

# **Pro Bono Healthcare: A Benefiting Reform**

## **Changing the Dynamics of the Healthcare System by Incorporating Time Banking as an Incentive for Healthcare Professionals to Get More Involved in Pro Bono Healthcare**

**Tag Words:** pro bono healthcare; time banking, mandatory healthcare; Affordable Care Act; Good Samaritan Law; The College Cost Reduction and Access Act of 2007; Public Service Loan Forgiveness (PSLF) Program

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### **Summary**

The absence of healthcare to the uninsured, underinsured, and economically disadvantaged is a major issue in the US today. Individuals push for the concept of universal healthcare without realizing healthcare reform can take years to implement successfully. Pro bono healthcare is a great start to helping those in need without the economy suffering. Suggested ways on how pro bono work could be incorporated into healthcare are by making pro bono health services mandatory or by incorporating loan forgiveness as a benefit to volunteering their services. A more local easily attainable solution is time banking, where not only does the patient benefit but the physicians will as well. Time banking is based on community participation, thus, as a community service project, healthcare professionals were contacted to sign up for the local time bank within Middlesex County, NJ. Time in our society is very important so exchanging one's free time for another can boost the willingness to get involved. After analyzing all three solutions, it was concluded that making pro bono healthcare mandatory with the loan forgiveness option may be beneficial to those who require major surgeries, whereas time banking was a great local way to get licensed professional involved for minor procedures.

### **Video Link:**

## **Closing the Gap, One Pro Bono Step at a Time**

### **Intro A.C**

47 million, that's the number of Americans who are uninsured; and to the general public it may just seem like a number, but to the uninsured it can represent a never-ending lifestyle of debt<sup>1</sup>. If that number isn't shocking enough, consider the number 84 million which represents the number of uninsured and underinsured individuals in 2013, recognized by the Commonwealth Fund 2012 Biennial Health Insurance Survey<sup>2</sup>. The absence of healthcare to the financially unstable and the inadequacy of healthcare to those who can afford it is a major issue in the US today. The main reason for the lack of health insurance is simply the cost. A lot of low-income families do not have access to adequate healthcare through their job and public healthcare isn't as affordable as we may think. A doctor's visit, to a non-hospitalized location can cost up to \$249 dollars and that's without any tests being run!<sup>3</sup> With most of the uninsured already having a low income, medical debts from doctor's visits make it hard for them to move up the financial ladder, especially the more expensive the doctor's visits become. In June of 2013, CNBC news released an article on medical debt being the leading cause of bankruptcy.<sup>4</sup> A current solution is the Affordable Care Act, which was put in place in 2009, which purpose was to provide families with different and affordable healthcare options.<sup>5</sup> However, there are still millions of people out there who are uninsured and underinsured 5 years later, who are not getting the proper care they need.

So what is the solution? Pro bono healthcare. Pro bono healthcare is the volunteered services of professionals without the expectation of compensation. It is a great start to helping those in need without the economy suffering. A vast amount of doctors said they got into healthcare to help those in need; therefore we should not discriminate against a person with money and one without. Although it is economically beneficial to favor those individuals with money, it is not always ethical and those without insurance should have an equal chance at getting adequate treatment.

### **The Uninsured And Underinsured Are Underserved M.I.**

Issues with the health care system are apparent, uninsured and underinsured individuals in modern day American society lack health care coverage. With most of the insured population receiving coverage through their employer, affordability is the primary reason for lack of health insurance among the rest of the US population. Without their employer offering health insurance, most Americans will not be able to afford the coverage on their own. If they were not receiving benefits such as these from their employers, many will be in the same position as the 48 million uninsured individuals of the US, deprived of health care services.

With the costs of health care constantly increasing, many go uninsured or underinsured. Through a survey reported by a KCMU analysis, 61% of uninsured Americans claim it is due to financial difficulties. According to Figure 1, nearly 30% of uninsured adults in the US revealed that it was due to lost jobs, over 11% of the uninsured's employers do not offer health insurance, and almost 9% of the uninsured were young adults who had aged out of their health insurance.<sup>1</sup> Many low income families receive public insurance such as Medicaid, however, if childless or an undocumented immigrant, you are least likely to be qualified for this federal funded health coverage.

With the lack of health insurance and an already low income, many Americans do not obtain medical care to save the little income they have. Almost 46% of the uninsured are not confident that they can pay their medical bills.<sup>1</sup> Medical bills of the uninsured population turn into medical debts to hospitals, lowering the credit ratings of an already financially strained individual, and, for some, evolving into bankruptcy. Medical debts is the leading cause of nearly half of the bankruptcies in the US, thus, instead of the uninsured carrying the burden of medical bills, they go without necessary health care until it becomes critical. Something as vital as medical care is not their main priority if it is out of financial reach. With so many people falling in the gaps of the health care system, it is crucial to implement a solution that aids these uncared for individuals.

