



FLORIDA HEALTH
JUSTICE PROJECT

ADVOCATE'S GUIDE

HELPING UNINSURED INDIGENT FLORIDIANS

2nd Edition

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Introduction

A significant percentage of Florida's low-income adults under 65 have no healthcare coverage and must rely on their local safety net providers. However, advocates and consumers often do not know what providers are in the county's safety net; what services they provide; what the requirements are for receiving free or reduced-cost outpatient care from those providers; how to navigate local hospital's charity care and grievance processes under Florida law; and what clients' rights are *vis-à-vis* certain collection actions for hospital bills under both federal and Florida law.

The first part of this guide provides a review of current legal authority regarding care and coverage for primary and other outpatient care, as well as an overview of hospital requirements related to financial assistance plans and certain medical debt collection actions.

It then provides a “road map” for creating county-specific resources identifying local providers offering free or reduced-cost outpatient care, as well as local hospitals' financial assistance policies.

This Guide is intended for use by legal services providers, healthcare advocates, and consumers.

Primary Care

Relevant Legal Authority

Department of Health

The Florida statute that governs primary care services states that the Department of Health (DOH) “shall enter into contracts with the county governing body for the purpose of expanding primary care coverage.”¹

Under the statute, counties “have the option of organizing primary care programs through the county health departments or through county public hospitals owned and operated directly by the county.”² For example, in Miami-Dade County, primary care is provided through the public hospital system, Jackson Health System (JHS).

The statute specifies that county health department services shall include primary care services described as both acute and preventive services that are made available to “well and sick persons who are unable to obtain such services due to lack of income or other barriers beyond their control.”³ The statute lists examples that include but are not limited to:

- “first contact acute care services;
- chronic disease detection and treatment;
- maternal and child health services;
- family planning;
- nutrition;

¹ FLA. STAT. § 154.011(1)(a) (2025).

² *Id.*

³ FLA. STAT. § 154.01(2)(c) (2025).

- school health;
- supplemental food assistance for women, infants, and children;
- home health; and
- dental services.”⁴

Under the statute, each county primary care program shall, *inter alia*, have a sliding scale based on income for persons above 100% of the federal poverty level (FPL).⁵

The “Sliding Fee Scale” rule in the Florida Administrative Code provides that persons with incomes between 101% and 200% shall be charged a fee on a sliding scale based on specific increments.⁶ However, while the statute uses mandatory language regarding provision of specific, defined primary care services, the sliding scale rule does not include the same expansive list of covered primary care services subject to the sliding scale. Rather, the current rule notes that the scale applies to recipients of integrated family health and communicable disease services with certain exceptions.⁷

ADVOCATE’S TIP

If you do not know what entity in the county provides primary care pursuant to the Sliding Fee Scale rule (or the specific services provided), you could try contacting someone at your local department of health and/or your local board of county commissioners.

If that does not work, you can file a [public records request](#) pursuant to Florida Statutes Chapter 119. To submit a public records request, the Florida DOH provides multiple avenues for filing, including phone, mail, email, and online. We recommend starting with an email request.

A separate rule states that uninsured pregnant women who can prove Florida residency and whose income is below the poverty level are eligible for prenatal care.⁸ This rule does not reference a “sliding scale.”

The DOH also coordinates volunteer health services through the Volunteer Health Care Provider Program (VHCPP).⁹ Under this program, private health care providers volunteer free services to “low-income” Florida residents.¹⁰ Participating providers receive sovereign immunity.¹¹

⁴ *Id.*

⁵ FLA. STAT. § 154.011(1)(c)7. (2025).

⁶ FLA. ADMIN. CODE ANN. R. 64F-16.006(1) (2025).

⁷ FLA. ADMIN. CODE ANN. R. 64F-16.006(3) (2025).

⁸ FLA. ADMIN. CODE ANN. R. 64F-25.001 (2025).

⁹ See FLA. DEP’T OF HEALTH, *Provider Program*, <https://www.floridahealth.gov/licensing-regulations/provider-partner-resources/volunteer-health-services/provider-program/>

¹⁰ FLA. STAT. § 766.1115(3)(e) (2025) (Volunteer providers include free clinics, FQHCs and other entities).

¹¹ FLA. STAT. § 766.1115(2) (2025) (creating the “Access to Health Care Act” which allows government contractors, such as county health departments, to partner with providers who deliver free care. The providers, in return, have protection against medical malpractice actions).

