



February 23, 2015

To Senator Gerratana, Representative Ritter and Members of the Connecticut Public Health Committee;

On behalf of the North East Regional Urgent Care Association (NERUCA), we respectfully submit for your review and consideration, the following comments and recommendations in opposition to **Proposed H.B. No. 5324**.

Brief Summary

1. Effective urgent care oversight already exists through existing legislation that provides oversight of private practice physician offices including the professional medical licensing process. Specifically, Chapter 370, Section 20 already provides for highly restrictive and regulated parameters that private medical practices in Connecticut must adhere to.
2. There are no examples of public safety risk that justify a need for new mechanisms of oversight.
3. All other private physicians are governed effectively through existing legislation; creating an exception for those that practice Urgent Care is patently discriminatory.
4. Urgent Care Centers have been providing services in Connecticut for more than 30 years, doing so in an exceptionally safe and effective manner.
5. An increased regulatory burden as proposed by the State will only serve to insert costs into a healthcare system that is already financially burdened beyond its limits, yet does nothing to improve either the quality or availability of the care being delivered.

Discussion

There has been considerable dialogue about the basis and substance of the proposed bill 5324 among our membership as it pertains to the practice of Urgent Care medicine. As such, several common areas of concern have been identified.

First and foremost is an understanding of the rationale underpinning the drive to regulate the practice of urgent care medicine by the State. Urgent care providers are engaged in the private practice of medicine, and like all other private medical practitioners in Connecticut, possess a professional license to do so, as issued by the Department of Public Health. There exist no compelling reasons that justify the need and expense for additional operational oversight of urgent care medicine by the Department of Public Health. We question the need for any proposed regulation that singles out urgent care medicine practitioners for scrutiny, versus all other private practitioners of ambulatory health care in Connecticut.

When government becomes engaged with the private sector in an assertive and directive role, it does so for well-defined reasons that typically involve the public's safety. We are unaware of any danger to the public, any negative trends in public safety risks, or any specific incidents that have occurred with the residents of Connecticut resulting from the services that urgent care medicine provides. We are concerned that attempts to define Urgent Care Medicine and mandate charity care would be regressive provisions that we believe are harmful to the continued development of an exceptionally successful medical business model; we fail to see where a legitimate need has been demonstrated requiring the enactment of such requirements.

We must encourage further development of our urgent care network. We must not seek changes that will ultimately result in untoward limitations of urgent care service, and the disastrous upheaval in access to care which will occur should these proposed regulations occur, resulting in the loss of urgent care practices. Urgent care medicine

is practiced by private physicians; the only difference between how urgent care operates versus any other private physicians office is that urgent care is committed to being available virtually every day of the year, and that there is no requirement for an appointment in order for a patient to be seen. Yet the ability to determine hours of operation is intrinsic to that of any privately owned and operated medical practice, urgent care or otherwise. We must therefore ask the obvious next questions. In the event that a private medical office provider not otherwise engaged in the practice of urgent care medicine chooses to expand hours (potentially offering services 365 days a year), and includes designated time for unscheduled visits, would they then fall under the purview of the State's proposed bill? What are the implications to this that non-urgent care private medical practices must then concern themselves with? NERUCA believes the creation of separate Public Health Department rules specific to urgent care that do not apply to all private medical practices is either blatantly discriminatory or exceptionally short-sighted. Doing so creates a precedent that we believe will have repercussions throughout Connecticut's medical establishment, is patently unfair, and is completely un-justified.

Recommendation

We ask you to consider the following in the course of your upcoming deliberations:

- The urgent care concept has been in existence for approximately 30 years. It continues to grow, and serves a huge volume of patients in a way that continues to prove exceptionally beneficial to our society.
- There currently exist many regulatory bodies that provide oversight to urgent care centers and these are the same bodies that govern all private physician offices in the State.
- A current definition of urgent care medicine already exists and is well published in the American Academy of Urgent Care Medicine literature:
 - Urgent Care Medicine (UCM) is the provision of immediate medical service offering outpatient care for the treatment of acute and chronic illness and injury. It requires a broad and comprehensive fund of knowledge to provide such care. Excellence in care for patients with complex and or unusual conditions is founded on the close communication and collaboration between the urgent care medicine physician, the specialists and the primary physicians.
 - Urgent care does not replace your primary care physician. An urgent care center is a convenient option when someone's regular physician is on vacation or unable to offer a timely appointment. Or, when illness strikes outside of regular office hours, urgent care offers an alternative to waiting for hours in a hospital Emergency Room.
- A mandate to provide charity care would financially cripple every privately owned urgent care center in the State and would apply a massive burden to the already over-stretched emergency departments in the State.
- A robust and viable urgent care program is the singularly logical and most viable way to fill the void that currently exists between emergency departments and primary care, and is far and away the most cost effective way to do so.

Conclusion

We urge legislators to consider that short of a demonstrated clear and immediate public safety need, decision making about how best to manage the evolution of this dynamic and valuable branch of our health care tree is ultimately left to industry driven forces, a method that has so far proven to be exceptionally beneficial to facilitating the positive change that gives patients easy access to high quality and affordable health care.

Signed,
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