



**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
MONDAY, FEBRUARY 23, 2015**

**HB 5324, An Act Concerning The Definition Of “Urgent Care Clinic” And Requiring
The Provision Of Charity Care**

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **HB 5324, An Act Concerning The Definition Of “Urgent Care Clinic” And Requiring The Provision Of Charity Care**. For reasons we will set forth below, CHA believes that it may be premature at this time to memorialize a definition in state statute and to impose any statutory requirements regarding the operation of these facilities.

Before commenting on the bill, it’s important to point out that Connecticut hospitals treat everyone who comes through their doors 24 hours a day, regardless of ability to pay.

This is a time of unprecedented change in healthcare, and Connecticut hospitals are leading the charge to transform the way care is provided. They are focused on providing safe, accessible, equitable, affordable, patient-centered care for all, and they are finding innovative solutions to integrate and coordinate care to better serve their patients and communities.

Healthcare providers have implemented solutions to increase access to care by opening urgent care centers and retail-based clinics to supplement the around-the-clock emergency medical care provided in hospital Emergency Departments (EDs). Currently, Connecticut has a mix of clinics operated by hospitals and independent clinics owned by doctors and entrepreneurs operating under the medical licenses held by the doctors who work there.

CHA is engaged in an initiative sponsored by the Department of Public Health (DPH) that is intended to discern the differences between retail clinics, urgent care centers, and hospital EDs. This initiative is being conducted by the Access to Health Care Subcommittee established by the DPH Quality in Health Care Advisory Committee (QCAC).

QCAC was established pursuant to Connecticut General Statutes Section 19a-1271 to advise DPH on matters related to the quality of healthcare in Connecticut. It includes hospital representatives, nurses, physicians, pharmacists, representatives of large and small businesses, home healthcare providers, representatives of nursing homes, members of organized labor, consumers, representatives of schools of public health, licensed health insurance plans, and members of federally designated peer review organizations, DPH, the Department of Social Services, and the Office of Policy and Management.

Working under the auspices of DPH, the Subcommittee has conducted research into the development of these various healthcare facilities both in Connecticut and across the nation. It has analyzed state regulations and policies governing their operation and licensure. The group is also presently engaged in efforts to develop consumer guidance as part of its charge, which is intended to help Connecticut residents to “Know Where To Go” to obtain the healthcare services they require.

CHA believes that the work of the DPH Subcommittee on Access to Care will generate useful information pertaining to the impact of these various facilities on access to care, cost, and quality. The insights developed by the Subcommittee will better inform a debate regarding the appropriate governing authority, the degree of regulatory oversight needed, and the operational requirements to be imposed on urgent care clinics. We respectfully recommend that the Public Health Committee take no action on this bill until such time as the QCAC Subcommittee has completed its work and offered recommendations to the DPH Commissioner.

Thank you for your consideration of our position. For additional information, contact CHA Government Relations at (203) 294-7310.