### **Issues With The Affordable Care Act M.I.**

The Affordable Care Act (ACA), also referred to as Obamacare, is the most recent health insurance reform, initiated to provide health insurance to a vast number of uninsured Americans beginning on January 1, 2014. The ACA was designed to provide the public with better health security by expanding health coverage, holding health insurance companies accountable, lowering health care costs, guaranteeing more choices of health services, and enhancing the quality of health care for all Americans.<sup>6</sup> The new health reform placed restrictions on insurance companies such as publicly justifying premium rate hikes and primarily spending premium dollars on health care, not administrative costs. The ACA not only protects the population from health insurance companies, but also protect the American population from themselves. Americans must be insured by one of the following: a private health insurer, a public health insurer such as Medicaid or Medicare, or covered under the ACA. If not insured, individuals will be fined. By protecting the uninsured and underinsured from health insurance companies and making it almost mandatory for Americans to acquire health insurance that is qualified under the Affordable Care Act, the ACA is the first step to the US universal health care system.

Before the ACA was attainable to Americans, about 48 million people, or 15 percent of the population, went without health insurance, according to the U.S. Census Bureau. Once available, nearly 8 million Americans applied, though it is still unsure of how many of those were uninsured and how many were previously insured, but switched.

Though the ACA is making gradual progression in the fight to get the American population health insurance, there are still various issues related to this recent change in the health care system, the main concerns being eligibility, coverage for immigrants, and the response from employers and state legislatures.<sup>7</sup> With a number of miscellaneous ways that people can fall into these gaps in the health care system, many are still left uninsured, seeking aid from a willing hand.

After offering coverage to millions of people, the ACA is not as sufficient as it aspires to be. With the numerous gaps in the Affordable Care Act and time being of the essence, a new and improved reform should be implemented as soon as possible. There are tens of millions of people still roaming the nation uninsured, there should be a better way to secure the American people with adequate health services.

## **Pro Bono Healthcare M.I.**

*“One of the most common misconceptions about how the United States will look after the full implementation of the Affordable Care Act (ACA) is that there will no longer be a need for Free and Charitable Clinics to continue to provide charity care as a vital component of the healthcare safety net,” said Nicole Lamoureux, NAFC Executive Director. “In fact, many are surprised to hear that according to the Congressional Budget Office, there may be as many as 29 million people left that without access to affordable health care even after the ACA and the promise of expanded access. Given these realities, Free and Charitable Clinics will remain an important part of the national healthcare safety net.”<sup>8</sup>*

So, what is a quicker, more efficient solution to our healthcare system? Pro bono health care. Pro bono healthcare is the volunteered services of healthcare professionals without the expectation of compensation. Free and Charitable Clinics are a crucial part of America's healthcare safety net and organize on a public community level, providing healthcare daily to many deserving and hardworking individuals who fall through the cracks of our healthcare system and have nowhere else to turn. According to the NAFC member reports, clinics provide 5.5 million patient visits annually, 80% of patients are 18-65 years old, 58% are women and 83% come from a working household.<sup>8</sup> With pro bono health services in effect, the uninsured and underinsured have the ability to consult an adequate physician, receive proper treatment, and walk away without a nerve-racking medical bill burning a hole in their wallets. They underserved are able to be served comparably to any other person with adequate health insurance.

Implementing pro bono healthcare as a new healthcare reform initiative helps those in need without the economy suffering. Pro bono services allows for more free clinics to be run with more doctors and nurses available to patients rather than turning their backs on the sick and allowing them to go home, time and time again, untreated. Doing pro bono work brings the healthcare system back to the initial reasons of why people become doctors, nurses, pharmacists, and so forth—aiding those in need, offering health services to the community, and assuming their position as civic leaders in our society.

## **Pro Bono Issues, Lack of Healthcare Practitioners and Financial Support M.I.**

The primary problem with pro bono healthcare is due to the inadequate support to those who provide pro bono services to the underserved. With millions of people either uninsured or with minimal healthcare which is accepted at limited locations, private practices make the choice of whether to serve the uninsured and underinsured with little to no reimbursement. An unfortunate example comes from Dr. Annette Edwards, a solo obstetrician-gynecologist practicing in a large city. Rendering from the article “Physician Service to the Underserved” from Virtual Mental of the American Medical Association, Dr. Edwards owned a private practice, accepting not only patients with minimal insurance such as Medicaid and Medicare, but also took one day out of the week to provide healthcare to the uninsured, pro bono. Regrettably, with costs to continue her business rising, malpractice premiums increasing, and reimbursement for her services decreasing, Dr. Edwards was compelled to shut down her pro bono clinic in order to take on more insured patients.<sup>9</sup> It’s not only small private practices that have trouble with keeping up with the financial burdens of pro bono treatments, but free clinics established by

large private foundations struggle as well. Facilities such as free clinics sprout up and fail for lack of support fairly frequently.<sup>9</sup> Nearly 44% of free clinics have an operating budget under \$100,000, receiving little to no state or federal funding. Free and Charitable Clinics utilize volunteers, depending on the support of donors, grants and partnerships in order to provide essential access to health care.<sup>8</sup>

