



URGENT CARE

MAKING “CONVENIENT CARE” THE RIGHT CARE FOR ALL:

*Improving State Oversight
of Urgent Care Centers
and Retail Health Clinics*

This issue brief is a joint product of Community Catalyst and the National Health Law Program. It was prepared by Tess Solomon, MPH; Kelly Jo Popkin, MPH, JD; Amy Chen, JD; Lois Uttley, MPP; and Susannah Baruch, JD



I. INTRODUCTION

A growing number of health care consumers are turning to urgent care centers and retail health clinics, which have rapidly proliferated across the country in recent years and are sometimes referred to as “convenient care.” Urgent care centers have played a particularly critical role in meeting the high demand for COVID-19 testing and are likely to be actively involved in providing COVID 19 vaccines.

However, health care advocates and policymakers are only now beginning to scrutinize oversight of these clinics and consider whether they are serving a fair share of low-income or uninsured consumers and are providing an appropriate array of services, including urgent reproductive and sexual health care. This brief draws from a survey of regulation of urgent care centers and retail health clinics in all 50 states to assess the current state of oversight for these increasingly key players in the health care delivery system.

Urgent care centers are walk-in clinics focused on minor illnesses or injuries; they treat conditions similar to those treated in primary care. Large-scale operators of urgent



care centers include CityMD and GoHealth, which often partner with hospital systems. Reports from across the country show that urgent care clinics have been inundated by the demand for coronavirus tests.¹ By late October 2020, urgent care centers were providing 725,000 tests per week, which accounted for 10 percent of total testing in the U.S. at that time.²

Retail health clinics are smaller-scale clinics that offer a more limited set of services in retail settings such as drug stores and supermarkets. Major operators of retail clinics include CVS, which operates more than 1,100 clinics nationwide, and Walgreens, which

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- 1 Daysog, R. (2020, March 13). Walk-in healthcare clinics ‘overwhelmed’ by coronavirus testing requests. Hawaii News Now. <https://www.hawaiinewsnow.com/2020/03/14/walk-in-healthcare-clinics-overwhelmed-by-coronavirus-testing-requests/>; Fuller, C. (2020, November 6). COVID-19 spike stretches Urgent Care centers. WLWT. <https://www.wlwt.com/article/covid-19-spike-stretches-urgent-care-centers/34592215>; CBS New York Staff, (2020, November 18). COVID Testing In NYC: New Yorkers Waiting In Long Lines At Urgent Care Centers Across City. CBSLocal <https://newyork.cbslocal.com/2020/11/18/covid-testing-nyc/>; News 12 Staff. (2020, November 20). Demand in rapid COVID-19 testing leads to long lines at urgent care centers. Bronx News <https://bronx.news12.com/demand-in-rapid-covid-testing-leads-to-long-lines-at-urgent-care-centers>
 - 2 Molla, R. (2020, November 19). Covid-19 is turning urgent care centers into America’s favorite clinics. Vox. <https://www.vox.com/recode/21562230/urgent-care-center-covid-19-testing-vaccine-health-care>

Even before increased demand due to COVID, this segment of the health care industry had been growing rapidly. However, state oversight has lagged behind, raising challenges for consumers and advocates.

operates more than 400. Their delivery of COVID-related care has also been significant and has contributed to the growing reach and popularity of retail health. CVS Health alone administered 6 million COVID-19 tests between March and September 2020. Of those seeking tests, 70% were not previously CVS Health customers.³

Even before increased demand due to COVID, this segment of the health care industry had been growing rapidly. The number of urgent care centers increased from just under 7,000 in 2015 to over 10,000 in 2020.⁴ The retail health clinic sector has grown at an even faster rate, from 700 in 2013 to more than 2,700 in 2019.⁵

However, state oversight of this segment of the health care system has lagged behind, raising challenges for consumers and advocates. Some patients who visit urgent

care centers or retail health clinics may discover too late that their Medicaid coverage or private health insurance is not accepted, and that there is no charity care policy, leaving them with unexpected medical bills. Others may encounter restrictions on reproductive and sexual health care services at urgent care centers or retail clinics operated by religiously-affiliated health systems. Equitable access is also a concern, as urgent care centers and retail health clinics may be absent from low-income neighborhoods that are already medically underserved, and instead proliferate in middle-class neighborhoods that tend to have more consumers with private health insurance coverage.

As visits to primary care providers decrease and visits to urgent care providers grow, there are increasing concerns about quality and continuity of care, as well as adequate coordination between an individual's primary care provider and any urgent care centers that have provided episodic care.⁶ Improved government oversight is needed to ensure that this burgeoning health care sector provides care that meets the needs of all health consumers, without discrimination or religious interference.

This issue brief provides an overview of existing and proposed state regulation of

3 Minemyer, P. (2020, November 06). Merlo COVID-19 testing, return to work platform have 'expanded the universe' of CVS customers. Fierce Healthcare. <https://www.fiercehealthcare.com/payer/merlo-covid-19-testing-return-to-work-platform-have-expanded-universe-cvs-customers>

4 Thakar, S. (2019, February 22). US urgent care centers experience 8% growth. Health Exec: For Leaders of Provider Institutions. <https://www.healthexec.com/topics/care-delivery/us-urgent-care-centers-experience-8-growth>; Finnegan, J. (2020, February 26). Now more than 9,000 urgent care centers in the U.S., industry report says. FierceHealthcare. <https://www.fiercehealthcare.com/practices/now-more-than-9-000-urgent-care-centers-u-s-industry-report-says>

5 Gaur, K., Sobhani, M., & Saxon, L. (2019, September 30). Retail Healthcare Update: Disrupting Traditional Care by Focusing on Patient Needs. Journal of MHealth. <https://thejournalofmhealth.com/retail-healthcare-update-disrupting-traditional-care-by-focusing-on-patient-needs/>

6 Ganguli, I., Shi, Z., Orav, E. J., Rao, A., Ray, K. N., & Mehrotra, A. (2020). Declining use of primary care among commercially insured adults in the United States, 2008–2016. *Annals of internal medicine*, 172(4), 240-247.; Neighmond, P. (2016, March 07). Can't Get In To See Your Doctor? Many Patients Turn To Urgent Care. NPR. <https://www.npr.org/sections/health-shots/2016/03/07/469196691/cant-get-in-to-see-your-doctor-many-patients-turn-to-urgent-care>

urgent care centers and retail health clinics, with particular attention to the impact of this growing and largely unregulated health care sector on access to basic health care services for vulnerable communities. The brief provides recommendations for potential development of strengthened oversight, as well as specific policy options and models. The issue brief is based on the results of a 50-state survey conducted for the National Health Law Program (included in the Appendix).

Summary of Major Findings

Most states do not issue facility licenses for urgent care centers or retail health clinics. Rather, these entities are generally operated under either an individual physician's license or, in the case of those affiliated with a hospital, under that hospital's license, thereby avoiding targeted oversight from state departments of health.

- A few states (Arizona, Illinois, Indiana, Maryland, New Hampshire, South Dakota and Vermont) have pursued regulation to tackle the central issues of coverage, transparency and the types of services offered at urgent care centers and retail health clinics. These regulations could serve as models for other states.
- Without state regulation requiring them to serve low-income communities or state Certificate of Need oversight to help ensure equitable distribution of such facilities, individuals and families who are uninsured or who rely on Medicaid coverage could be unable to access care at urgent care centers and retail clinics. A total of 36 states and D.C. have Certificate of Need systems that oversee and approve many institutional health provider

transactions and could potentially be used to oversee convenient care providers.