The statute defines low-income: as:

- someone who is eligible for Florida Medicaid; or
- is uninsured and whose family’s income does not exceed 300% FPL; or
- “[a]ny client of the department who voluntarily chooses to participate in a program offered or approved by the department and meets the program eligibility guidelines of the department.”¹²

ADVOCATE’S TIP

The Florida Department of Health [website](#) maintains a statewide directory of licensed health care providers who participate in the VHCPP.¹³ The database can be filtered by participating providers/organizations, county and city.

For example, to find provider/organizations in Broward county:

Step 1: Click on the menu box under “County”

Provider/Organization	County	City	Health Care Services	Volunteer Hours
All Providers/Organizations	<ul style="list-style-type: none"> ✓ All Counties ALACHUA BAY BREVARD BROWARD CHARLOTTE CITRUS CLAY COLLIER COLUMBIA DIXIE DUVAL ESCAMBIA FLAGLER HERNANDO HIGHLANDS HILLSBOROUGH 	All Cities		
ABITA EYE GROUP LLC		HOLLYWOOD	0	0
ADVENTHEALTH ORLANDO		ORLANDO	4926	0
ADVENTHEALTH WATERMAN COMMUNITY CLINIC, FLORIDA HOSPITAL WATERMAN		EUSTIS	1474	36
ADVENTIST HEALTH SYSTEM SUNBELT, DBA FLORIDA HOSPITAL, COMMUNITY MEDICINE CLINIC AT FLORIDA HOSPITAL		ORLANDO	2061	0
AIRPORT MEDICAL SOLUTIONS ORLANDO, LLC		ORLANDO	0	0
ALMA HEALTH MINISITRIES INC		APOPKA	0	0
AMERICAN MUSLIM SOCIAL SERVICES INC		LONGWOOD	0	0
ANGELS CARE CENTER OF ELOISE, INC.		ELOISE	985	2200
ATTUNE DENTISTRY		JUPITER	0	0
AVICENNA FREE CLINIC		PANAMA CITY	2646	120

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Step 2: Select the county e.g. Broward

Provider/Organization	County	City	Health Care Services	Volunteer Hours
All Providers/Organizations	<ul style="list-style-type: none"> ✓ All Counties ALACHUA BAY BREVARD BROWARD CHARLOTTE CITRUS CLAY COLLIER 	All Cities		
ABITA EYE GROUP LLC		HOLLYWOOD	0	0
ADVENTHEALTH ORLANDO		ORLANDO	4926	0
ADVENTHEALTH WATERMAN COMMUNITY CLINIC, FLORIDA HOSPITAL WATERMAN		EUSTIS	1474	36
ADVENTIST HEALTH SYSTEM SUNBELT, DBA FLORIDA HOSPITAL, COMMUNITY MEDICINE CLINIC AT FLORIDA HOSPITAL		ORLANDO	2061	0
AIRPORT MEDICAL SOLUTIONS ORLANDO, LLC		ORLANDO	0	0

¹² FLA. STAT. § 766.1115(3)(e) (2025).

¹³ See FLA. DEP’T OF HEALTH, *The Volunteer Healthcare Provider Program Online Listing of Participating Providers*, <https://azapps.floridahealth.gov/VHCPP/VolunteerProviderListing>

Step 3: View results for selected county

Provider/Organization	County	City	Health Care Services	Volunteer Hours
All Providers/Organizations	BROWARD	All Cities		
ABITA EYE GROUP LLC	BROWARD	HOLLYWOOD	0	0
LIGHT OF THE WORLD CLINIC INC.	BROWARD	OAKLAND PARK	2277	1650
LIVING WATER CARE CENTER A MINISTRY OF IMMANUEL BAPTIST CHURCH	BROWARD	FORT LAUDERDALE	0	0

Other tips:

- Call to confirm participation
- Ask about referral requirements
- Document the outcome of your inquiry

In addition to primary and prenatal care through local health departments or public hospitals, indigent residents can seek care through federally qualified health centers or free clinics.

Federally Qualified Health Centers (FQHCs)

FQHCs provide a full range of outpatient services including but not limited to physician services, mental health services, preventive services, and “intensive outpatient services.”¹⁴ The conditions and exclusions of “intensive outpatient services” are specified in the federal regulations.¹⁵

FQHCs are required to have a sliding fee schedule of discounts, including a full discount to those with incomes below the federal poverty guidelines so that no patient will be denied services due to inability to pay.¹⁶ This [website](#) identifies FQHCs by zip code.¹⁷

ADVOCATE’S TIP

You may want to reach out to your local FQHC(s) and ask about their sliding fee scale, the provision for a full discount, and the specific services they provide.

