

Public Health Committee JOINT FAVORABLE REPORT

Bill No.: SB-303

Title: AN ACT CONCERNING URGENT CARE CENTERS.

Vote Date: 3/26/2018

Vote Action: Joint Favorable Substitute

PH Date: 3/5/2018

File No.:

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SPONSORS OF BILL:

Public Health Committee

REASONS FOR BILL:

To protect patients from unexpected costs and fees.

This bill requires the Office of Health Strategy to adopt regulations to require signage that clearly indicates (whether a facility is an outpatient clinic, urgent care center, or freestanding emergency department and (2) whether such a facility is owned by a hospital or hospital system.

The bill also specifies that the current exception from limits on allowable facility fees applies only to off-site emergency departments that are provider-based entities authorized under Medicare to bill for emergency procedures.

RESPONSE FROM ADMINISTRATION/AGENCY:

Commissioner Raul Pino, Connecticut Department of Public Health (DPH): DPH licenses and inspects hospitals and outpatient clinics to ensure compliance with the statutes and Regulations of the Connecticut State Agencies. Additionally, as the agent for the Centers for Medicare and Medicaid Services [CMS], the Department conducts certification activities to assess hospital's compliance with federal regulations.

The Department would like to have further conversations with the Leadership of the Public Health Committee to obtain clarification regarding the proposed definition of a free standing emergency department. It is unclear if the bill is trying to create a new licensure category for free-standing emergency departments, or if the intent of the definition is to capture the entities already functioning as a free-standing emergency department, which DPH considers

a “provider based entity licensed as a satellite of the hospital.” If the bill is trying to capture these satellite entities, we recommend revising the definition as follows:

Within CGS Sec. 19a-493-d:

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

The Department would be happy to work with the Public Health Committee to clarify these issues in an effort to ensure that Connecticut’s healthcare beneficiaries receive quality services at the appropriate level of care while mitigating any reimbursement or payment concerns.

Ted Doolittle, Healthcare Advocate, Office of the Healthcare Advocate (OHA): With the unsustainably high cost of health care and complexity of insurance plans, finding the most appropriate clinical setting for treatment has become necessary. SB 303 will ensure consumer protection by requiring facilities to be clear with the advertisement of services offered at their practice.

Kevin Lembo, Comptroller, State of Connecticut: There is significant high cost differentials for co-pays related to emergency departments versus urgent care centers. With inconsistent signage typical across the state, it causes confusion from the consumer, provoking patients to visit facilities that may be inconsistent with their needs and warranting the unnecessary expenditure of patient funds in exorbitant, out-of-pocket fees. In a full-circle turn of events, once a health plan incurs higher costs, premiums will also rise, causing additional consumer fees.

SB 303 will benefit Connecticut health consumers by allowing the Commissioner of DPH to establish regulations to ensure consistent and clear signage at all facilities across the state.

Senator Leonard Fasano, Senate Republican President Pro Tempore, Connecticut General Assembly: Public Act 15-146 was put in place to regulate the addition of facility fees in outpatient centers, as the growth in hospital owned facilities expanded. While PA 15-146 prohibits facility fees for simple office exams, it currently exempts satellite emergency departments, where a fee may be applicable.

Section 1 of SB 303 provides clarification to the above exemption and ensures that only CMS-recognized emergency departments are allowed to charge any additional fees. Section 2, of SB 303, will protect consumers in another light by requiring free-standing facilities to clarify the language in their signage and advertisements. With the astounding number of free-standing clinics still on the climb, patients can become confused when deciding which facility would be appropriate, and may ultimately visit a clinic that is not best suited for their current needs.

Senator Martin M. Looney, President Pro Tempore, Connecticut General Assembly: Connecticut constituents have continually encountered misleading signage, associated with satellite emergency rooms and similar walk-in clinics. Through these encounters, the public has trouble delineating between facilities, and will often visit one that is inappropriate for their needs. Each type of facility bills at dissimilar rates, so when a patient enters a facility

unsuited for their needs, they may incur unnecessary costs; as well as, possibly tie up a much needed space in an emergency department when a walk-in clinic would be sufficient.

