses to their calls or visits, and they recount anecdotes that highlight hospital best practices and shortcomings. These conversations tend to get people more excited and impassioned about the issue. By recording each hospital's results on a flipchart so everyone can view them together, a "story" emerges about local hospital practices. This sets the stage for an intervention by the group.



After people record their findings, the bulk of the meeting focuses on hearing from people about the experience as a whole. Discuss each hospital's results in more depth, and compare hospital responses.

Based on the monitors' reports, the facilitator can solicit suggestions for a "model free care policy." The *Free Care Fact Sheets* include provisions you may want to run by the group of monitors after they have come up with their own ideas.

**NOTE:** There may be gaps in the data monitors collected. For instance, some monitors may not complete all their calls. Figure out a reliable way to get the missing information on a timely basis so you can analyze it and prepare to act upon your findings.

This debriefing is also an opportunity to present the volunteers with additional information on free care, hospital billing and collection practices, and related issues that you think would be of interest. Having conducted the survey, they may be more invested or have more of a context for information that you think will help in devising an action plan. You may want to review some of the slides in the Advocates' Training Presentation related to hospital obligations, cost vs. charge, and the difference between bad debt and free care.

## Analyzing the Data

After collecting the data, organize it into a format that highlights the major findings. It is helpful if you can be quantitative. How many calls and visits to each hospital were completed in total? In how many instances could people get the information they sought? In how many hospitals did all staff

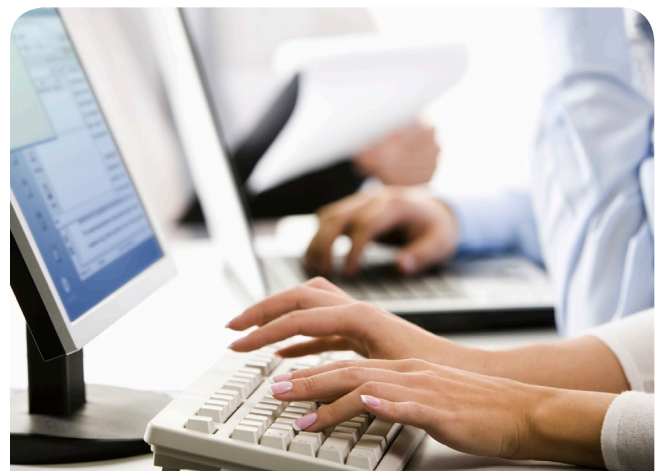
provide consistent information? How many total calls were made in languages other than English, and how did the outcomes of those calls differ from those made in English? For examples of ways to analyze and interpret findings, see the key findings in some of the Free Care Reports completed in the past. These are available on Community Catalyst's website ([www.communitycatalyst.org](http://www.communitycatalyst.org)).

## Writing the Report

A report that documents the results of your findings is an important way to get the information to the public. The report will increase public awareness of problems that severely limit the access of uninsured and underinsured in your community to care at local hospitals.

The report does not have to be fancy or long. Its most important components are:

- a short background section on the free care obligation, highlighting any state or local laws
- the purpose and methodology of the study
- the findings from your free care monitoring
- your organization's recommendations as a result of the findings



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Again, feel free to check the formats of previous reports on Community Catalyst’s website. Many use a similar format, but all adapt it in some way to maximize local impact. The following are a few examples.

- Universal Health Care Action Network of Ohio conducted free care monitoring in Columbus and Cleveland. In both cases, UHCAN reported only aggregate findings, not individual hospital findings. It took a quantitative approach where possible, reporting, for instance:

“Of the 74 calls made, 29 callers eventually were told – generally after multiple transfers – either that there was no free care or that the hospital staff person did not know if there was free care.”

- The Public Policy and Education Fund of New York used a report-card approach in its report, *Can New Yorkers Access Hospital Services Paid for by Our Tax Dollars?* It also produced a consumer guide to obtaining free care at individual hospitals. The guide serves a dual purpose: (1) it provides consumers with the specific information obtained from individual hospitals about exactly who to call for information, what services are covered, and similar information; and (2) it shines a harsh light on the hospitals by revealing that many failed to provide information to the consumer organization.
- In its report, *Hospital Community Benefits and Free Care*, the Long Island Health Access Monitoring Project reported aggregate results for the seven hospitals surveyed using a quantitative style. For example:

“Only at two of the seven hospitals were any of the non-English speaking monitors able to have their questions answered.”

The organization also provided results for each hospital, taking care to use standardized language so a fair picture was presented and hospitals could be easily compared.

Whatever format you use, we highly recommend that you include quotations from hospital personnel and from monitors. In addition, strengthen your case with actual stories about the experiences of uninsured people who try to access care (e.g., bilingual problems, credit action, denials of care). You can use your volunteers to collect these stories, or collect them in the course of your daily work. This information is especially easy to collect if your organization already gets calls from community members who report problems accessing care. Ideally, people (or providers or advocates who share the story) are willing to talk with the media as well, either with or without identifying themselves by name.

## DEVELOPING AN ACTION PLAN

Having completed all these steps, you are ready to develop your action plan.