- In the absence of licensing and other regulatory oversight, access to reproductive and sexual health care at these facilities could be at risk. Large Catholic health systems are already entering the market and operating both urgent care centers and retail clinics that do not provide basic reproductive and sexual health care services that meet medical standard of care. Facilities

Robust state oversight is needed to ensure that community health needs are met, including meaningful efforts to reduce racial and ethnic health disparities and provide convenient access to reproductive health services that meet the standard of care.

affiliated with Catholic systems would also likely refer patients to their affiliate Catholic hospitals for acute care, which have the same deficiencies in access to comprehensive reproductive and sexual health care services.

Key Recommendations

- State licensing requirements and Certificate of Need programs should be updated to apply to this growing market. Robust state oversight is needed to ensure that community health needs are met, including meaningful efforts to reduce racial and ethnic health disparities and provide convenient access to reproductive health services that meet the standard of care.

- Urgent care centers and retail clinics should be required to contract with Medicaid, and given targets for percentage of service to Medicaid-insured and uninsured consumers as a condition of state Certificate of Need approval.
- States should set up accreditation processes to enforce standardization across sites, mandate the provision of basic health care services and enforce nondiscrimination provisions.
- States should require care coordination among urgent care centers, retail clinics, primary care services and hospitals to promote a strong continuum of care and ensure the highest quality of care.
- Health care and consumer advocates should advocate for more equitable distribution of these facilities in low-income neighborhoods, not just middle and upper class neighborhoods.

II. THE EXISTING STATE REGULATORY LANDSCAPE

Licensing of Urgent Care Centers and Retail Health Clinics

URGENT CARE CENTERS

The vast majority of states do not issue facility licenses for urgent care centers. In the 40 states that have chosen not to issue such facility-specific licenses, most urgent care centers are operated under either an individual physician’s license or a hospital license. Without specific licensing requirements, these centers are largely able to evade the scrutiny of state departments of health. Facilities operating under a physician’s license have oversight by a state medical board only insofar as disciplining any criminal convictions, medical negligence or misbehavior of the individual physician.⁷

In certain states, urgent care centers that operate under a hospital license would be subject to a state department of health’s regulatory purview only as an extension of that hospital, and therefore are only subject to limited review or diminished direct oversight. Without specific licensing requirements for both hospital-owned and physician-owned urgent care centers, urgent care centers often avoid the targeted scrutiny in the Certificate of Need process that oversees hospital

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transactions and the regulatory “check” a Certificate of Need system sets in place.

Of the states that do license urgent care centers, a few have determined that these facilities fall within pre-existing licensing categories, such as under the broad definition of “clinic” in Florida or the “organized ambulatory-care facility” in Rhode Island. Massachusetts considers providers of urgent care to be ambulatory care providers who must be licensed as either a clinic or hospital satellite. Other states have established licensing requirements specific to urgent care centers. For example, Connecticut requires state inspection every three years. New Mexico and New York issue different licenses for urgent care centers depending on certain characteristics. For example, in New Mexico,

⁷ Bovbjerg, R., Aliagathe, P & Gittler, J. (2006, February). State Discipline of Physicians: Assessing State Medical Boards through Case Studies (U.S. Department of Health and Human Services Report). Office of Disability, Aging and Long-Term Care Policy, Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. <https://aspe.hhs.gov/basic-report/state-discipline-physicians-assessing-state-medical-boards-through-case-studies>

Even among states that do require licensing for urgent care centers, there are exemptions from those requirements that may let physicians and hospitals circumvent labor-intensive state licensing processes. In Rhode Island, for example, urgent care centers owned and operated by individual physicians, physician groups or hospitals may be carved out of the “organized ambulatory-care facility” licensing requirement. Massachusetts also provides exemptions for urgent care centers operated by solo and group practices.

Some states allow for large-scale hospitals and health systems to avoid urgent care center licensing requirements and the regulatory safeguards that they impose on physicians for the protection of consumers. For example, Florida exempts from licensing those entities that are owned by corporations with at least \$250 million in annual sales and operated by a Florida-licensed health care practitioner, as well as those entities that employ 50 or more MDs or DOs who bill under a single tax ID number. Similarly, in spite of its case-by-case licensing process for urgent care centers, New Mexico has allowed many of these facilities to operate as extensions of hospital licenses.

RETAIL HEALTH CLINICS

Retail health clinics are similarly under-regulated, with 45 states not issuing any form of licensing for these facilities. In Arizona, Florida, New Hampshire and Rhode Island, retail clinics are licensed under the same category as urgent care centers.

In some cases, retail health clinics are not licensed but are bound by state regulations. Massachusetts has created a unique set of regulations for retail clinics, known as “limited



service clinics,” but does not apply these regulations to urgent care centers, which are licensed as clinics or hospital satellites. The “limited service clinic” regulations expressly limit retail clinics from referring patients to non-primary care providers or from serving as a patient’s primary care provider. They also limit the clinics to providing a specific set of services.

A few states with stringent “corporate practice of medicine” laws also place some regulatory requirements on urgent care centers and retail clinics even though state departments of health have chosen not to explicitly license or regulate them. In Tennessee, retail clinics must be established as a medical corporation owned by a specific physician. In West Virginia, a certificate of authorization from the Board of Medicine is required to practice medicine through a corporation, professional corporation or professional limited liability company. If a corporation runs an urgent care center or retail health clinic, it would be required to obtain this certificate to ensure that the medical practice is separate from the non-medical ownership.

III. IMPACT ON PATIENTS OF LACK OF REGULATION

Service to Uninsured and Medicaid-insured Patients

Urgent care centers and retail clinics offer health care without an appointment, and often provide extended hours to accommodate busy schedules. This convenience factor can be particularly helpful for hourly shift workers and employees without paid time off, who may be better able to access care in the

Physician-owned urgent care centers or retail health clinics operating within pharmacies are allowed to turn away sick patients solely on the basis of their insurance status.

evenings or on weekends. Such facilities could be tremendously helpful for uninsured individuals and Medicaid enrollees, who could access basic primary care services at times that fit into busy work schedules.¹¹

However, without regulatory pressure, urgent care clinics are less likely to accept Medicaid patients, whose care is typically reimbursed at lower rates than that provided by private

insurers.¹² In 2019, a national urgent care lobbying group estimated that 30-40 percent of urgent care centers refuse to treat Medicaid patients.¹³ Furthermore, the treatment obligations of the Emergency Medical Treatment And Labor Act—which requires anyone coming to an emergency department to be stabilized and treated, regardless of their insurance status or ability to pay—do not apply unless an urgent care center is owned by a hospital. As a result, physician-owned urgent care centers or retail health clinics operating within pharmacies are allowed to turn away sick patients solely on the basis of their insurance status.

In 2013, a study conducted by the New York State Commissioner of Health on the provision of services at urgent care centers and retail clinics operating within pharmacies found that “urgent care providers are not subject to the Emergency Medical Treatment and Labor Act (EMTALA). Consequently, urgent care providers are not required to accept patients without regard for the ability to pay, and it is unclear how many urgent care providers accept Medicaid. This barrier could limit could the potential for use of urgent

11 Godman, H. (2016, January 15). Retail health clinics: The pros and cons. Harvard Health Blog. <https://www.health.harvard.edu/blog/retail-health-clinics-the-pros-and-cons-201601158979>

12 Takach, M., & Witgert, K. (2009). Analysis of State Regulations and Policies Governing the Operation and Licensure of Retail Clinics. National Academy for State Health Policy, 29.

13 Kowalczyk, L., McCluskey, P. D., (2019, January 12). Urgent care centers proliferate in Mass., but fewer low-income patients have access—The Boston Globe. BostonGlobe.Com. <https://www.bostonglobe.com/metro/2019/01/12/urgent-care-centers-proliferate-mass-but-fewer-low-income-patients-have-access/FATkqt70tDc0sHFupk7eSJ/story.html>

care centers to reduce avoidable emergency department visits and health care spending in the Medicaid population.”¹⁴ Uninsured or Medicaid patients might seek care at an urgent care center instead of an emergency room, not knowing that the facility has no legal obligation to stabilize any patient who walks through the door. A patient in an emergency situation could be turned away.