Further strain on the effectiveness of pro bono healthcare is the lack of healthcare professionals willing to give their time. Thousands of people line up at various free clinics across the nation with dozens of healthcare practitioners coming to their aid, however, with the excessive quantity of needy individuals in hope to see the very few doctors available, an ample amount of untreated patients are turned away. A recent survey found that nearly 95% of physicians agree with the conception that professional leaders should definitely provide charity care, yet, despite these favorable sentiments, less than half of physicians reported volunteering in the prior year.<sup>10</sup> According to an analysis released by the NCBI's US National Library of Medicine and National Institutes of Health, merely 39% of physicians had volunteered within a 12 month span, making them half as likely as the general public, whom work similar hours and receive comparable incomes, to volunteer their services to communities in need.<sup>10</sup>

With all these impositions, pro bono health service may not be the primary solution to overcome the healthcare deficiency in the US, but it will definitely squeeze in the gap between a lost cause and progression to a better healthcare system. To overcome these principal issues, communal support is surely necessary. More donators, grants, funding, and especially healthcare practitioners are essential for the progression and strong foundation of pro bono clinics. With organizations such as the National Association of Free and Charitable Clinics coordinating events such as National Volunteer Week, a team of doctors, dentists, nurses, therapists and more took the time out to participate, treating patients and providing educational workshops on patient care. With donators such as the CVS Caremark Charitable Trust investing in community projects such as the NAFC and an array of health professionals coming together to serve the underserved during this grand event, why can't charity be in effect more often? Why wait for the next community project to get involved in pro bono services? Where are the team of doctors and donators throughout the year? We need you now.

## **Solutions to Pro Bono**

### **Good Samaritan Laws A.C.**

A major drawback surrounding pro bono healthcare is the risk of being sued. It raises the common question of "why help those who are already receiving free services when there is still a risk of a malpractice claim?" A probable solution to this issue is the extension of the Good Samaritans Law, which aims to protect those that choose to help others, without the fear of legislative repercussions.<sup>11</sup> Although the law is subject to change by each state and district the general reason behind the law is to encourage individuals to offer assistance to those that are ill, injured or incapacitated. Taking that general purpose and applying it to pro bono healthcare can be the start of getting more professionals to volunteer.

Next is the issue of consent, without consent the Good Samaritans Law does not apply in most cases. Consent from the victim, or the victim's parents, if they are a minor are necessary unless that person is deemed unfit to make decisions regarding their own health.<sup>12</sup> By stretching the limitations of the Good Samaritan law, certain procedures that have known risks would be told to each patient. With that information, they will be knowledgeable of all the risks and precautions necessary which they should then be prompted to sign a waiver of consent saying they understand. This alleviates the individual saying that they were unaware of all the risks and therefore wanting to sue when known side effects occur.

Of course the physician may still be held liable if the procedure was performed incorrectly or they didn't follow health protocols, however if the procedure was performed correctly and the known risks became an issue, the ability to file a lawsuit should be extremely limited. Physicians doing pro bono healthcare may feel as though they are doing enough by performing the procedure itself, therefore, getting sued on top of it would make them less likely to participate in any volunteer work. By extending the Good Samaritans law, licensed professionals will be more inclined to offer their services.

### **Time Banking – A Community Effort A.C.**

The one thing that makes a community strong is partnerships.<sup>13</sup> When you have a group of people making a unified effort to support and encourage others it creates a sense of cohesiveness. Granted there are state and federal programs that have been implemented to help build stronger communities but there should also be a way to build a stronger community through healthcare. Usually the people who frequent local hospitals are the members of the communities themselves. If we could get doctors to donate even an hour of their time to helping those who lack healthcare, it would create a healthier, happier and stronger community. As I stated before, medical debt is one of the leading causes of bankruptcy so with physicians donating their time, it would alleviate some of the pressures that individuals feel. However, after at least 10 years of education, 80 hour work weeks as a resident, and averaging 55 to 75 hours every week while working in their profession, doctors have little to no time on their hands so, to them, every minute counts. Numerous surveyed professionals said that it is unlikely that they would just donate their time for free. Nonetheless, with a little incentive their minds could change and that incentive is time banking. Time banking is the exchange of services with the currency being time instead of money.