Consider:

- What hospitals, if any, were exemplary in their approach to free care? What hospitals, if any, were particularly weak? Did most or all the hospitals fail to provide adequate information?
- What were the key shortcomings at each hospital surveyed? How did the findings compare with the model free care policy developed by your group?
- Are there hospitals that, based on the information available to your group,

shoulder a disproportionate burden of free care? Would they be supportive of more transparent policies that would more fairly distribute the burden?

- What public officials would support laws or regulations to address the inadequacies you have documented? What local, state, or federal requirements are the hospitals monitored not meeting?

There are several options for moving forward at this stage. Most groups release the report publicly, after first giving the hospital an opportunity to cooperate by making a commitment to address the problems identified and to report back to the community on changes in policies and practices. The organization's press release should acknowledge hospitals that agree to cooperate. In other instances, groups release the report without first consulting with local hospitals, usually feeling that hospitals would be unresponsive until receiving negative publicity.

The prospect of press reports about patients being hounded by hospitals for their inability to pay for care produced concessions from hospitals in Marion and Polk counties in Oregon. Armed with data and numerous personal accounts, the Oregon Health Action Campaign (OHAC) met with representatives of the hospitals before going public. Hospital officials made a commitment to work with OHAC to improve access to charity care, with all the hospitals adopting a uniform policy.

However your group decides to proceed, you can involve monitors – talking to the

press, negotiating with hospitals, or explaining the report and free care issues to community members. This is a great opportunity to provide training and leadership development. Develop talking points for those involved in negotiations, community education, and media interviews. Community Catalyst's *The ABC's of Negotiation* may be helpful in developing your approach.

## FOLLOW-UP AND AFTERMATH: INDIVIDUAL HOSPITALS

Although you may have some easy, early “wins” – hospitals agree to make changes based on your report – most likely a good deal of follow-up will be needed to have the greatest impact. Whether you begin negotiations with hospitals before or after publicly releasing your report, create a negotiating team for each hospital. Usually, a team includes the staff coordinator and several project participants, including one or more monitors. Monitors can report firsthand on their experiences with the hospital; their insights may be more powerful if they are uninsured and a potential candidate for free care themselves. Also consider including a community leader or even a public official you think will be influential when meeting with the hospitals.

It is easy to get embroiled in a never-ending process with a hospital. Initially, the negotiating team may feel encouraged if the hospital meets with them and expresses intent to address shortcomings, but the hospital may fail to make and implement changes in a timely way. Secure a commitment from the hospital that



includes implementation dates. The group will identify next steps if satisfactory agreements are not reached within the agreed upon time.

**New York advocates reported that “one of the hospital’s top administrators attended our first meeting to discuss our report’s findings. They expressed concerns and we were encouraged. But the meetings went on and on; the top administrator stopped coming and sent a member of the public relations staff instead. We realized we had to come up with a target date for a meaningful response or step up our advocacy.”**

To confirm that policy changes are sustained, your team may want to undertake ongoing monitoring. The most effective way to do this may be hospital visits to see if signs and materials are available and staff members



are knowledgeable and helpful. The Universal Health Care Action Network of Ohio issued a second report six months after the initial release in Columbus, citing the policy changes adopted by some hospitals and the lack of progress at others.

## **FOLLOW-UP: BEYOND INDIVIDUAL HOSPITALS**

Some groups have found it useful to go beyond negotiations with individual hospitals. Hospitals are quick to note that their actions are influenced by others in the area. They may be supportive of changes because they would like all local hospitals to share the responsibility for free care more equally, or they may be fearful of making a change because they believe more uninsured and underinsured individuals will seek services at their institution. Consumers unable to cover medical expenses benefit most if local hospitals adopt a uniform policy, including uniform eligibility standards and application procedures.

Organizations undertaking free care monitoring have sought to influence hospital associations and public officials to improve free care practices. For example:

- Hospital administrators in Oregon’s Marion and Polk counties in the Portland metropolitan area worked with the community group to develop a policy that included uniform eligibility (150% of the federal poverty level for full free care and a sliding scale above that), a commitment to reasonable payment arrangements, a uniform application, a commitment to staff education, and visible postings about free care.



Subsequently, this policy was adopted outside the Portland area. The Oregon Association of Hospitals and Health Systems has disseminated the policy to its members and recommended its adoption by hospitals throughout the state.

- In New York's Nassau and Suffolk counties on Long Island, community members successfully supported county laws that require hospitals to develop free care policies, post clearly visible signs about free care, and notify every patient that free care is available. The laws establish hotlines for complaints and financial penalties for non-compliance. The Nassau County law also requires hospitals to file annual reports to enable community members and the county to evaluate individual hospital performance. Building on the passage of these county laws, advocates eventually won statewide uniform free care requirements for hospitals that seek reimbursement from the state free care pool.
- In California, three separate monitoring projects found that many hospitals did not have the appropriate signs, or were unable to answer questions from prospective patients about financial assistance or billing issues. Advocates used these findings to urge the passage of a state law that would protect consumers and improve hospital practices. In 2006, the state legislature enacted a law that: (1) limits the amount uninsured and underinsured patients can be charged for hospital services; (2) sets uniform free care eligibility guidelines; (3) requires hospitals to notify patients about their rights and financial options; and (4) gives patients

the opportunity to negotiate payment plans before their bill is sent to collections.

These laws, as well as an interactive web tool to build your own free care legislation, are available at Community Catalyst's website ([www.communitycatalyst.org](http://www.communitycatalyst.org)).