In addition to quality-related clinical decisions, business interests also shape where urgent care centers and retail clinics are located rather than community need. These facilities tend not to be located in low-income communities, but rather are concentrated in communities of privately insured patients.¹⁵ In New York for example, only 33 of the 366 urgent care centers operating in the state in 2015 were located in medically underserved areas.¹⁶ Similarly, in Massachusetts, an analysis by the state’s Health Policy Commission in 2019 found that 58 percent of urgent care centers and 72 percent of retail clinics were located in ZIP codes where residents earn above the median income.¹⁷ This uneven distribution is likely to exacerbate health inequities and further compound barriers to access.

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Provision of Sexual, Reproductive and LGBTQ-inclusive Care

Without the regulatory check of licensing in place, hospital and health systems operating urgent care centers or retail clinics could choose not to provide reproductive and sexual health care services that meet the standard of care, or could have policies that serve discriminate against LGBTQ+ patients and families. Religiously-based service restrictions could result in people being unable to obtain birth control, emergency contraception, STD testing, PrEP or other basic reproductive and sexual health services in their local urgent care center or retail clinic. Facilities operated by Catholic health systems may also follow policies that prohibit delivery of LGBTQ+-affirming care.

14 New York State Department of Health. (2017). Health Care Delivery Models in New York State: A Study of Retail Clinics, Urgent Care Providers and Major Physician Practices. https://www.health.ny.gov/press/reports/docs/health_care_delivery_studies.pdf

15 Le, S. T., & Hsia, R. Y. (2016). Community characteristics associated with where urgent care centers are located: a cross-sectional analysis. *BMJ open*, 6(4), e010663. <https://pubmed.ncbi.nlm.nih.gov/27056591/>

16 Ji Eun Chang, MS, Suzanne C. Brundage, SM, Gregory C. Burke, MPA, & Dave A. Chokshi, MD, MSc. (2015). Convenient Care: Retail Clinics and Urgent Care Centers in New York State. United Hospital Fund. <https://nyshealthfoundation.org/wp-content/uploads/2017/11/united-hospital-fund-convenient-care-report.pdf>

17 Massachusetts Health Policy Commission. (2018). HPC DataPoints, Issue 8: Urgent Care Centers and Retail Clinics | Mass.gov. <https://www.mass.gov/info-details/hpc-datapoints-issue-8-urgent-care-centers-and-retail-clinics>

The failure of Hy-vee grocery stores in Iowa and Nebraska to provide reproductive health care provides a key example of how a robust licensing process is critical. Both Iowa and Nebraska have critical coverage gaps in contraceptive services as a result of anti-choice legislation that excluded Planned Parenthood and other entities that also provide abortion, from receiving Title X funding. As a result, over 170,000 low-income individuals in Iowa and over 108,000 low-income individuals in Nebraska live in counties where there is not reasonable access to a health center offering the full range of contraceptive methods.¹⁸

The retail clinics located within Hy-vee grocery stores in these states have a unique opportunity to fill this gap in the market by providing direct pay, low-cost birth control pills and other forms of contraception, without the need for appointments, and in a convenient location. However, because of the religious affiliation of Catholic Health Initiatives, the large-scale Catholic hospital system that owns and operates the Hy-vee clinics, reproductive and sexual health care is not offered at these retail clinics.¹⁹ ²⁰ Hy-vee stores in Nebraska also house clinics owned and operated by Catholic Health Initiatives (which is now part of CommonSpirit Health, the nation's largest Catholic health system).²¹

In Utah, urgent care centers are specifically exempt from having to provide emergency contraception to survivors of sexual assault.

Without clear standards for services that should be provided at urgent care centers or retail clinics, patients have no way of knowing which reproductive and sexual health services these clinics will or will not provide, and at what cost. For the most part, states have not pushed clinics towards providing greater transparency for consumers. This has led to some egregious outcomes. For example, in Utah, urgent care centers are specifically exempt from having to provide emergency contraception to survivors of sexual assault. This is permitted so long as the urgent care center provides the sexual assault survivor with a nearby hospital address, along with oral and written information regarding emergency contraception.²² Should states require licensed retail clinics to provide contraception, in addition to other limited health services, these clinics could become important resources for people in urgent need of birth control or emergency contraception.²³

18 Power to Decide (2019, April). Birth Control Access 2020. Power to Decide <https://powertodecide.org/what-we-do/access/birth-control-access>

19 Leys, T. (2017, July 10). Clinics that limit birth control are listed as providers in new state family planning plan. Des Moines Register. <https://www.desmoinesregister.com/story/news/health/2017/07/08/clinics-limit-birth-control-listed-providers-new-state-family-planning-plan/459128001/>

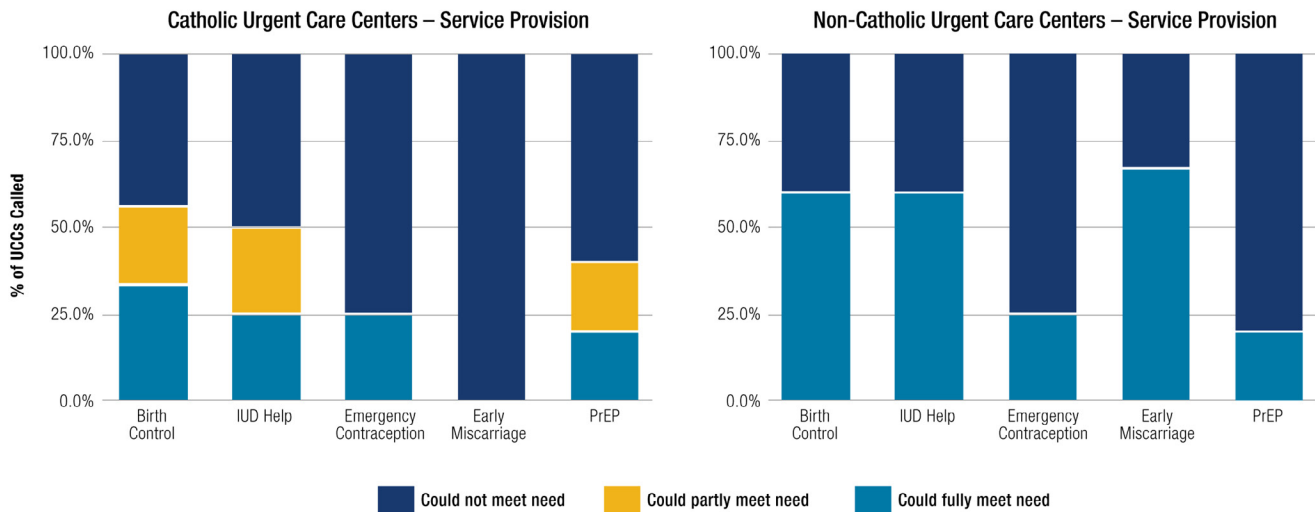
20 MercyOne (n.d.). Urgent Care Services. Mercy One. <https://www.mercyone.org/desmoines/find-a-service-or-specialty/urgent-care>

21 CHI Health (n.d.). Initiatives: Quick Care. CHI Health. <https://www.chihealth.com/en/services/quick-care.html>

22 Emergency contraception services for a victim of sexual assault. Utah Code Ann. § 26-21b-201 (2010) https://le.utah.gov/xcode/Title26/Chapter21B/26-21b-S201.html?v=C26-21b-S201_1800010118000101

23 Emergency contraception services for a victim of sexual assault. Utah Code Ann. § 26-21b-201 (2010) https://le.utah.gov/xcode/Title26/Chapter21B/26-21b-S201.html?v=C26-21b-S201_1800010118000101

Comparison of Catholic vs Non-Catholic Urgent Care centers in Provision of Reproductive Health Services



EXISTING CONVENIENT CARE CLINICS IN CATHOLIC HEALTH SYSTEMS

Most Catholic hospitals operate under the Ethical and Religious Directives (ERDs), which prohibit the provision of key reproductive health services, including contraception, sterilization, abortion, and infertility services. Catholic health systems have been known to deny some LGBTQ+-inclusive care, such as gender-affirming surgeries.

