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Connecticut State Medical Society
**Testimony in Support of House Bill 5324 An Act Concerning The Definition Of “Urgent
Care Clinic” And Requiring The Provision Of Charity Care**
Public Health Committee
February 23, 2015

Senator Gerratana, Representative Ritter and members of the Public Health Committee, on behalf of the physicians and physicians in training of the Connecticut State Medical Society (CSMS) thank you for the opportunity to provide this testimony to you today in support of **House Bill 5324 An Act Concerning The Definition Of “Urgent Care Clinic” And Requiring The Provision Of Charity Care.**

Over the past few years, Connecticut has seen a proliferation of facilities claiming to be and advertising as both “Urgent Care Centers” and “Walk in Facilities”, however, no definition exists in state statute to define exactly what these centers are. Increasingly, patients are unaware of the types of services provided when entering such a facility. We feel that any facility holding itself out as an “urgent care facility” must be capable of providing services truly considered “urgent” such as the ability to handle severe cardiac situations and certain levels of trauma and triage. The capability of services provided must match the average patient’s perception of what would constitute urgent.

In addition to the opportunity to seek appropriate care at the appropriate time, the lack of definition can have a significant financial impact on patients. For example, a patient seeks urgent care for what he believes is a cardiac event. He goes to the facility in his neighborhood that includes “urgent care” in its name, assuming it is a place where he can obtain care as quickly as his illness demands. However, the “urgent care center’s interpretation of “urgent” turns out to be not the same as his; it seems it is often just the ability to quickly address such issues as common household injuries, upper respiratory infections, and other non-life threatening situations.

After assessing the patient it is determined that he must be transported to an emergency room. The patient then receives charges from the “urgent care” facility, the ambulance provider and the hospital emergency room. Three bills, not one. In situations where the patient has insurance coverage, many times the ambulance transport and emergency room will be covered but the services of the urgent care facility are denied, leaving the patient, who through no fault of

his/her own, sought assistance at a facility reasonably thought to be capable of providing appropriate intervention. Situations such as this can be avoided with an appropriate definition of "urgent care facility." "Urgent care facilities" need to be defined by what they do and by the medical professionals providing services within them, ideally including someone trained in critical care medicine.

We must, however, raise concern and ask for further clarification of requirements that such facilities provide "charity" care. Facilities providing uncompensated care, typically qualify for some form of remuneration for that care through the Federal or State government. This concern must be taken into account when defining an "urgent care facility" and mandating certain services to be provided. CSMS strongly supports and has helped fund and provide in-kind services through Project Access, a physician coordinated approach to providing care to those without insurance coverage or the means to pay for care. These physicians do it out of their moral and ethical obligation, not based on providing services in a certain facility or due to their specialization. Moreover, physicians more than any other group, discount services or provide them for free for those unable to pay. Often unrecognized is the institutionalized charity imposed on physicians by the insurance industry with its heavy handed practices of down coding, bundling, and most recently by denying patients the right to pay for services that are not covered or that are deemed to be medically unnecessary. We caution that requiring a private health care facility to provide any type of care to a certain population, in essence setting the price for such care, is problematic and troubling in a society that prides itself on freedom.

We welcome the opportunity to work with committee members to develop the best possible definition of urgent care facility.