The word time banking was created and is best described by a man named Edgar Cahn. He founded the concept and his ideas manifested in the 1990's when the Robert Wood Johnson Foundation piloted the first time bank.<sup>14</sup> Time banking was founded on these five principles:

1. Assets: We are all assets and that everyone has something to contribute no matter how small or how large.
2. Redefining Work: Some work is beyond a price and in order to create a strong community it needs to be recognized, honored, recorded and lastly rewarded.
3. Reciprocity: Time banking is not a one-man band. It cannot work unless there is a two way street created. The question "How can I help" needs to change so we ask: "How can we help each other build the world we live in?"

4. Social Networks: People joined in shared services are stronger than individuals. If we think of ourselves as a “social network” we can build trust and support as well as a constant flow of communication and resources.
5. Respect: Respect underlies freedom of speech, freedom of religion, and everything we value. Respect supplies the heart and soul of democracy. When respect is denied to anyone, we all are injured. We must think of everyone as individuals and no work more important than the next.<sup>15</sup>

The purpose and founding idea of time banking is to build a stronger community using the resources and help of the people within the community itself. Waiting on government or state help can take months of writing letters and ideas falling upon deaf ears. However, with community effort, the results and impact are likely to be seen within a short amount of time. Time banks, USA , which has been around since 1995 , is a great example of a long lasting time bank that aids in helping people start/ join , become aware of multiple services and educate the public on what time banking is all about. A few examples of what major services are currently available are childcare, legal assistance, tutoring and account management. The best thing about time banking is that it is a “pay it forward” system. In a pay it forward system you don’t necessarily have to help the person that helped you or worry about how you’re going to help that specific person. A person can choose how they want to spend their time and who they want to spend it with.<sup>16</sup>

### **Recording Time A.C.**

The time that is spent helping others can easily be recorded on online time banking software or through a coordinator if your time bank has one. The way it works is that by helping people you earn what are known as "hour" credits, time dollars, service credits, etc. These make it easy to track how much time you’ve given and received. It also prevents people from going into debt, by receiving without giving. Although it is rare and hasn’t happened, it’s just a system set up to make sure that everything is fair. There is no relationship between hour credits and a regular dollar. That is why hour credits are tax exempt.<sup>16</sup>

### **Getting Involved A.C.**

To put it in simpler terms time banking is a giving and receiving process, put into play so that everyone can benefit and feel purposeful. NOLA Time bank made a valid point by saying “For professionals like doctors, lawyers and business people, Time Banking is a way to give back to your community without having to go someplace else on someone else's schedule. For example, you can just set aside 10% of your appointment calendar for Time Bank members.”<sup>16</sup> This great “pay it forward system” is a way to store your hour credits, because in the long run you can get someone to do something you simply may not have the time to do for yourself that day.

The start is getting people educated. The lack of knowledge leaves people ignorant to ways in which they can help outside of their normal work schedule. Therefore with the proper knowledge, physicians can join time banks in their communities. They could volunteer their time by helping out at local clinics or Planned Parenthood, where people without insurance usually seek help. The only difference is that they walk away from the process feeling good about volunteering but they also have the opportunity to gain something in return.

Through research and talking with different professionals in the health field we found that non-medical pro-bono healthcare was needed as well. For example, dieticians, home health aides, chiropractors and dermatologists were all licensed individuals that people who lacked insurance or were underinsured needed as well. Time banking is a way that professionals from all aspects of healthcare can help those who are truly in need of their services but cannot afford them.

Dr Julie Fagan, an Associate Professor at Rutgers University has already set-up multiple time banking networks for every county in PA, NJ and NY. Each time banking website is easily accessible with the knowledge of what county and state a person resides in. For example, a person living in Middlesex County, NJ would visit the website <http://www.middlesexnjstring.timebanks.org>. By replacing “Middlesex” with the appropriate county and “NJ” with the appropriate state each time bank can be accessed. With multiple time banks already set up, finding one should be the least of physician’s worries.

### **Mandating Pro Bono Services A.C.**

Although time banking is an adequate incentive to getting physicians involved, it still may not help those who need major medical attention. For example, someone lacking health insurance may need a heart transplant, pre-natal care/delivery help and/or other expensive medical surgeries. Making pro-bono healthcare mandatory is a solution to getting the uninsured and underinsured the major care that they need. The problem is that a lot of licensed professional in healthcare simply say that they lack the time. However, by setting aside specific times to do pro bono healthcare it shouldn’t put a damper nor add a tremendous amount of extra work to a professional’s schedule.

According to The Physicians Foundation 79.3 % of the physicians surveyed work 41 hours a week or more, whereas 20.7% work 41 hours or less.<sup>17</sup> Using those numbers, making it mandatory for physicians to dedicate 50 hours a year to pro bono healthcare doesn’t seem preposterous or like a burden. If you think about it, 50 hours a year total, divided by 12 months equals a little over 4 hours a month, which is approximately one hour per week!