Four out of the 10 largest health systems currently in the United States are Catholic entities. These giant systems are actively expanding into this market. Already, CommonSpirit Health, the largest Catholic system, operates 115 urgent care clinics, Ascension operates 96, Trinity operates 59, and Providence St Joseph operates 72. Among these four Catholic health systems alone, there are 342 urgent care centers that are likely to be subject to the ERDs and therefore restricting access to basic

reproductive and sexual health care. Major operators of retail clinics have also partnered with large Catholic health systems to deliver care. Existing partnerships include Kroger Health’s partnership with Ascension and Walgreens’ partnership with Providence St Joseph Health.

In 2016, Community Catalyst and NHeLP conducted a secret shopper study to investigate how religious restrictions impact services at urgent care centers that are owned or managed by Catholic health systems. A total of 38 urgent care centers were included across California and New York: 18 Catholic-affiliated and 20 non-Catholic, non-religious centers. The investigation found that Catholic urgent care centers were frequently unable to provide birth control refills, assist patients having problems with their IUDs, or help patients with what appeared to be early miscarriage signs. In contrast, non-Catholic affiliated urgent care centers frequently provided these services.

IV. TARGETED REGULATION

Some states have pursued additional regulation to specifically tackle issues of coverage, transparency, and services offered within the urgent care and retail clinic landscape.

Coverage

Some of the most significant coverage regulations are in Vermont, where urgent care centers and retail clinics are forbidden to discriminate on the basis of insurance status or type of health coverage, ostensibly



mandating care for the uninsured. Vermont also has established a working group to consider changes to licensing requirements for these facilities.

Other states have addressed coverage issues by including services rendered at urgent care centers in their Medicaid programs. For example, Indiana's expanded Medicaid program includes coverage at urgent care center services. Maryland's Medicaid program covers certain medically necessary services rendered at urgent care centers, provided the facility satisfies certain requirements, including the presence of at least one qualified physician during hours of operation, adequate medical record documentation, and clearly defined patient care policies.²⁴

Transparency

Some states have passed legislation to make price and service information available to consumers. Arizona requires urgent care centers to make "direct pay" price information available online or by request. Other states have barred the use of facility names such as "emergency," "emergent," or their derivatives, so that health care facilities cannot misrepresent their facilities as emergency

24 Covered Services. MD. Code Regs. § 10.09.77.04 www.dsd.state.md.us/comar/comarhtml/10/10.09.77.04.htm



departments.²⁵ Illinois had previously prohibited the use of the word “urgent” by urgent care and other health care facilities, but lifted this ban in 2015.²⁶

Services & Providers

Some states have used legislation to regulate the services required and the types of providers eligible to provide them. New Hampshire requires at least one physician on-site during operating hours, and Arizona requires urgent care centers to post a sign in the waiting room if a licensed physician is not on site.²⁷ South Dakota has allowed nurse practitioners to open urgent care centers without formalized contracts with physicians.²⁸

Private payers are also setting standards prior to contracting with urgent care centers, requiring certification or accreditation based on national standards and best practices for safety, quality, and scope of services.²⁹

25 Emergency Medical Treatment Act. 210 Ill. Comp. Stat. 70/2(b) <https://ilga.gov/LEGISLATION/ILCS/ilcs3.asp?ActID=1231&ChapterID=21#:~:text=No%20hospital%2C%20physician%2C%20dentist%20or,therefor%2C%20nor%20because%20of%20the>

26 Ellen Jean Hirst. (2015, January 15). Illinois puts “urgent” back in name of urgent-care centers. Chicagotribune.Com. <https://www.chicagotribune.com/business/ct-urgent-care-facility-names-0113-biz-20150109-story.html>

27 Non-Emergency Walk-In Care Centers. N.H. Code. Admin. R. Ann. He-P 806.16(a) <https://www.dhhs.nh.gov/oos/bhfa/documents/he-p806.pdf>; Urgent Care Centers; posting requirements. Ariz. Rev. Stat § 36-432. <https://law.justia.com/codes/arizona/2015/title-36/section-36-432/>

28 J.T. Fey. (2018, April 27). New type of clinic opening on May 1. Watertown Public Opinion. https://www.thepublicopinion.com/news/local-news/new-type-of-clinic-opening-on-may/article_503b3d94-4a28-11e8-a0a4-53f58f9301b2.html

29 Cindi Lang, MS, RN. (2017, February 13). Urgent care center accreditation now required by multiple payers. Becker’s Hospital Review. <https://www.beckershospitalreview.com/payer-issues/urgent-care-center-accreditation-now-required-by-multiple-payers.html>

V. ADDITIONAL ATTEMPTS AT REGULATION

A number of states have tried but failed to pass additional regulation for urgent care centers and retail clinics. Proposed legislation has included encouraging research on this growing segment of the health care industry, regulating the type and location of services offered, and increasing transparency. These proposals date back to 2008 and have continued through 2020 with little success.

Legislation in Indiana and North Carolina, in 2009 and 2007 respectively, would have provided for studies on urgent care centers and retail clinics, and the adequacy of state regulations.³⁰ The Indiana law would have required the state to conduct a study to determine the number of health clinics in



In 2018 in Illinois, a comprehensive bill was proposed to require permits for retail health clinics and limit the scope of services to minor, noninvasive, and nonsurgical care. The bill failed in large part due to concerted opposition from CVS.

the state, the number of health clinics that are regulated by the state, the adequacy of the state regulations for health clinics, and whether any additional standards are necessary. The North Carolina law would have required the Legislative Research Commission to conduct a study on store-based retail health clinics.

In 2018 in Illinois, a comprehensive bill was proposed to require permits for retail health clinics; limit the scope of services to minor, noninvasive, and nonsurgical care; allow nurse practitioners to provide care without physician supervision in certain circumstances; and ban the sale of tobacco and alcohol in facilities that house these clinics.³¹ The bill failed in large part due to concerted opposition from CVS. Similar efforts to ban the sale of the

³⁰ S. Bill 216, 2009 Sess. (Ind. 2009); S. Bill 1256, 2017 Sess. (NC. 2007)

³¹ H. Bill 5372, 2009 Sess. (Ill. 2009) <https://www.ilga.gov/legislation/billstatus.asp?DocNum=5372&GAID=9&GA=95&DocTypeID=H-B&LegID=36672&SessionID=51>



tobacco products in establishments where medical services are offered failed in both Tennessee and Washington in 2008 and 2009.³²

In Rhode Island and Pennsylvania, bills were proposed to limit the ability of retail services and health services to be co-located. The Rhode Island bill, proposed in 2008, would have specifically prohibited licensing a facility that maintains a health clinic on the same premises as a licensed pharmacy, ostensibly outlawing pharmacy “minute clinics.”³³ The Pennsylvania bill, proposed in 2008, would have prohibited any applicant for a retail license to offer clinical health care services.³⁴

New York’s Public Health and Health Planning Council (PHHPC) in 2013 issued numerous recommendations for improved regulation

of both urgent care centers and retail health clinics, which were not adopted by the state legislature.³⁵ Those recommendations included:

- restriction of use of the term “urgent care” to those providers offering urgent care services as defined and approved by the Department of Health,
- clear signage describing the services provided,
- certification and/or accreditation by Department-approved accrediting organizations,
- full Certificate of Need review for hospital-owned urgent care centers,
- policies and procedures for referring patients,
- the use of certified electronic health records,
- a current list of primary care providers (including preferred providers of medical care homes and Federally Qualified Health Centers,
- the renaming of retail health clinics to “limited service clinics,” and
- a minimum list of basic services to be included and excluded.

