

It's November. It's the Midterms. Let's Get PAC(K)ing!

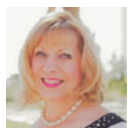
■ LAUREL STOIMENOFF, PT, CHC

You've probably heard the adage, "If you're not at the table, you're probably on the menu." It seemed that for years I always questioned if the urgent care industry should use being seemingly invisible for good or evil. It was inconceivable to me that the obvious value urgent care could provide to so many healthcare industry challenges went largely unnoticed.

Fast forward to 2018. You have been noticed. In recent weeks we have had promising conversations with the Medicare Payment Advisory Commission (MedPAC), as well as state and federal disaster preparedness organizations who have identified urgent care as a prospective partner to enhance disaster response. During a recent call with MedPAC that included a handful of urgent care industry stakeholders, the MedPAC representative stated, "This is the first time we've looked specifically at urgent care." There is proposed legislation in Louisiana to allow EMS personnel to triage Medicaid patients to urgent care centers, as well as other alternatives to the emergency room. Additionally, the Centers for Medicare and Medicaid Services responded favorably to comments made by the Urgent Care Association (UCA) and the College of Urgent Care Medicine (CUCM) with a proposed urgent care quality measure specialty set for 2019 Merit-based Incentive Payment Systems participants.

Be Careful What You Wish For: Urgent Care Under Siege

But with the benefits we've seen with this newfound visibility, there is also risk. Massachusetts legislators recently proposed an 8.75% tax on commercially billed urgent care charges (yes, that's charges, not collections) and New Jersey is following with a bill that would prevent urgent care centers from discriminating based on "ability to pay," while also prohibiting urgent care centers from providing care for anyone under the age of 18



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Now, we need to be able to pay
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unless it's an emergency. This despite a 2018 Fair Health evaluation of claims that concluded 23% of claim lines¹ in an urgent care environment were related to this age group. If successful, this New Jersey legislation would represent a devastating and unprecedented blow to urgent care providers. Urgent care operators have also found themselves the target of byzantine certificate of need and licensure regulations which stifle growth due to administrative and cost hurdles.

UCA Board Approves the Formation of UCA-PAC

The UCA Board has approved the formation of a Political Action Committee (PAC) after determining that our strategy must be to get ahead of pernicious regulations. Having our seat at the table means we must identify and support candidates who recognize the value proposition made by urgent care centers across the country. We need to exploit the opportunities and squelch the threats.

To do so, we need data, dollars, and determination. In working with our chapters and individuals in the states under siege, we've seen plenty of grit and commitment, but most are growing weary of playing defense. A PAC Advisory Board has been convened, and we will be seeking others to provide input. The PAC was introduced at last month's fall conference in Houston. You can expect to hear more soon.

Flying under the radar was peaceful, but urgent care has been elevated. We have our seat at the table. Now, we need to be able to pay for the meal.

You can make a donation to the PAC today by texting "UCAPAC" to 91999. ■

1. Fair Health. FH Healthcare Indicators and FH Medical Price Index: a new view of place of service trends and medical pricing. March 2018.