However, the amount of time spent on a procedure varies by profession. For example a family doctor could see up to 3 patients in an hour whereas an anesthesiologist will only see one patient for multiple hours because their procedures last for a longer duration of time. How many patients a physician sees in a single day is also a factor when considering how much time should be allocated to mandatory pro bono healthcare. The Physicians Foundation found that 39.8% of licensed healthcare professionals see 11-20 patients a day. Whether or not a physician is employed or an owner, as well as their specialty slightly affects this number. Referring to Table 1 in the appendix, it is seen that employed physicians see about 18 patients a day whereas an owner of a clinic sees about 22 patients. A primary care physicians see approximately 19 patients per day and a specialist see approximately 20. The fact that the numbers of hours spent on a patients and how many patients are seen a day differs amongst specialties and ownership status the alternative to 50 hours a week is 10% of total patients seen should be pro bono cases. This idea was proposed by David Lazarus, a contributor to the Los Angeles Times. He said, “That is, for every 10 patients that a healthcare provider sees, one would receive the same level of care as all the others but at no cost.”<sup>18</sup>



By having two separate options for physicians to complete their mandatory pro bono work, it levels the playing field for someone who may see many patients in a short amount of time to someone who sees one person for many hours. One option may be better suited and easier to fulfill for one physician than the next, so having a choice is beneficial.

Overall, Mandating pro bono healthcare gives individuals an equal opportunity at a better life. If pro bono healthcare didn't exist or physicians didn't help the underinsured, only the rich to middle class people would remain healthy whereas the lower middle class to poor people would remain sick. Eventually the gap would become so big that one group, mainly those who cannot afford healthcare, would die off. The main reason that most people become doctors is to treat those who need treatment. Financially, stability should not deter or change that reason in any way. Making pro bono healthcare mandatory would ensure equal treatment to all. With a society so set on gender and race equality why shouldn't financial equality be addressed as well? Pro bono healthcare is a way to alleviate that discrimination.

### **Other Professions That Have Taken the Initiative A.C.**

Pro bono work is talked about amongst all professions however some are more willing to take the leap of making it mandatory than others. One profession is law. Law also takes years of initial and additional schooling as well as long hours of work per week. However, just recently NY became "the first jurisdiction in the United States to require pro bono services as a condition for bar applications to become licensed to practice."<sup>19</sup>

Davis Polk, a law firm which has offices in many locations, prides itself on pro bono work. They released their numbers of pro bono work from 2012, alone which can be seen below.

Lawyers from our New York, Menlo Park, and Washington DC, Hong Kong and Paris offices devoted 45,457 hours to pro bono matters.

- 39% of our lawyers devoted 20 hours or more to pro bono projects.
- We advised on nearly 560 pro bono matters.<sup>20</sup>

Along with careers taking the initiative, a lot of schools in the country have made it mandatory for high school children to do a certain amount of volunteer activities before they can graduate. If not for graduation than schools incorporate volunteer works in class projects to encourage students to get out and volunteer. A few of these schools include Hunter College High School and Regis High School in New York<sup>21</sup> as well as Columbus School for Girls, New Albany Plain High School, Hamilton High school and Bexley High School, all in Ohio.<sup>22</sup>

### **Loan Forgiveness For Public Service Volunteerment M.I.**

If the solution to alleviate debt for patients is the employment of pro bono healthcare, why can't the same solution transpire to alleviate the debts of healthcare professionals? According to The Student Doctor Network, doctors rack up over \$250 thousand worth of debt due to school loans, not including interest, and, just like any other person in debt, it takes years for them to pay off. With medical schools plus interest costing more than medical professionals make in a year, the career is becoming more draining and less satisfying.

Health professionals spend more time repaying debt than living their lives. There are various public service programs established for loan forgiveness. The Association of American Medical Colleges states, “The College Cost Reduction and Access Act of 2007 established a program that forgives some federal student loans under certain circumstance.” Programs such as the Public Service Loan Forgiveness (PSLF) Program, is intended to encourage individuals to enter and continue to work full-time in public service jobs. Under this program, borrowers may qualify for forgiveness of the remaining balance of their Direct Loans after they have made 120 qualifying payments on those loans while employed full time by certain public service employers.<sup>23</sup> Other programs, such as the NIH Loan Repayment Program, offers repayment of 25% of a doctor's student loan balance per year (\$35,000 maximum each year), for doctors conducting research,<sup>24</sup> as well as programs like the National Health Services Corps (NHSC) Loan Repayment Program which awards a maximum of \$50,000 in Federal loan forgiveness in exchange for two years of service conducted in a Health Professional Shortage Area.<sup>25</sup>