New Jersey proposed legislation in 2017 and 2018 to require retail health clinics to develop policies and procedures identifying services provided by the clinics. This legislation also failed to pass.

32 H. Bill 3502. 2008 Sess (Ten. 2008); H.Bill 2257. 2009 Sess (Wash. 2009) <https://app.leg.wa.gov/bills/summary?billnumber=2257&year=2009>

33 H. Bill 7676, 2008 Sess. (Rhode Island, 2008)

34 H. Bill 2788, 2008 Sess (Penn, 2008) <https://www.legis.state.pa.us/cfdocs/billinfo/billinfo.cfm?syear=2007&sind=0&body=H&type=B&bn=2788>

35 Public Health and Health Planning Council. (2014). NYS Public Health and Health Planning Council: Oversight of Ambulatory Care Services—PHHPC Ambulatory Care Services Recommendations (p. 24). https://www.health.ny.gov/facilities/public_health_and_health_planning_council/meetings/2014-01-07/docs/ambulatory_care_services_recommendations.pdf

[A Massachusetts bill introduced in 2019] would have required urgent care centers to be licensed as clinics, require urgent care clinics to provide care to low-income patients who use MassHealth and to offer behavioral health services.

Our review of legislation in all 50 states found no attempts to specifically address the provision of high-quality, comprehensive reproductive and sexual health services at these clinics.

Attempts to regulate this growing sector of the health system are ongoing at the state level. Most significantly, in Massachusetts, regulation of urgent care centers and retail health clinics was included in a wide-ranging

health care bill that was filed by Governor Charlie Baker in 2019.³⁶ That bill would have required urgent care centers to be licensed as clinics, provide care to low-income patients who use MassHealth, and offer behavioral health services.³⁷ While that bill has not advanced, pieces of this priority were included in a 2020 bill entitled “An Act Promoting a Resilient Health System that Puts Patients First” that passed into law.³⁸ This law prevents MassHealth and related managed care organizations from requiring a referral for urgent care services. While the bill does not require urgent care clinics to accept MassHealth, it may expand access at facilities that already accept this insurance. The law also requires urgent care centers to connect patients to PCPs if they do not have one.

36 H. Bill 4134, 2019 Sess. (Mass. 2019) <https://malegislature.gov/Bills/191/H4134>

37 Office of Governor Charlie Baker and Lt. Governor Karyn Polito. (2019, October 18). Baker-Polito Administration Announces Health Care Legislation Aimed at Addressing Key Challenge. Mass.gov. <https://www.mass.gov/news/baker-polito-administration-announces-health-care-legislation-aimed-at-addressing-key>; Priyanka Dayal McCluskey. (2020, January 20). State seeks to rein in largely unregulated urgent care industry—The Boston Globe. BostonGlobe.Com. <https://www.bostonglobe.com/business/2020/01/20/state-officials-seeks-rein-rapidly-growing-urgent-care-industry/w5Bs7qiFsk6lyh6qfSGlyL/story.html>

38 An Act Promoting a Resilient Health System that Puts Patients First. Chapter 260. Mass. Acts § Section 39. <https://malegislature.gov/Laws/SessionLaws/Acts/2020/Chapter260>

VI. RECOMMENDATIONS

The urgent care and retail clinic provider landscape needs greater oversight and regulation to ensure that this growing service market can adequately meet the health care needs of vulnerable groups. Uneven and minimal licensing and regulations of these clinics leads to inequity in access and gaps in service offerings. We recommend that legislators and health advocates pursue the following:

- State licensing requirements and Certificate of Need programs should be updated to apply to this growing market. Certificate of Need programs can be a valuable tool for ensuring that health system transactions are based on key health planning goals, including equity and consumer access to services. Robust state oversight is needed to ensure that community health needs are met.
- Urgent care centers and retail clinics should be required to contract with Medicaid, and given targets for percentage of service to Medicaid-insured patients as a condition of Certificate of Need approval.
- States should set up accreditation processes to enforce standardization across sites, mandate the provision of basic health care services, including LGBTQ+-affirming reproductive and sexual health care, and enforce nondiscrimination provisions.
- States should require care coordination among urgent care centers, retail clinics, primary care services, and hospitals, including the use of electronic health records that can travel with their patients to their non-clinic appointments or ER visits. Clinics could be required to provide connections to primary care physicians for patients without one. Such regulation would help ensure that urgent care centers and retail health clinics serve as part of the continuum of care, working in cooperation with other healthcare services.
- Health care and consumer advocates should advocate for more equitable distribution of these facilities in low-income neighborhoods as well as middle- and upper- class neighborhoods.

VII. CONCLUSION

Urgent care centers and retail health clinics are increasingly important players in the health care system, growing rapidly in both numbers and patient usage. The trend away from primary care services and towards urgent care has accelerated during the pandemic, as people have relied on urgent care centers for COVID-19 testing and other types of care. Existing state regulation does not do enough to prevent discrimination at these facilities or to guarantee access to health care, including urgent reproductive and sexual health care, for low-income communities. In order for urgent care centers and retail health clinics to effectively and equitably meet the health needs of all communities, greater oversight is needed.

As we witness the increasing presence and popularity of urgent care, now is the time to forge regulation that adequately accounts for the important role of this market in providing health care and shaping health outcomes. Targeted regulation that ensures the quality of care provided, comprehensive coverage of services, and equal access to care at urgent care centers and retail clinics is more essential than ever.

For their support of this report, Community Catalyst would like to thank the Tara Health Foundation and NYS Health Foundation. For their contributions to this report, the National Health Law Program would like to thank Hooper, Lundy & Bookman, PC.