Free Clinics

These clinics provide free nonsurgical medical care, as well as diagnostic services to low-income recipients.¹⁸

¹⁴ See 42 C.F.R. § 405.2446 (2025).

¹⁵ See 42 C.F.R. § 410.44 (2025).

¹⁶ See 42 C.F.R. § 51c.303(f) (2025); see also HRSA Health Center Program Compliance Manual, *Ch.16: Billing and Collections*, “[t]he health center must assure that any fees or payment required by the center for health care services will be reduced or waived in order to assure that no patient will be denied such services due to an individual’s inability to pay for such services.”

<https://bphc.hrsa.gov/compliance/compliance-manual/chapter16>

¹⁷ See HRSA Data Warehouse, *Find a Health Center*, <https://findahealthcenter.hrsa.gov/>

¹⁸ FLA. STAT. § 766.1115(3)(d)14 (2025); see also FLA. STAT. § 766.1115(3)(e)2 (2025) (defining “low income” as someone who is uninsured with family income less than 300% of the federal poverty level).

Hospital Care

Relevant Legal Authority

Not-for-Profit Hospitals

Under the Affordable Care Act (ACA), nonprofit hospitals are required to establish a financial assistance policy (FAP) and to provide a link to information regarding their FAP and how to apply on their website.¹⁹

Specifically, the ACA requires that a tax-exempt hospital's written FAP must contain the following:

- 1) the eligibility criteria for financial assistance and whether such assistance includes free or discounted care;
- 2) the basis for calculating amounts charged to patients;
- 3) the method of applying for financial assistance;
- 4) a billing and collections policy, whether included in the FAP or a separate document; and
- 5) measures to widely publicize the policy within the hospital's patient community.²⁰

The ACA further requires a tax-exempt hospital to widely publicize its FAP.²¹ The Internal Revenue Service (IRS) rules include four publication criteria:

- 1) through the hospital's website;
- 2) through paper distribution;
- 3) through conspicuous public displays in the facility; and
- 4) through community notices designed to reach those patients who most likely require financial assistance.²²

Congress also required tax-exempt hospitals to undertake "reasonable efforts" to determine whether the individual is eligible for assistance under the FAP before engaging in "extraordinary collection actions (ECAs)."²³ The IRS promulgated an extensive regulatory scheme regarding "reasonable efforts" that hospitals must undertake to notify patients about the FAP and process FAPs.

The notification period begins on the first date care is provided to the individual and must extend for at least 120 days after the hospital facility provides the individual with the first post-charge billing statement.²⁴ In satisfying the notification requirements, the hospital must, *inter alia*, provide the individual a plain language summary of the FAP, as well as make a reasonable effort to orally notify

¹⁹ See 26 C.F.R. § 1.501(r)-4 (2025); IRS, *Financial assistance policy and emergency medical care policy- Section 501(r)(4)*, (July 2, 2025), <http://www.irs.gov/charities-non-profits/financial-assistance-policy-and-emergency-medical-care-policy-section-501r4#:~:text=Section%20501%28r%29%284%29%20requires%20a%20hospital%20organization%20to,a%20hospital%20facility%20it%20operates>.

²⁰ 26 C.F.R. § 1.501(r)-4(b)(1) (2025).

²¹ 26 C.F.R. § 1.501(r)-4(b)(5) (2025).

²² 26 C.F.R. § 1.501(r)-4(b)(5) (2025).

²³ 26 U.S.C. § 501(r)-6 (2025); *see also*, 26 C.F.R. § 1.501(r)-6 (2025).

²⁴ 26 C.F.R. § 1.501(r)-6(c)(3)(i) (2025).

the individual about the hospital’s FAP and how to obtain assistance with the application process.²⁵

Under the definition section of the IRS rules, an individual may apply for assistance within 240 days after the hospital facility provides the first post-discharge billing statement.²⁶

The IRS regulation also defines what constitutes ECAs.²⁷ Under the definition, a hospital engages in ECAs when it takes legal action against the individual for the bill, sells the bill to a collection agency, or reports the individual to a credit reporting agency. ECAs also include deferring, denying, or requiring payment before providing medically necessary care because of nonpayment of prior care.²⁸

For-Profit Hospitals

Under Florida state law, all hospitals, including for-profit entities that have a financial assistance policy, are required to post the policy on their websites.²⁹ The facility’s website must include the application process, payment plans, discounts, and the facility’s charity care policy and collection procedures.³⁰