Now, what if programs such as these were to expand into pro bono healthcare? As the PSLF forgives loan borrows of any profession who are employed with a federal, state, or local government agency, entity, or organization or a not-for-profit organization that has been designated as tax-exempt by the Internal Revenue Service (IRS) under Section 501(c)(3) of the Internal Revenue Code (IRC),<sup>23</sup> NIH reducing the loans of doctors and nurses and the NHSC awarding healthcare professionals on their research, a program should be implemented similarly to those who volunteer their service to pro bono work, helping people in low income areas. If volunteering their professional time were an option to reduce their debt, many healthcare professionals would be inclined to participate. With the concept of the public service loan forgiveness program, health professionals should be allowed to put in a certain amount of pro bono hours a year that can transfer into debt relief. With loan forgiveness as a brilliant incentive for healthcare professionals to partake in, the pro bono healthcare reform is beneficial to all parties. The patients receive treatment without producing large debts in medical bills, the doctors have the opportunity to reduce the extensive debt they've acquired due to school loans, and the government expands the ongoing programs they have already established to all parties in need.

### **A Single Reform, Putting It All Together M.I.**

Incorporating the Good Samaritan Laws, time banking, mandatory pro bono work, and loan forgiveness into a single collective, all the concepts can tie into one overall reform program. Let's say a healthcare professional works 60 hours a week. Healthcare professionals must work the mandatory, minimum yearly required hours doing pro bono work—60 hours of pro bono services a year. After they've reached their standard time requirement, any extra time spared to pro bono services can either be put into their time bank to earn the exchange of services or they can reap the benefits of loan forgiveness. Not only will healthcare professionals put a vast amount of time into pro bono work due to the requirement, but many may put in extra time due to the enticing benefits! Who knew volunteer work can be so fulfilling

### **Conclusion M.I**

Realizing that value of health care in the United States is crucial. With millions going without health care services, it is vital that the nation unifies to fight the on-going battle with the flaws of the health care system. As the government runs to the aid of the health care system, they unfortunately leave behind tens of millions who must choose between medical debt and going

uncared for. As a nation we must unite. There are people willing to serve the underserved, but there's only so much one person can do in large communities needing their help. Rather than leaving this burden to a few helping hands, we as a nation should all use the resources we have to spread charitable acts to all needy individuals. By implementing reforms such as the Good Samaritan Laws, time banking, mandatory pro bono work, and loan forgiveness programs, we can transform from the United States, nation with millions uninsured and underinsured, to the United States, nation with millions cared for.

As stated in the Presidential Proclamation:

*“Across our country, volunteers open doors of opportunity, pave avenues of success, fortify their communities, and lay the foundation for tomorrow's growth and prosperity. They are often equipped with few resources and gain little recognition, yet because of their service, our country is a better and a stronger force for good.”*

### **Community Action: Time Banking New Brunswick Healthcare A.C**

Our service project focused mainly on getting individuals educated on how they could get more involved within their community. Changing the law and making pro bono healthcare mandatory with the loan forgiveness option is a solution that could take years to implement as well as the involvement of government officials. Therefore, the best way we could voice our opinions and solutions were through writing to several newspapers and hoping to get our work published. However, the one solution that was feasible in a short period of time was time banking. That is why my partner and I focused on spreading the word and talking to different health professionals on what specifically time banking is.

During our time talking with professionals we realized how hard it was to get in contact with doctors so although we got a few to respond there wasn't a significant amount. Instead of giving up we chose to go to other specialties and careers within medicine to see how willing they would be to talk and incorporate time banking into their lives. What we found were that nurse practitioners, chiropractors, dermatologist, RNs and home health aides were all licensed professionals that were open to the concept.

The most difficult part of the process was getting people on the phone that was willing to participate in our survey. Altogether we were able to get 2 doctors, 1 dermatologist, 1 dietician, 2 home health aides, 3 RNs, 1 pharmacist, 2 nurse practitioners to respond, a total of 12 people.

Amongst the list of questions we asked were:

1. The state is requiring that all health professionals volunteer their services to pro bono healthcare for 50 hours a year, which is approximately 1 hour per week. How do you feel about the new reform?
2. How would you feel if instead of 50 hours a year the requirement was to help a 10<sup>th</sup> of your patients by offering them services without compensation?
3. There's a program that provides loan forgiveness to health professionals who volunteer their services to pro bono healthcare to reduce their federal state school loans, as well as outside loans. Would you be more inclined to participate in pro bono healthcare if you were made more aware of this program?

4. Time banking is the exchange of services without compensation. Each bracket of time that an individual does gets put into what is known as a time bank to record their work. For example, if you were to provide health services at a free clinic without the exchange of money, you would put the spent working their into a time bank. As compensation, you go into the time bank and request the services of another professional's time, say a plumber or a childcare professional. So instead of simply volunteering your services you are getting a service in return as well. Will that make you more inclined to participate in pro bono healthcare?
5. How successful do you predict this will be amongst healthcare professionals?
6. Would you be willing to sign up for a time bank near you today?