APPENDIX

State Regulation of Urgent Care Centers and Retail Health Clinics

STATE	RESEARCH SUMMARY
Alabama	
Urgent Care Centers	Not expressly addressed in statute or regulation, but many urgent care centers appear on a Google search; 100+ are listed on Solvhealth.com
Retail Health Clinics	Not expressly addressed in statute or regulation, and none appear on a Google search, on Solvhealth.com or in studies by the NCSL or RAND.
Alaska	
Urgent Care Centers	Not expressly addressed in statute or regulation, and not a category of facility for which licensure is required under A.R.S. § 47.32.010 . The list of licensed facilities in Alaska maintained by the Department of Health and Human Services, Division of Health Care Services, does not appear to include any urgent care centers. Phone call with Alaska Department of Health Care Services confirmed that this type of entity requires a business license and applicable license(s) from the Medical Board. But, many urgent care centers appeared in a Google search, and 20+ are listed on Solvhealth.com .
Retail Health Clinics	Not expressly addressed in statute or regulation, and not a category of facility for which licensure is required under A.R.S. § 47.32.010 . The list of licensed facilities in Alaska maintained by the Department of Health and Human Services, Division of Health Care Services, does not include any RHCs, and a Google search did not show any RHCs in the state. Phone call with Alaska Department of Health Care Services confirmed that this type of entity requires a business license and applicable license(s) from the Medical Board.
Arizona	
Urgent Care Centers	A freestanding urgent care center is defined in A.R.S. § 36-401 (19), as an outpatient treatment center that is <u>not</u> a hospital, that is open 24 hours a day, that “by its posted or advertised name, gives the impression to the public that it provides medical care for urgent, immediate or emergency conditions,” and satisfies certain other conditions. The statute also contains a broad definition of “health care institution” that arguably encompasses urgent care centers (§ 36-401 (21)). A health care institution cannot be operated without a license (§ 36-407), nor is there an exemption for urgent care centers (§ 36-402). Several additional requirements apply: - Under A.R.S. § 36-437 , a health care facility, including an urgent care facility, must make certain “direct pay” price information available by request or online. - Under A.R.S. § 36-432 , if a licensed physician is not on site during working hours at a freestanding urgent care center, the center must “post a conspicuous sign stating this fact. The center must post this sign in the center’s patient waiting room in full view of the patients.” - Ariz. Admin. Code R9-10-1001 et seq. sets forth various requirements for “outpatient treatment centers.” (An urgent care center is defined as an “outpatient treatment center” under A.R.S. § 36-401 (19).) - Ariz. Admin. Code R9-10-1027 sets out several requirements specific to urgent care centers, including training and reporting requirements.
Retail Health Clinics	Multiple web resources indicate that retail clinics in Arizona are licensed as outpatient treatment centers. While not expressly addressed in statute or regulation, a search on the Arizona Department of Health Services’ facility lookup tool for “MinuteClinic” returned many results, and it indicates that these providers are licensed outpatient treatment centers. See Ariz. Admin. Code §§ R9-10-1001 et seq. for requirements imposed on outpatient treatment centers NCSL’s map shows over 50 retail health clinics in Arizona. A search using CVS’s MinuteClinic locator shows 25 in Arizona. BlueCross BlueShield of Arizona’s website provides a map of MinuteClinic, the Little Clinic and Walgreens Healthcare Clinic locations across the Phoenix metro area (dated January 2016)
Arkansas	
Urgent Care Centers	Not expressly addressed in statute or regulation, nor is an urgent care center (or comparable classification) a license type offered by the Department of Health. However, a regulatory provision addressing risk-based provider organizations (RBPOs) that serve Medicaid enrollees does acknowledge the existence of urgent care clinics, imposing follow-up requirements on an RBPO when a beneficiary is seen in an emergency room or urgent care clinic, Ark. Code R. § 078-251.000, and Solvhealth.com shows numerous results for urgent care centers in Arkansas. In an email dated July 17, 2018, Becky Bennett from the Arkansas Department of Health wrote, “thank you for contacting the Arkansas Department of Health with your inquiry. Health Facility Services is the licensing agency for hospitals and related institutions (home health, hospice, ambulatory surgery centers, etc.). HFS does not license urgent care centers, retail health clinics or free-standing emergency departments which are not affiliated with a hospital.” We did not identify any other Arkansas agency that would regulate or license these entities.

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Retail Health Clinics	<p>Not expressly addressed in statute or regulation, nor is a retail health clinic (or comparable classification) a license type offered by the Department of Health. NCSL's map (dated 2009) shows no retail health clinics in Arkansas. (Although a search on prior version of Solvhealth.com did indicate that retail health clinics exist in at least some Arkansas Wal-Marts.)</p> <p>In an email dated July 17, 2018, Becky Bennett from the Arkansas Department of Health wrote, "thank you for contacting the Arkansas Department of Health with your inquiry. Health Facility Services is the licensing agency for hospitals and related institutions (home health, hospice, ambulatory surgery centers, etc.). HFS does not license urgent care centers, retail health clinics or free-standing emergency departments which are not affiliated with a hospital." We did not identify any other Arkansas agency that would regulate or license these entities.</p>
California	
Urgent Care Centers	<p>A search on solvhealth.com returns over 1000 urgent care clinics. There is no licensure category for urgent care centers under regulation or statute, but they are contemplated by certain statutes, including Health & Safety Code §§ 1367.27 and Cal. Ins. Code § 10133.15 (both of which identify urgent care centers as a facility type that should be reflected in provider directories) as well as Bus. & Prof. Code § 688 (addressing sites of drug prescriptions). It is difficult to say with certainty how any given urgent care center operates in California because they likely do so under an exemption from Cal. Health & Safety Code § 1206's clinic licensure requirement. This is because the licensure requirement is quite broad (under Cal. Health & Safety Code § 1200, a "clinic" subject to licensure is "an organized outpatient health facility that provides direct medical, surgical, dental, optometric, or podiatric advice, services, or treatment to patients who remain less than 24 hours") and an urgent care center is unlikely to fall into any available category of clinic eligible for licensure, which include community clinics, free clinics, surgical clinics, chronic dialysis clinics, rehabilitation clinics, and alternative birth centers. Cal. Health & Safety Code § 1204. Though there are many exemptions to the clinic licensure statute, most are likely inapplicable to the typical urgent care center (e.g., exemptions for employer-sponsored clinics, outpatient departments of hospitals, or clinics operated by public agencies). There is an exemption to the clinic licensure requirement for physicians' offices; if this is utilized by an urgent care center, it would require the urgent care center to be owned by an individual physician or a professional corporation in order to avoid a violation of California's prohibition on the corporate practice of medicine. (Another corporation may be involved pursuant to a management services agreement.) There is also an exemption to the clinic licensure statute for clinics operated by what is commonly known as a "medical foundation," or a large, multi-specialty medical group which may be affiliated with a hospital. Urgent care centers may be operated by such groups.</p>
Retail Health Clinics	<p>An internet search indicates that there are numerous retail health clinics in California. It is difficult to say with certainty how any given retail health clinic operates in California because they likely do so under an exemption from Cal. Health & Safety Code § 1206's licensure requirement. This is because the licensure requirement is quite broad (under Cal. Health & Safety Code § 1200, a "clinic" subject to licensure is "an organized outpatient health facility that provides direct medical, surgical, dental, optometric, or podiatric advice, services, or treatment to patients who remain less than 24 hours") and a retail health clinic is unlikely to fall into any available category of clinic eligible for licensure, which include community clinics, free clinics, surgical clinics, chronic dialysis clinics, rehabilitation clinics, and alternative birth centers. Cal. Health & Safety Code § 1204. Though there are many exceptions to the clinic licensure statute, most are likely inapplicable to the typical retail health clinic (e.g., exceptions for employer-sponsored clinics, outpatient departments of hospitals, or clinics operated by public agencies). There is an exception to the clinic licensure requirement for physicians' offices; if this is utilized by a retail health clinic, it would require the retail health clinic to be owned by an individual physician or a professional corporation in order to avoid a violation of California's prohibition on the corporate practice of medicine. (Another corporation may be involved pursuant to a management services agreement.) There is also an exemption to the clinic licensure statute for clinics operated by what is commonly known as a "medical foundation," or a large, multi-specialty medical group which may be affiliated with a hospital; retail health clinics may also be operated by such groups.</p>
Colorado	
Urgent Care Centers	<p>Not expressly regulated by statute or regulation, but the regulations do acknowledge the existence of urgent care facilities (see, e.g., 6 Code Colo. Regs. § 1011-3-8.2.2(C) (describing alternatives to emergency departments for consumers with non-emergent conditions in the context of community integrated health care services); 3 Code Colo. Regs. § 702-4-2-53 (defining an "urgent care facility" as follows: "a facility or office that generally has extended hours, may or may not have a physician on the premises at all times, and is only able to treat minor illnesses and injuries. An urgent care facility does not typically have the facilities to handle an emergency condition, which includes life or limb threatening injuries or illnesses, as defined under emergency services.")). The term is not used elsewhere in this regulation, but there are references to the requirement that health insurance plans cover urgent care generally, and a number of results show up on a web search for urgent care centers, including on Solvhealth.com. A telephone conversation with the Department of Public Health & Environment on November 1, 2018, confirmed that the Department does not regulate urgent care centers.</p>
Retail Health Clinics	<p>Not expressly addressed in statute or regulation, but a number of results show up on a web search; the Colorado Health Institute reported that there were more than 25 retail health clinics in the state in 2011. Legislation proposed in 2010 would have regulated them directly as "limited service clinics" (SB 10-170). A telephone conversation with the Department of Public Health & Environment on November 1, 2018, confirmed that the Department does not regulate retail health clinics.</p>
Connecticut	
Urgent Care Centers	<p>Pursuant to Conn. Gen. Stat. § 19a-493d, an urgent care center must be licensed as an outpatient clinic under Conn. Gen. Stat. § 19a-491. Conn. Gen. Stat. § 19a-493d defines an urgent care center as a facility that provides "urgent care services" without requiring an appointment, at hours and on days that primary care provider offices generally are not open. The statute also requires that an urgent care center offer diagnostic imaging, the intravenous administration of fluids, and the ability to employ minimal resuscitative methods. ("Urgent care services" are defined as "services furnished to an individual who requires services to be furnished within 12 hours in order to avoid the likely onset of an emergency medical condition," per 42 C.F.R. 405.400).</p> <p>Note that the statute was enacted in 2017 and amended in 2018, and the licensure requirement for urgent care centers took effect April 1, 2018. A search on Solvhealth.com shows numerous results. (Note that we have not provided links to Conn. Gen. Stat. § 19a-493d because the statute is so new; it is not yet reflected on publicly-available listings of Connecticut statutes.)</p>

