

What Is the Safety Net?

Considerable debate has been generated concerning the definition of the health care "safety net." The Institute of Medicine (IOM) defines the safety net as "Those providers that organize and deliver a significant level of health care and other health-related services to uninsured, Medicaid, and other vulnerable patients" (Institute of Medicine, 2000). Much of the discussion centers on which providers in a community are "safety net" providers, and which ones are not. The IOM also recognized the concept of "core safety net providers:"

"These providers have two distinguishing characteristics: (1) by legal mandate or explicitly adopted mission they maintain an "open door," offering access to services to patients regardless of their ability to pay; and (2) a substantial share of their patient mix is uninsured, Medicaid, and other vulnerable patients" (Institute of Medicine, 2000).

Core providers identified by the IOM include a variety of health centers (e.g., Community Health Centers, Migrant Health Centers, the Health Care for the Homeless Program, School-Based Health Centers, and the Public Health Housing Program), community-based clinics, public hospitals, and many teaching hospitals as well. A substantial amount of safety net care is provided in hospital emergency departments, which, as a condition of participation in the Federal Medicare program, are required to provide medical screening exams and stabilizing treatment to all patients, regardless of their ability to pay. In addition, the IOM recognized that a considerable, but largely unquantified amount of health care for safety net populations is provided in private physicians offices.

Regarding Rural Safety Net

The supply of providers is lower in rural than in urban areas. Despite the fact that 20 percent of the Nation's population lives in rural areas, less than 11 percent of the Nation's physicians practice in these areas ([National Rural Health Association, 1998](#)). While shortages of nurse practitioners, physician assistants, certified nurse midwives, registered nurses, and allied health professionals have an impact across the country, they have a disproportionate impact on rural communities, in part because, lacking physicians, many rural communities depend on these professionals to function as physician extenders or substitutes ([Baer and Smith, 1999](#)). Moreover, as shortages of nurses and radiology and lab technicians become acute, wage competition will attract these professionals to urban areas.

Rural communities are less likely to have the types of formal safety net providers found in urban areas, such as public hospital systems, Federal, State, and locally supported Community Health Centers (CHCs), Federally Qualified Health Centers (FQHCs), and local health departments. On the other hand, there are special classes of providers found only in rural areas such as Rural Health Clinics (RHCs) and Critical Access Hospitals (CAHs). Although RHCs and CAHs do not receive formal funding for the provision of safety net services, they do serve a safety net function in the communities in which they are located.

In the absence of formal safety net providers, a greater demand is often placed on the "informal" safety net—the private professionals and organizations that provide free or low-cost care to people who are unable to pay, but do not receive any public funds or other public support to compensate them for these services ([Taylor et al., 2003](#)). These providers and the services they provide to low-income and uninsured patients are an important part of the rural safety net.

[Institute of Medicine Report Summary *America's Health Care Safety Net: Intact but Endangered* \(June 2000\)](#)

http://books.nap.edu/openbook.php?record_id=9612&page=1 (To find the free executive summary.)

Definition of Oregon's Health Care Safety Net

As developed by the NGA Health Care Safety Net Policy Team and the Safety Net Advisory Council.
The following is the statutory definition of the Health Care Safety Net, resulting from the Healthy Oregon Act (SB 329).

Section 2 (8) "Safety net provider" means providers that deliver health services to persons experiencing cultural, linguistic, geographic, financial or other barriers to accessing appropriate, timely, affordable and continuous health care services. "Safety net providers" includes health care safety net providers, core health care safety net providers, tribal and federal health care organizations and local nonprofit organizations, government agencies, hospitals and individual providers.

Section 2 (2) "Core health care safety net provider" means a safety net provider that is especially adept at serving persons who experience significant barriers to accessing health care, including homelessness, language and cultural barriers, geographic isolation, mental illness, lack of health insurance, and financial barriers, and that has a mission or mandate to deliver services to persons who experience barriers to accessing care and serves a substantial share of persons without health insurance and persons who are enrolled in Medicaid or Medicare, as well as other vulnerable or special populations.

Statement of Principle:

Section 3 (16) The health care safety net is a key delivery system element for the protection of the health of Oregonians and the delivery of community-based care.

BCCP Safety Net Definition Used

Data was gathered from the Health Systems Planning office in the Oregon Department of Human Services. The Health Systems Planning office creates a list of Safety Net clinics by gathering data from the Oregon Primary Care Office, the Oregon Primary Care Association, the Office of Rural Health, the Portland Area Indian Health Service, and the Oregon Health Care Licensure and Certification Program.

For the purposes of allocations planning for the BCCP, the broader definition of Safety Net was used and all of the following Safety Net classifications were applied to current BCCP providers, as appropriate.

- **RHC:** Rural Health Clinic
- **IRHC:** Isolated Rural Health Clinic
- **FQHC:** Federally Qualified Health Center
- **CHD:** County Health Department
- **CAH:** Critical Access Hospital
- **Tribal:** A tribal health center, or clinic that primarily serves American Indian/Alaska Native clients.
- **CS-O:** Community Sponsored Clinics/Other. Community-sponsored clinics have a mission to serve low-income and vulnerable residents in their community. They do not receive State or Federal dollars and for the most part do not, and cannot bill. The Health Systems Planning office is unclear if they have identified all of the CS-O clinics, but currently track fifteen.