After asking them questions, if we met with them in person we would give them a brochure to further think about everything we've said. However, if the conversation occurred over the phone (which a majority of them did) we prompted them to visit their local time banking website or to at least notify other professionals to get more people involved. We also explained to them how time banking is a community effort and by taking the initiative they could start a domino effect amongst other professionals in the neighborhood.

## **Results A.C**

Out of the 12 people that were surveyed, 7 chose to remain anonymous and were not willing to sign up at that moment. 4 individuals said they would be willing to sign up if we did a follow up session at a later time. 1 person said they would be willing to sign up that day.

1. The state is requiring that all health professionals volunteer their services to pro bono healthcare for 50 hours a year, which is approximately 1 hour per week. How do you feel about the new reform?

70 % said that, the new reform was a feasible amount of required work and wouldn't mind volunteering 1 hour per week. The remaining 30% felt as though mandating pro bono work diluted the actual act of volunteering and would not be willing.

2. How would you feel if instead of 50 hours a year the requirement was to help a 10th of your patients by offering them services without compensation?

Majority of the professionals surveyed said they would rather do 50 hours a year than a 10% of their total patients.

3. There's a program that provides loan forgiveness to health professionals who volunteer their services to pro bono healthcare to reduce their federal state school loans, as well as outside loans. Would you be more inclined to participate in pro bono healthcare if you were made more aware of this program?

80% of professionals surveyed said yes. 20% said that would not change their decision.

4. Time banking is the exchange of services without compensation. Each bracket of time that an individual does gets put into what is known as a time bank to record their work. For example, if you were to provide health services at a free clinic without the exchange of money, you would put the spent working their into a time bank . As compensation, you go into the time bank and

request the services of another professional's time, say a plumber or a childcare professional. So instead of simply volunteering your services you are getting a service in return as well. Will that make you more inclined to participate in pro bono healthcare?

Everyone except for the two doctors and the pharmacist said they would be more inclined to participate. When asked why, they said that time and their stature were the main reasons.

5. How successful do you predict this will be amongst healthcare professionals?

Although it was hard to record a solid answer for this question, many professionals said that more than likely it wouldn't be a major success. When asked why, their responses were simply that it would be hard to get a decent amount of professionals to sign up.

Even with our small sample size, we were able to conclude that licensed professionals who were not doctors were more inclined to help than those that were. Therefore, those individuals would be a better target audience when it comes to time banking. However, the sample size could have possibly skewed the results and different doctors in different areas may be more willing.

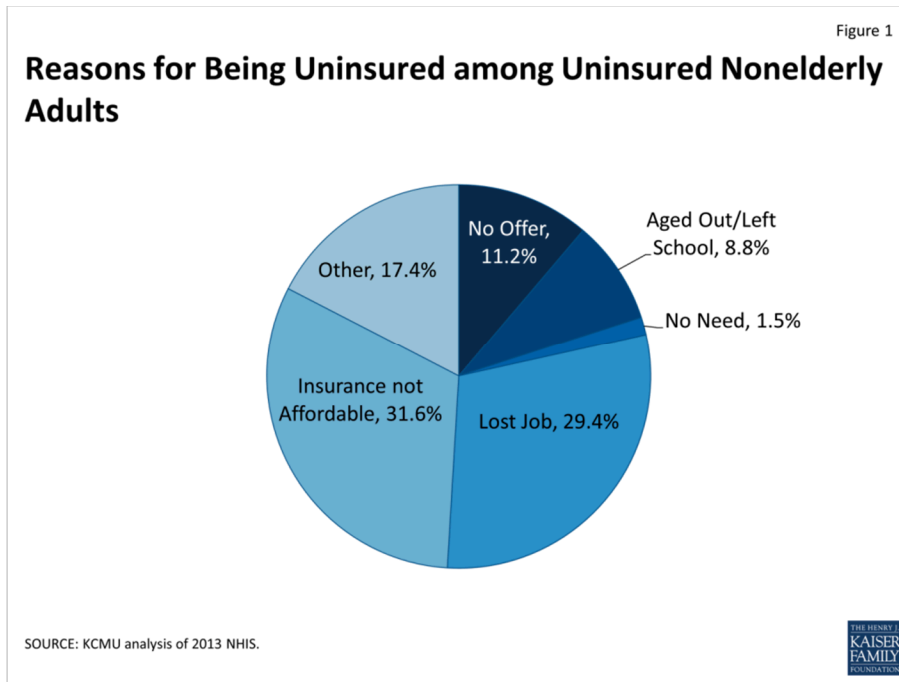
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## Appendices

