



Substitute Senate Bill No. 303

Public Act No. 18-149

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:

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 Subsection (l) of section 19a-508c of the 2018 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

(l) Notwithstanding the provisions of this section, [on and after January 1, 2017,] no hospital, health system or hospital-based facility shall collect a facility fee for (1) outpatient health care services that use a current procedural terminology evaluation and management (CPT E/M) code and are provided at a hospital-based facility [, other than a hospital emergency department,] located off-site from a hospital campus, or (2) outpatient health care services [, other than those provided in an emergency department] provided at a hospital-based facility located off-site from a hospital campus, received by a patient who is uninsured of more than the Medicare rate. Notwithstanding the provisions of this subsection, in circumstances when an insurance contract that is in effect on July 1, 2016, provides reimbursement for facility fees prohibited under the provisions of this section, a hospital or health system may continue to collect reimbursement from the health insurer for such facility fees until the date of expiration of such

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contract. A violation of this subsection shall be considered an unfair trade practice pursuant to chapter 735a. The provisions of this subsection shall not apply to a freestanding emergency department. As used in this subsection, "freestanding emergency department" means a freestanding facility that (A) is structurally separate and distinct from a hospital, (B) provides emergency care, (C) is a department of a hospital licensed under chapter 368v, and (D) has been issued a certificate of need to operate as a freestanding emergency department pursuant to chapter 368z.

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 Section 19a-493d of the 2018 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2018*):

(a) For purposes of this section:

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

(2) "Urgent care center" means a [free-standing] facility, distinguished from an emergency department or primary care setting, that is licensed as an outpatient clinic under section 19a-491 and that (A) provides [treatment of medical conditions that do not require critical or emergent intervention for a life-threatening or potentially permanent disabling condition] urgent care services, as defined in 42 CFR 405.400, (B) offers [treatment of such conditions] such services without requiring an appointment, [and] (C) provides services during times of the day, weekends or holidays when primary care provider offices are not customarily open to patients, and (D) offers, at a

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minimum, the following: (i) Diagnostic imaging, (ii) administration of fluids intravenously, and (iii) ability to employ minimal resuscitative methods; and

(3) "Freestanding emergency department" means a freestanding facility that (A) is structurally separate and distinct from a hospital, (B) provides emergency care, (C) is a department of a hospital licensed under chapter 368v, and (D) has been issued a certificate of need to operate as a freestanding emergency department pursuant to chapter 368z.

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

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

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

(e) A freestanding emergency department shall clearly identify itself as a hospital emergency department, including, at a minimum, through prominent lighted external signage that includes the word

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"emergency" and states the name of the hospital.

(f) A freestanding emergency department shall post signs conspicuously at locations that are readily accessible to and visible by patients, including at the entrance to the facility and in patient waiting areas, stating: "THIS IS A HOSPITAL EMERGENCY DEPARTMENT".

(g) If a freestanding emergency department does not include within its facility an urgent care center or primary care center or clinic, the sign required pursuant to subsection (f) of this section shall include the following statement immediately following the statement specified in subsection (f) of this section: "THIS IS NOT AN URGENT CARE OR PRIMARY CARE CENTER".

(h) If a freestanding emergency department includes within its facility an urgent care center or primary care center or clinic, the sign required pursuant to subsection (f) of this section shall, immediately following the statement specified in subsection (f) of this section, include information on the location, hours, contact information and services provided by such center or clinic.

(i) The provisions of subsections (e) to (h), inclusive, of this section shall be in addition to any other signage or notice requirements of any other state or federal law.

(j) The Office of Health Care Access may adopt regulations, in accordance with chapter 54, to implement the provisions of this section.

Approved June 12, 2018