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Retail Health Clinics	<p>It does not appear that retail health clinics are licensed, though they may be operating in a legal grey area. An “outpatient clinic” is defined as “an organization operated by a municipality or a corporation, other than a hospital, that provides,” among other things, “ambulatory medical care, including preventive and health promotion services.” An outpatient clinic must be licensed pursuant to Conn. Gen. Stat. § 19a-493c. A retail clinic probably falls into this broad definition, such that it must be licensed as an outpatient clinic. However, a review of the licensed outpatient clinics listed on the Connecticut Department of Health’s website yielded primarily non-profit and school-based clinics. Moreover, CVS has a number of MinuteClinic locations in Connecticut, but none appear to be licensed as outpatient clinics (or otherwise) according to the Connecticut Department of Health’s online license lookup tool. An internet search shows numerous results, but these may simply reflect urgent care centers.</p> <p>In a telephone conversation on October 11, 2018, the Department of Public Health confirmed that it does not license entities that provide primary care services inside a retail store, like a CVS or Wal-Mart, at this time, and that entities like CVS are generally licensed as pharmacy by the Department of Consumer Affairs. It was not clear, however, whether the Department of Public Health considers MinuteClinic-like entities to fall outside their purview because they are licensed as pharmacies, or if they operate in a legal grey area.</p> <p>Also see this Connecticut government research report from 2008.</p>
Delaware	
Urgent Care Centers	<p>Not expressly regulated by statute or regulation, but may be encompassed by the licensing and regulation of Free Standing Emergency Centers in the state. “Free Standing Emergency Centers” (FSECs) are required to be licensed under Delaware Admin. Code 16-4000-4404. An FSEC is defined as “a facility physically separate from a hospital, which uses in its title or in its advertising, the words ‘emergency,’ ‘urgent care,’ or parts of those words or other language or symbols which imply or indicate to the public that immediate medical treatment is available to individuals suffering from a life-threatening medical condition. The facility rendering such care is capable of treating all medical emergencies that have life-threatening potential.” An FSEC must have a written transfer agreement with a hospital, and the FSEC must satisfy extensive requirements regarding policies; personnel; medical records; medications; maintenance of an infection control program; the physical plant; and more. A telephone call with the Delaware Department of Health and Social Services on November 1, 2018, confirmed that only two “freestanding” emergency departments exist in Delaware, but they operate under an affiliated hospital’s license and are not separately licensed.</p> <p>16 Del. C. § 714(3), which appears in a chapter regarding HIV testing and counseling, defines a “clinical setting” to include “urgent care clinics,” which suggests these are contemplated under state law, and a search on Solvhealth.com returns numerous results. A telephone call with the Delaware Department of Health and Social Services on November 1, 2018, however, confirmed that urgent care centers are not licensed or regulated in Delaware.</p>
Retail Health Clinics	<p>Not expressly regulated by statute or regulation, though an internet search returns a few results, including Walgreens Healthcare Clinics. A telephone call with the Delaware Department of Health and Social Services on November 1, 2018, confirmed that retail health clinics are not licensed or regulated in Delaware.</p>
Florida	
Urgent Care Centers	<p>Urgent care centers appear to be licensed as health care clinics in Florida, but many may be exempt from the licensure requirement pursuant to the statute. An “urgent care center” is defined under Fla. Stat. § 395.002 as “a facility or clinic that provides immediate but not emergent ambulatory medical care to patients. The term includes an offsite emergency department of a hospital that is presented to the general public in any manner as a department where immediate and not only emergent medical care is provided.” It also includes “An offsite facility of a facility licensed under this chapter, or a joint venture between a facility licensed under this chapter and [an MD] or [DO], that does not require a patient to make an appointment and is presented to the general public in any manner as a facility where immediate but not emergent medical care is provided,” as well as a “clinic organization that is licensed under part X of chapter 400 [pertaining to health care clinics], maintains three or more locations using the same or a similar name, does not require a patient to make an appointment, and holds itself out to the general public in any manner as a facility or clinic where immediate but not emergent medical care is provided.”</p> <p>There are several statutory requirements applicable to “urgent care centers,” but it is not a separate licensure category. Instead, the extremely broad definition of a “clinic” that must be licensed encompasses an urgent care center: A “clinic” is “an entity where health care services are provided to individuals and which tenders charges for reimbursement for such services.” Fla. Stat. § 400.9905(4).</p> <p>One exemption to the clinic license requirement applies to entities that are owned by a corporation that has \$250 million or more in total annual sales of health care services provided by licensed health care practitioners where at least one person responsible for the entity’s operations is a health care practitioner who is licensed in Florida and who is responsible for supervising the entity’s business activities and is responsible for the entity’s compliance with state law. Id., paragraph (4)(m). Another exemption applies to entities that employ 50 or more licensed MDs or DOs where the billing for medical services is under a single tax identification number. Id., paragraph (4)(n).</p> <p>In a search on FloridaHealthFinder.gov, a facility lookup maintained by the AHCA, a search for “MinuteClinic” yielded dozens of results under the “Health Care Clinic Exemption” category. (These entities are likely reflected on the FloridaHealthFinder tool even though they are not licensed because they have obtained certificates of exemption from the AHCA. According to this AHCA guidance document, an entity that is exempt from licensure as a health care clinic is not required to seek a certificate of exemption, but many third-party payors require facilities to obtain a certificate of exemption if they are not licensed.) A search on solvhealth.com returns many results.</p>
Retail Health Clinics	<p>A “retail health clinic” is not defined in statute or regulation, but likely satisfies the definition of an “urgent care center” under Fla. Stats. § 395.002 and subject to the same licensure requirement as a health care clinic that an urgent care center is under Florida law. See analysis for urgent care centers.</p>
Georgia	
Urgent Care Centers	<p>Not expressly addressed in statute or regulation, nor is an urgent care center (or comparable classification) a license type offered by the Department of Community Health. A search on Solvhealth.com shows many results for urgent care and walk-in clinics in Georgia. We have contacted the Georgia Department of Community Health but have not received a response.</p>
Retail Health Clinics	<p>Not expressly addressed in statute or regulation, nor is a retail health clinic (or comparable classification) a license type offered by the Department of Community Health. An internet search shows many results for retail health clinics in Georgia, including Wal-Mart’s Care Clinic, CVS MinuteClinic, and Walgreens Healthcare Clinic. We have contacted the Georgia Department of Community Health but have not received a response.</p>