NATURE AND SOURCES OF SUPPORT:

Lisa Freeman, Executive Director, Connecticut Center for Patient Safety: Lisa Freeman shared a personal experience relating to the confusion associated with delineating between urgent care centers and tentative costs to be incurred at each. While ill, Lisa attempted to visit an urgent care center, where the sign denoted hospital affiliation; however, upon entering, Lisa was informed that she could not be guaranteed that her walk-in medical visit would be billed as such since that particular urgent care considered itself an extension of the hospital's emergency department. Upon entering a different urgent care center down the street, Lisa found that her needs would be able to be met, as well as her fixed co-pay. Lisa draws attention to the need for clarification on signage of such walk-in care centers and urges the committee to pass SB 303.

Urgent Care Association of America (UCAOA): Urgent care centers have been providing quality services to those in need since the 1980's. UCAOA is in support of SB 303 if language defining urgent care centers is changed to reflect the following definition:

“An Urgent Care center is a medical clinic with expanded hours that is specially equipped to diagnose and treat a broad spectrum of non-life and limb threatening illnesses and injuries. Urgent Care centers are enhanced by on-site radiology and laboratory services and operate in a location distinct from a freestanding or hospital-based emergency department. Urgent Care is rendered under the medical direction of an allopathic or osteopathic physician. Urgent Care centers accept unscheduled, walk-in patients seeking medical attention during all posted hours of operation.”

Jeannie Kenkare, Co-Founder and Chief Medical Officer, PhysicianOne Urgent Care: I am supportive of SB 303 as it will help protect patients by defining and identifying urgent care. However, PhysicianOne would like language in SB 303 to be clarified, as the type of urgent care provided by PhysicianOne is more in line with that provided by an emergency department but is still grouped with other walk-in clinics and physician offices with extended hours.

PhysicianOne respectfully requests that the definition of Urgent Care on lines 34 to 42 in SB 303 be amended to reflect the national definition of Urgent Care developed by Urgent Care Association of America (UCAOA).

John C Kulin, President, North East Regional Urgent Care Association (NERUCA): Urgent care has become more than just the unscheduled visits it was originally known to treat and has extended into treatments such as radiology, laboratory, and fracture care. The members of our organization have voluntarily undergone certification and accreditation processes in benefit of consumers. While NERUCA supports the intention of SB 303, we feel the current definition does not adequately distinguish between true urgent care facilities and other types of walk-in clinics or physicians with extended hours. NERUCA would like to request that SB 303 reflect the definition of UCAOA's, for urgent care centers.

Michael Gutman, Owner and Medical Director, New England Urgent Care (NEUC): New England Urgent Care is capable of delivering diagnostic and treatment modalities to ill and injured patients far beyond that of a Primary Care clinic. While NEUC supports SB 303, we would like to see two amendments to the bill:

1. If Urgent Care is to be licensed it be defined such that simply providing extended hours is not sufficient to meet the criteria. An Urgent Care clinic should have at the very least X-Ray capabilities, ability to deliver IV Fluids, IV medications, and minimal resuscitative equipment and medication which should include but not be limited to AED, Bag Valve Mask IV, Adrenalin, dextrose and Narcan to treat narcotic overdoses. The Personnel should include an Emergency RN with a minimum of 2 years' experience, and at the very least Advances Practitioners, which could be Physician Assistants or Advanced Practice Nurses with training in Urgent care/Emergency Medicine. We do not feel that a Physician should be required to be on site. Only if these minimal criteria are met should an operator be allowed to advertise themselves and have signage for Urgent Care.
2. We do not feel that mandatory care regardless of patient's ability to pay should be imposed on Urgent Care Facilities. This is important as these are privately owned facilities with no subsidy for unpaid care and the patients who do have life threatening illness/injuries already have an established safety net in the Emergency Departments which are bound to deliver screening and stabilization as a result to EMTALA and COBRA.

NATURE AND SOURCES OF OPPOSITION:

Connecticut Hospital Association (CHA): CHA is in opposition to SB 303 as both Section 1 and 2 need clarification. Section 1 modifies statutes related to facility fees and is unclear how will adjust existing law.

Section 2, in its current language, is inconsistent and impossible to implement for reasons including, but not limited to, the definition of "outpatient clinic", as defined in SB 303, excludes hospital-operated satellite facilities; language is unclear how to advertise urgent care versus outpatient; unclear signage will confuse consumers, as one facility may house both an urgent care and outpatient clinic in one location.

Reported by: Anne Gallagher

04/11/2018