**Figure 1**



**Table 1**

1 ON AVERAGE, HOW MANY HOURS DO YOU WORK PER WEEK?

	2012	2008
0-20	4%	3.3%
21-30	4.5%	4%
31-40	12.2%	11%
41-50	21.9%	18.13%
51-60	26.1%	25.3%
61-70	15.3%	15.7%
71-80	9.9%	12.7%
81-90	3.9%	5.1%
91 - 100	1.6%	2.4%
101 or more	0.6%	2.1%



**Table 2**

**3** ON AVERAGE, HOW MANY PATIENTS DO YOU SEE PER DAY?

	2012	2008
0-10	19.5%	7.4%
11-20	39.8%	31.7%
21-30	26.8%	41.3%
31-40	8.1%	13.7%
41-50	2.6%	3.7%
51-60	0.8%	1.0%
61	2.4%	1.2%

**Figure 2**

Less Than 40 Hours Per Week

< 40	40 >	Male	Female	Employed	Owner	PC	Specialists
14.9%	21.8%	17.9%	27.4%	20.1%	18.4%	22.6%	19.9%

## **Letters To The Editor**

Pro bono Healthcare – The Time Banking Solution

Avani Comer

Pending Bachelor's Degree in Science – Rutgers University

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## **Cover Letter**

### **Pro bono Healthcare – The Time Banking Solution**

Avani Comer

This manuscript addresses the problems in healthcare today in regards to health insurance. Statistics are given to adequately represent the severity of the situation and a probable solution known as time banking is suggested. This is an original manuscript written by me with original research and all sources used have been cited. Permission is granted to reprint this document. My hope is that this will be published to shine light on the situation and make individuals more aware of the millions of Americans that go untreated, as well as a solution that I think will be beneficial.

### **Pro bono Healthcare – The Time Banking Solution**

Avani Comer

To The Editor:

47 million, that's the number of Americans who are uninsured and to the general public it may just seem like a number, but to the uninsured, it can represent a never-ending lifestyle of debt<sup>1</sup>. The absence of healthcare to the financially unstable and the inadequacy of healthcare to those who can afford it is a major issue in the US today. The main reason for the lack of health insurance is simply the cost. A lot of low-income families do not have access to adequate healthcare through their job and public healthcare isn't as affordable as we may think. A doctor's visit, to a non-hospitalized location can cost up to \$249 dollars and that's without any tests being run<sup>2</sup>! With most of the uninsured already having a low income, medical debts from doctor's visits make it hard for them to move up the financial ladder, especially the more expensive the doctor's visits become.

So what is the solution? Pro bono healthcare. Healthcare is the volunteered services of professionals without the expectation of compensation. It is a great start to helping those in need without the economy suffering. A vast amount of doctors said they got into healthcare to help those in need; therefore we should not discriminate against a person with money and one without. Although it is economically beneficial to favor those individuals with money, it is not always ethical and those without insurance should have an equal chance at getting adequate

treatment. My partner and I came up with a solution that asks doctors to donate their time and services while also benefiting from it as well. This process is known as time banking. In short, it is the exchange of services in the form of currency. Say for example a doctor helps a patient which takes up an hour of his/her time, they would document that on a specific website and another individual will offer his/her own skilled service for an hour. Time banking provides a solution with incentive, not only is the patient benefiting but the doctor will benefit as well. Of course, pro bono healthcare should be given out on a case-to-case basis, reviewed by the hospital on severity and necessity but the main goal is to get doctors involved so we can “help those in need”.

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**Michele Ibanibo**

**PROMOTE A NEW HEALTHCARE PROPOSAL**

Star Ledger— <mailto:tmoran@starledger.com>

**Cover Letter**

This letter addresses healthcare reform, proposes a new solution to this ongoing dilemma, and requests help from our Rutgers family to promote the proposal in hopes of making a difference in our healthcare system. Publishing this letter will be a great contribution to the cause.

**Email:** XXXXXXXXX@XXXXXXXXX.edu

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**Letter to editor**

**Pro bono Healthcare – The Time Banking Solution**

The lack of healthcare is a major issue in our society. While the government is potent about universal healthcare, it takes years to implement and is still costly to patients and healthcare professionals. Pro bono healthcare is a more efficient solution. By making pro bono healthcare mandatory, the healthcare system will be incorporating the concepts of volunteering with benefits, time banking, and student loan forgiveness.

Healthcare professional can work in free clinics for required amount of time per year so that people who lack healthcare can see the doctor and not leave with a high bill. If volunteering their

professional time were an option in exchange for services, most healthcare professionals would be inclined to participate.

By incorporating loan forgiveness, this additional volunteer work can benefit the needy community as well as the doctors. If volunteering their professional time were an option to reduce their debt, most healthcare professionals would be inclined to participate. Multiple healthcare professionals were surveyed and are willing to partake in this new reform plan. With the help of the readers, we can advertise the proposal to get more healthcare professionals involved. Simply by promoting this new reform plan, we can make a difference.