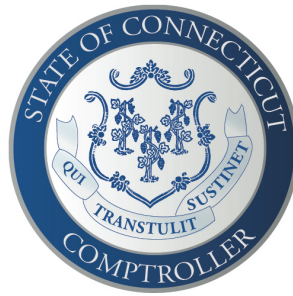


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**Written Testimony
Comptroller Kevin Lembo
March 5, 2018**

**Concerning
Senate Bill 303: An Act Concerning Urgent Care Centers.**

Good morning Senator Gerratana, Representative Steinberg, Senator Somers and Members of the Public Health Committee:

Thank you for the opportunity to testify in support of *Senate Bill 303: An Act Concerning Urgent Care Centers*. SB 303 seeks to require freestanding medical facilities to use consistent signage that allows patients to easily differentiate between a freestanding emergency room (ER), urgent care center or other form of outpatient clinic.

As State Comptroller I administer the state employee health plan, which now covers over 250,000 lives. In the past my office has fielded complaints about patient confusion as to what does and does not constitute an ER. The recent proliferation of freestanding ERs across the state can sometimes blur the line between ERs and urgent care centers or “walk-in” clinics. Today the state plan charges a \$250-copay for an ER visit and \$15 for an urgent care visit, a significant out-of-pocket cost differential for the patient; for many private high deductible plans, the cost differential can be even more significant.

Modern plan designs create such significant cost differentials between the patient cost share at ERs versus other sites of service because hospital charges at the ER are significantly more than the cost health plans incur when services are rendered at an alternative site, such as an urgent care center or “walk-in” freestanding clinic. However, if patients are expected to help keep the cost of health care down by accessing care at lower cost ER alternatives when appropriate, we must ensure that they are easily able to differentiate between these care settings.

Unfortunately, it is often difficult to differentiate an ER from an urgent care center or a “walk-in” clinic. Signage is inconsistent across facilities, with some freestanding ERs using terms like “medical center” or “express care” – terminology that can easily be misinterpreted and result in consumers unknowingly incurring out-of-pocket costs commensurate with ER services. When patients access care at a higher level facility than their condition warrants due to confusing signage we all lose. The patient pays higher out of pocket costs, and the health plan incurs

higher costs that will eventually result in higher premiums for all -- and valuable health care resources in ERs are diverted to non-emergencies.

SB 303 will help to rectify the problem of inconsistent and sometimes misleading signage at ERs, urgent care centers and "walk-in clinics" by allowing the Commissioner of the Department of Public Health to establish regulations to ensure consistent and clear signage at all facilities across the state.

I thank you for the opportunity to testify and for consideration of this important legislation.