The state statute also prohibits hospitals from engaging in an “extraordinary collection action” for payment of services before undertaking specific actions, including making “reasonable efforts to determine whether the individual is eligible for assistance under its financial assistance policy....”³¹

Other requirements the hospital must undertake before initiating an ECA are specified in Florida Statutes § § 395.3011(2)(b-f). These requirements include prohibitions against initiating an extraordinary collection action:

- Before providing the patient with an itemized statement or bill;
- While a grievance process or claim appeal is ongoing;
- Before billing the patient’s insurer and allowing the insurer to adjudicate the claim;
- Within 30 days after notifying the patient in writing that a collection action will begin, absent additional action by the patient;
- While the patient is negotiating the final bill in good faith, or complies with the facility’s payment plan³²

²⁵ 26 C.F.R. § 1.501(r)-6(c)(4) (2025).

²⁶ 26 C.F.R. § 1.501(r)-1(b)(3) (2025).

²⁷ 26 C.F.R. § 1.501(r)-6(b) (2025).

²⁸ *Id.*

²⁹ FLA. STAT. § 395.301(1)(a)1. (2025).

³⁰ FLA. STAT. § 395.301(1)(a)1. (2025).

³¹ FLA. STAT. § 395.3011(2)(a) (2025).

³² FLA. STAT. § 395.3011(2)(b)-(f) (2025).

Creating a Local Resource to Free or Reduced Cost Care in your County: *Action Steps*

ADVOCATE'S TIP

This link to a [Miami-Dade County](#) fact sheet can serve as a template for creating a local resource designating where in the county indigent clients can receive free primary care (as well as care on a sliding scale), and information on financial assistance at both nonprofit and for-profit hospitals.

See the Appendix for a template that can be used to draft a county-specific resource.

Primary Care: Action steps in drafting this section

- 1) Identify what entity in your community provides services subject to the Sliding Fee Scale rule (i.e. requiring that services be free for patients with incomes below the federal poverty level and with specified copayments for patients with incomes between 101 and 200% FPL);
- 2) Identify the specific services (e.g. primary care, integrated family health, and/or communicable disease services) that are subject to the Sliding Fee Scale rule.³³
 - a. Provide information on how clients can obtain free or reduced-cost care at that entity and, if appropriate, your program's contact information for clients seeking assistance. For example:
 - i. *In Miami-Dade County, free or reduced-cost primary, as well as prenatal care, is provided to eligible county residents through the Jackson Health System (JHS). [This link](#) provides information on how to apply for free or reduced-cost care at JHS. If you are a county resident and your application for a Jackson Prime Card has been denied or delayed, you can contact Florida Health Justice Project (FHJP).*
 - b. What if I don't know which entity provides free primary care to indigent patients?
 - i. Contacts at local health departments and/or local public hospitals should know this information.³⁴
 - ii. County government officials may also have this information.
- 3) For free clinics: create a link to your county's free clinics, which can be found at this site: https://freeclinikdirectory.org/florida_care.html#google_vignette

³³ See FLA. STAT. § 154.011(1)(c)7. (2025); FLA. ADMIN. CODE ANN. R. 64F-16.006(1).

³⁴ See FLA. STAT. § 154.011(1)(a) (2025) (“The county governing body shall have the option of organizing the primary care programs through county health department or through county public hospitals owned and operated directly by the county.”).

- 4) For FQHCs: note that clients can find the Federally Qualified Health Center(s) near them by entering their zip code at this link:
<https://findahealthcenter.hrsa.gov>

Hospital Charity Care: *Action steps in drafting this section*

- 1) For nonprofit hospitals:
 - a. Go to [this site](#) to identify the nonprofit hospitals in your county.
 - b. Go to the hospital's website and create a link to their FAP.
- 2) For not for-profit hospitals:
 - a. Go to [this site](#) to identify the for-profit hospitals in your county.
 - b. The hospital's charity care program is generally located on its website in the section on pricing and transparency.

ADVOCATE'S TIP

Many for-profit hospitals in Florida are either HCA or HAS hospitals. The standard HCA charity plan can be found [here](#); the standard HAS plan can be found [here](#).

