



**PA 18-149**—sSB 303  
*Public Health Committee*

**AN ACT CONCERNING OUTPATIENT CLINICS, URGENT CARE CENTERS AND FREESTANDING EMERGENCY DEPARTMENTS**

**SUMMARY:** This act requires freestanding emergency departments to (1) clearly identify themselves as hospital emergency departments and (2) post signs with certain information, including whether the facility includes an urgent care or primary care center. Under the act, a “freestanding emergency department” is a free-standing emergency care facility that (1) is a department of a hospital, but structurally separate and distinct from the hospital, and (2) has received a certificate of need to operate as such a facility.

The act modifies the definition of “urgent care center” for purposes of licensing such centers. For example, it specifies certain services that a facility must offer for it to be considered an urgent care center.

It allows the Office of Health Care Access to adopt regulations to implement the act’s provisions on freestanding emergency department signage and urgent care centers.

Existing law sets certain restrictions on facility fees for outpatient hospital services. Prior law exempted from these restrictions fees for services at off-site hospital emergency departments. The act instead specifies that the exemption applies to freestanding emergency departments, as defined above.

The act also makes minor and technical changes.

**EFFECTIVE DATE:** October 1, 2018

**FREESTANDING EMERGENCY DEPARTMENTS**

The act requires freestanding emergency departments to clearly identify themselves as hospital emergency departments. At a minimum, they must display prominent lighted external signs that include the word “emergency” and state the hospital’s name.

It requires freestanding emergency departments to post signs conspicuously at locations that are readily accessible to and visible by patients, including the entrance and patient waiting areas, stating: “THIS IS A HOSPITAL EMERGENCY DEPARTMENT.” Immediately after that statement, the sign must include the following:

1. “THIS IS NOT AN URGENT CARE OR PRIMARY CARE CENTER,” if the facility does not include an urgent care center or primary care center or clinic, or
2. if the facility has an urgent care center or primary care center or clinic, information on the center’s or clinic’s location, hours, contact information,

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and services.

The act specifies that these signage requirements are in addition to any other signs or notices required by other state or federal law.

### URGENT CARE CENTERS

By law, urgent care centers must be licensed as outpatient clinics by the Department of Public Health (DPH). The act modifies the definition of urgent care center for this purpose.

The prior definition provided that urgent care centers treated medical conditions that did not require critical or emergent intervention for life-threatening or potentially permanently disabling conditions. The act instead specifies that these facilities provide urgent care services as defined in specified Medicare regulations (42 C.F.R. § 405.400). Under those regulations, “urgent care services” are those furnished to someone who needs services within 12 hours in order to avoid the likely onset of an emergency medical condition.

Under the act, to be considered an urgent care center, a facility must offer at least the following: (1) diagnostic imaging, (2) intravenous fluid administration, and (3) the ability to employ minimal resuscitative methods.

Existing law specifies that urgent care centers are distinct from emergency departments. The act additionally specifies that they are distinct from primary care settings. It also removes the condition that these urgent care centers must be freestanding facilities.

Under existing law, unchanged by the act, urgent care centers must offer services without an appointment and at times when primary care providers are not generally open.

### BACKGROUND

#### *Facility Fees*

By law, a “facility fee” is any fee a hospital or health system charges or bills for outpatient hospital services provided in a hospital-based facility that is (1) intended to compensate the hospital or health system for its operational expenses and (2) separate from the provider’s professional fee (CGS § 19a-508c(a)).

#### *Related Act*

PA 18-91 transfers administration of the Office of Health Care Access from DPH to the Office of Health Strategy and renames the office as the Health Systems Planning Unit.