



General Assembly

**Substitute Bill No. 303**

February Session, 2018



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

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Subsection (l) of section 19a-508c of the 2018 supplement  
2 to the general statutes is repealed and the following is substituted in  
3 lieu thereof (*Effective October 1, 2018*):

4 (l) Notwithstanding the provisions of this section, [on and after  
5 January 1, 2017,] no hospital, health system or hospital-based facility  
6 shall collect a facility fee for (1) outpatient health care services that use  
7 a current procedural terminology evaluation and management (CPT  
8 E/M) code and are provided at a hospital-based facility located off-site  
9 from a hospital campus, other than a hospital emergency department [,  
10 located off-site from a hospital campus] that is operated as a provider-  
11 based entity, as defined in 42 CFR 413.65, and authorized under  
12 Medicare rules to bill for emergency procedures, or (2) outpatient  
13 health care services, other than those provided in an emergency  
14 department located off-site from a hospital campus, received by a  
15 patient who is uninsured of more than the Medicare rate.  
16 Notwithstanding the provisions of this subsection, in circumstances  
17 when an insurance contract that is in effect on July 1, 2016, provides  
18 reimbursement for facility fees prohibited under the provisions of this  
19 section, a hospital or health system may continue to collect

20 reimbursement from the health insurer for such facility fees until the  
21 date of expiration of such contract. A violation of this subsection shall  
22 be considered an unfair trade practice pursuant to chapter 735a.

23 Sec. 2. Section 19a-493d of the 2018 supplement to the general  
24 statutes is repealed and the following is substituted in lieu thereof  
25 (*Effective October 1, 2018*):

26 (a) For purposes of this section:

27 (1) "Outpatient clinic" means an organization operated by a  
28 municipality or a corporation, other than a hospital, that provides (A)  
29 ambulatory medical care, including preventive and health promotion  
30 services, (B) dental care, or (C) mental health services in conjunction  
31 with medical or dental care for the purpose of diagnosing or treating a  
32 health condition that does not require the patient's overnight care;  
33 [and]

34 (2) "Urgent care center" means a free-standing facility, distinguished  
35 from an emergency department setting, that is licensed as an  
36 outpatient clinic under section 19a-491 and that (A) provides treatment  
37 of medical conditions that do not require critical or emergent  
38 intervention for a life-threatening or potentially permanent disabling  
39 condition, (B) offers treatment of such conditions without requiring an  
40 appointment, and (C) provides services during times of the day,  
41 weekends or holidays when primary care provider offices are not  
42 customarily open to patients; and

43 (3) "Freestanding emergency department" means a free-standing  
44 facility that (A) is structurally separate and distinct from a hospital, (B)  
45 provides emergency care, and (C) is a department of a hospital  
46 licensed under chapter 368v.

47 (b) On or after April 1, 2018, no person acting individually or jointly  
48 with any other person shall establish, conduct, operate or maintain an  
49 urgent care center without obtaining a license as an outpatient clinic  
50 under section 19a-491 from the Department of Public Health.

51 (c) The Office of Health Strategy shall adopt regulations, in  
52 accordance with the provisions of chapter 54, to require an outpatient  
53 clinic, urgent care center and freestanding emergency department to  
54 display signage that clearly indicates whether it is (1) an outpatient  
55 clinic, urgent care center or freestanding emergency department, and  
56 (2) owned by a hospital or hospital system.

57 [(c)] (d) The Commissioner of Public Health may implement policies  
58 and procedures as necessary to carry out the provisions of this section  
59 while in the process of adopting the policies and procedures as  
60 regulations, provided notice of intent to adopt the regulations is  
61 published in accordance with the provisions of chapter 54.

62 [(d)] (e) The Commissioner of Social Services may establish rates of  
63 payment to providers practicing in urgent care centers. The  
64 Commissioner of Social Services may implement policies and  
65 procedures as necessary to carry out the provisions of this section  
66 while in the process of adopting the policies and procedures as  
67 regulations, provided notice of intent to adopt the regulations is  
68 published in accordance with the provisions of section 17b-10 not later  
69 than twenty days after the date of implementation.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2018	19a-508c(1)
Sec. 2	October 1, 2018	19a-493d

**Statement of Legislative Commissioners:**

In Section 1, "CFR 413.65" was changed to "42 CFR 413.65" for accuracy.

**PH**      *Joint Favorable Subst.*