How/where can clients seek help? *Action steps in drafting this section*

- 1) If your program has the capacity to assist clients with charity care applications, appeals, and/or referral to a consumer lawyer (on staff or pro bono), include contact information and what your program can/cannot do. For example:
 - a. *If you received hospital care at one of these facilities and are now subject to a collection action, you can contact the Florida Health Justice Project (FHJP) for information. Please note that at this time, FHJP does not represent individuals in collection actions, but we will review the hospital's FAP/charity care policy with you.*

Conclusion

This Guide is a “work in progress” as the Florida Health Justice Project (FHJP) and other legal aid programs and partners learn more about helping low-income uninsured clients:

- 1) access free or reduced cost outpatient care and
- 2) navigate hospital financial assistance plans/charity care.

If you have questions about this Guide, please feel free to contact Miriam Harmatz, harmatz@floridahealthjustice.org; and if you want assistance in creating a local resource, please contact Nicole Licairac, licairac@floridahealthjustice.org.

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For a practical model of how to apply this guide at the local level, see the Appendix, which includes a template for drafting a county-specific resource.

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Appendix

Template for Drafting Specific County Resource

This template operates as a companion resource to the [Advocate's Guide to Helping Uninsured Indigent Floridians](#).

[COUNTY NAME] SAFETY NET PROGRAMS

Because Florida has not expanded Medicaid many low-income adults fall into a “coverage gap.” They earn too little to qualify for subsidies on the Health Insurance Marketplace (which start at 100% of the Federal Poverty Level (FPL)), and either do not fit into one of Florida’s limited Medicaid eligibility categories (children, adults in low-income families, or individuals who have been found disabled) or have income that exceeds Florida’s Medicaid eligibility limits.

The programs below offer limited free or reduced cost services for uninsured county residents.

PRIMARY CARE

Department of Health/Public Hospital Services

As set forth in Florida law governing primary care and county health departments, free or reduced cost services are provided in each county. There is a sliding scale with no charge for people below the FPL. The provider(s) and the specific services vary county to county– both in terms of the local provider(s) services and the services. Thus, the first step in completing this section of your county’s resource is identifying the local provider(s) and the services provided. Tips for identifying this information can be found in the [Advocate's Guide](#).

After identifying the provider(s), ***insert a link to any helpful online information on the entity, the covered services, the sliding scale and how to apply for free or reduced cost care.**

Florida Department of Health’s Volunteer Health Care Provider Program

Under this program, private health care providers offer free services to low-income county residents. To find participating providers and organizations, you can use the Florida DOH [website](#), which features a statewide directory searchable by providers, county, and city.

***Provide county specific examples**

Federally Qualified Health Centers (FQHCs)

FQHCs are required to have a sliding fee discount program. including a full discount for individuals and families whose incomes are at or below the federal poverty level so that no one is denied services due to an inability to pay. FQHCs provide primary care and preventative services. Visit this [website](#) to find an FQHC near you.

***Provide county specific examples.**

Free Clinics:

The [Free Clinic directory](#) lists low-cost and free medical and dental clinics.

***Provide county specific examples.**

HOSPITAL CARE

Financial Assistance at Nonprofit Hospitals

Under the federal Affordable Care Act (ACA), nonprofit hospitals must have a financial assistance policy (FAP) and follow specific rules to ensure that patients know about the hospital's FAP and have an opportunity to apply before certain collection actions can be taken. More information on these requirements can be found in the [Advocate's Guide](#).

Go to this [link](#) to find the nonprofit hospitals in _____ county. Find the hospital's FAP on their website and insert the name of the hospital with the FAP hyperlinked.

***Provide county specific examples.**

Financial Assistance at For-Profit Hospitals

Under Florida state law, for-profit county hospitals also have financial assistance/charity care programs. As with nonprofit hospitals, people must have an opportunity to apply for charity care before certain collection actions can be undertaken. However, unlike the federal law, the state rules governing charity care are much less specific and vary by hospital. More information on the requirements under state law can be found in the [Advocate's Guide](#). Go to this [link](#) to find the for-profit hospitals in the county. Find the hospital's FAP on their website and insert the name of the hospital with the FAP hyperlinked.

The following for-profit hospitals have financial assistance/charity care programs.

***Provide county specific examples.**

SEEKING ASSISTANCE

If you have questions about receiving free or reduced cost primary care, or applying for hospital financial assistance (charity care), or have received care at a local hospital and are being subject to a collection action, you can contact ([insert name of local legal aid](#)) or Florida Health Justice Project (FHJP).

Please note that at this time, FHJP does not represent individuals in collection actions, but we can review the local primary care options and hospital's FAP/charity care policy with you. Visit [Florida Health Justice Project](#) and complete our [intake form](#).