March 19, 2020

The Honorable Mitch McConnell  The Honorable Nancy Pelosi
Senate Majority Leader  Speaker of the House
U.S. Senate  U.S. House of Representatives
S-230, U.S. Capitol  H-222, U.S. Capitol
Washington, D.C.  20510  Washington, D.C.  20515

Dear Majority Leader McConnell and Speaker Pelosi:

On behalf of the Urgent Care Association (UCA) and urgent care providers working on the front lines to diagnose and mitigate the spread of COVID-19, I thank you for your leadership and swift action to curb this pandemic, including free access to tests. However, access to tests remains problematic at this time, as does access to personal protective equipment (PPE). We understand the situation is fluid and that steps are being taken to ramp up production of PPE. Urgent care centers need to be a priority point of distribution.

Access to Personal Protective Equipment and Tests

UCA reports as of February 2020, the total number of urgent care centers in the United States reached 9,822, making them a health care site of service for an estimated 125 million patients annually. Based on early results of a survey of our urgent care centers, more than half (56%) are providing COVID-19 tests; however, the vast majority of respondents (80%) report that they don’t have tests to meet demand. Seventy-two percent of urgent care centers report that they are experiencing a surge in symptomatic patients. The lack of PPE is threatening the ability of urgent care centers to keep their doors open to care for patients. In addition to increasing the availability of PPE, federal financial support is needed for the acquisition of necessary PPE for front-line providers.

Hospital Surge and Staffing

Urgent care centers have the capability to manage triage from hospital emergency departments for non-emergency, acute care needs. In addition to shortages of PPE, urgent care centers, like other providers, are challenged by nursing and support personnel who cannot come to work because of school closures. Urgent care centers are closing at a time when access to urgent care is critical, including to minimize the flow of non-emergent patients into hospital emergency departments. Toward that end, I ask you to consider funding for childcare for health care workers to ensure employees can still report to work when schools close. Staffing is suffering as urgent care centers strive to meet the needs of their communities. Funding for additional or more costly on-call staffing resources is needed to keep many organizations afloat when our nation needs them the most.

Additionally, Congress should set Medicaid rates equal to Medicare rates at a minimum for Medicaid patients seeking care in urgent care facilities (Place of Service 20) during this crisis. In many states, Medicaid rates fall well below Medicare making it impractical for urgent care centers to care for this population. At a time when emergency departments will be at capacity, the right incentives need to be aligned to move patients into other sites-of-service. We ask for your immediate action in this regard. The Kaiser Family Foundation produces a state by state comparative analysis that can be found here.
Telemedicine and TRICARE

UCA is grateful that the emergency funding package passed by Congress lifted key barriers to virtual care for Medicare beneficiaries. Urgent care centers are using various methods to triage patients to limit possible COVID-19 exposure to urgent care center staff and patients, including telemedicine, parking lot screenings, and phoning ahead. Last week, Solv and UCA partnered to offer urgent care centers 90 days of free telemedicine — an example of industry coming together to provide innovative solutions during this crisis. Because urgent care centers are an important site of service for our nation’s military servicemen and women, we ask that immediate steps be taken to relax the rules for the delivery and reimbursement of telehealth for TRICARE beneficiaries.

Small Business Relief

Urgent care centers are small businesses and some will ultimately close their doors or reduce hours due to spread of COVID-19 to their physician, nursing and support personnel. Therefore, it is critically important that economic relief be available to urgent care centers to ensure their viability beyond this crisis.

Likewise, UCA and other small non-profit medical societies are in urgent need of financial support. UCA had to make a financially devastating decision and cancel its annual conference which was to be held in Las Vegas May 3-6. As Congress considers financial relief to segments of industry, like the airlines, it must not forget about professional societies and associations that rely on annual conferences to maintain their financial viability. For the UCA, financial relief will be essential if we are to continue our mission of being a resource, including continuing clinical education, to urgent care centers and providers across the country. UCA elevates the industry through a comprehensive accreditation program and currently accredits more urgent care centers than any other accrediting body. It has served as the voice and connector of the industry with the CDC, ASPR TRACIE and state level departments of health.

On behalf of our members, thank you for your leadership and for your support. Should you have questions, please contact Camille Bonta, UCA policy consultant, at (202) 320-3658 or cbonta@summithealthconsulting.com.

Sincerely,

Laurel Stoimenoff, PT, CHC
Chief Executive Officer
Urgent Care Association
www.ucaoa.org

cc: The Honorable Charles Grassley
    The Honorable Ron Wyden
    The Honorable Richard Neal
    The Honorable Kevin Brady
    The Honorable Frank Pallone
    The Honorable Greg Walden