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Hawaii	
Urgent Care Centers	Not expressly addressed in statute or regulation, but a few urgent care centers appear on a Google search and 60+ are listed on Solv . Spoke to a representative from the Hawaii Office of Health Care Assurance who confirmed that urgent care centers are not under the Office's jurisdiction as licensed health facilities.
Retail Health Clinics	Not expressly addressed in statute or regulation, but a few appear on a Google search. Spoke to a representative from the Hawaii Office of Health Care Assurance who confirmed that RHCs are not under the Office's jurisdiction as licensed health facilities.
Idaho	
Urgent Care Centers	Not expressly addressed in statute or regulation, but many urgent care centers appear on a Google search; 90+ are listed on Solv .
Retail Health Clinics	Not expressly addressed in statute or regulation and none appear on a Google search; NCSL's map shows that there are 5.
Illinois	
Urgent Care Centers	Not currently addressed in statute or regulation, but many urgent care centers appear on a Google search; numerous are listed by Solv . Note that 210 ILCS 70/2(b) allows health facilities to use the name "urgi-" or "urgent" care center but prohibits the use of the terms "emergj-" or "emergent." Previously, only emergency rooms could incorporate urgent or similar words into their name. See http://www.chicagotribune.com/business/ct-urgent-care-facility-names-0113-biz-20150109-story.html .
Retail Health Clinics	Not currently addressed in statute or regulation, and not a category of facility for which licensure is required under Illinois state law . In response to the increasing number of retail clinics in the state, the Illinois Legislature introduced but did not pass House Bill 5372 , the stated purpose of which was to "ensure patient safety and adequate follow-up care." The bill would have authorized the Department of Public Health to issue a separate permit for each individual retail clinic, with exceptions for certain owners (for example, physician-owned or hospital-owned clinics). It would require such facilities to provide a "limited scope of covered services" that are "minor, with no invasive or surgical care." It also would have allowed retail health clinics to rely on a NP to provide care without physician supervision if a licensed physician acted as a "medical director" and there were a referral system with local hospitals or physicians in place for "follow-up care" or health care services outside the scope of the clinic. Lastly, the bill would have banned the sale of tobacco and alcohol in facilities that housed retail clinics. The bill ultimately was not passed out of the Rules Committee after fervent opposition from companies like CVS. The FTC also took an interest in the bill, recommending that the proposed regulations clarify whether they apply to physician and hospital-owned RHCs, so as not to disadvantage certain RHCs over others. See Letter from Maureen K. Ohlhausen et al., Federal Trade Commission, to Hon. Elaine Nekritz, State Representative , State of Illinois 5 (May 29, 2008). An earlier version of the Illinois bill, HB1885 , went even further in attempting to control care at retail health clinics. That bill would have required clinics to staff one physician supervisor per NP and have providers notify a patient's primary care physician of patient visits and outcomes, but that bill also did not pass the House. NCSL's map shows 74 retail health clinics in Illinois, though internet searches put that number even higher.
Indiana	
Urgent Care Centers	Not currently addressed in statute or regulation with the exception of Ind. Code § 12-15-44.5-3.5 , which provides that the Healthy Indiana Plan (expanded Medicaid) must include coverage for urgent care center services. Many urgent care centers appear on a Google search; numerous are listed by Solv . Spoke to a representative from the Indiana State Department of Health (ISDH) Health Care Quality and Regulatory Commission who confirmed that urgent care centers are not licensed by the Commission.
Retail Health Clinics	Not expressly addressed in statute or regulation, but many on a Google search. Spoke to a representative from the ISDH Health Care Quality and Regulatory Commission who confirmed that RHCs are not licensed by the Commission. Legislation proposed in 2009 (SB 216) would have required the state department of health to conduct a study to determine: (1) the number of health clinics in the state; (2) the number of health clinics that are regulated by the state; (3) the adequacy of the state regulations for health clinics; and (4) whether any additional standards are necessary.
Iowa	
Urgent Care Centers	Not expressly addressed in statute or regulation, but a few urgent care centers appear on a Google search and 90 are listed on Solv . Received confirmation from representative of the Iowa Department of Inspections and Appeals Health Facilities Division that urgent care centers are not under the Department's jurisdiction as licensed health facilities.
Retail Health Clinics	Not expressly addressed in statute or regulation, but a few RHCs appear on a Google search, Hy-Vee (grocery store) has 14 in-store RHCs listed. Received confirmation from representative of the Iowa Department of Inspections and Appeals Health Facilities Division that RHCs are not under the Department's jurisdiction as licensed health facilities.
Kansas	
Urgent Care Centers	Not expressly addressed in statute or regulation, but a few urgent care centers appear on a Google search and 125+ are listed on Solv . Spoke to a representative from the Kansas Department of Health and Environment who confirmed that urgent care centers are not under the Department's jurisdiction as licensed health facilities.
Retail Health Clinics	Not expressly addressed in statute or regulation, but a few RHCs appear on a Google search. Spoke to a representative from the Kansas Department of Health and Environment who confirmed that RHCs are not under the Department's jurisdiction as licensed health facilities.
Kentucky	
Urgent Care Centers	Not expressly addressed in statute or regulation, but a few urgent care centers appear on a Google search and 190+ are listed on Solv . Representative from the Kentucky Cabinet for Health and Family Services confirmed that urgent care centers are currently not under the Cabinet's jurisdiction as licensed health facilities but agency regulations are expected to be forthcoming.

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Retail Health Clinics	Until very recently, 902 KAR 20:400 expressly regulated retail health clinics (known as “limited services clinics”) and provided for their licensure. However, a new Kentucky law (HB 444), KRS 216B.020(3)(d) , eliminated the licensure category and Kentucky filed an emergency regulation that eliminated the licensure category, - https://apps.legislature.ky.gov/record/18rs/hb444.html . A call to the Kentucky Cabinet for Health and Family Services has not yet been returned. An internet search reveals a number of RHCs.
Louisiana	
Urgent Care Centers	Not expressly addressed in statute or regulation, but a few urgent care centers appear on a Google search and 230+ are listed on Solv . Received confirmation from representative of the Louisiana Department of Health that urgent care centers are not under the Department’s jurisdiction as licensed health facilities.
Retail Health Clinics	Not expressly addressed in statute or regulation, but a few RHCs appear on a Google search. Received confirmation from representative of the Louisiana Department of Health that RHCs are not under the Department’s jurisdiction as licensed health facilities.
Maine	
Urgent Care Centers	Not expressly addressed in statute or regulation, but a few urgent care centers appear on a Google search and 40+ are listed on Solv . Received confirmation from a representative of the Maine Department of Health and Human Services Licensing and Certification that urgent care centers are not under the Department’s jurisdiction as licensed health facilities.
Retail Health Clinics	Not expressly addressed in statute or regulation, but a couple RHCs appear on a Google search. Received confirmation from a representative of the Maine Department of Health and Human Services Licensing and Certification that RHCs are not under the Department’s jurisdiction as licensed health facilities.
Maryland	
Urgent Care Centers	Many urgent care centers appear on a Google search and 300+ are listed on Solv . While Maryland provides a definition of “urgent care centers” in its regulations concerning Medicaid, urgent care centers are not currently regulated in Maryland as a specific category of licensed health care facility. See COMAR 10.24.19.03 State Health Plan for Facilities and Services: Freestanding Medical Facilities . COMAR 10.09.77.01(3) defines “Free-standing urgent care center” as “a location, distinct from a hospital emergency room, a physician’s office, or a free-standing clinic, whose purpose is to diagnose and treat illness or injury for unscheduled, ambulatory patients seeking immediate medical attention.” COMAR 10.09.77.03 requires that in order to participate in Medicaid, free-standing urgent care centers: <ol style="list-style-type: none"> (1) Have clearly defined, written, patient care policies; (2) Define the center’s hours of operation and clearly communicate those hours of operation to the public and other relevant organizations; (3) Ensure that patients seeking urgent care are seen without prior appointments; (4) During the hours of operation, have at least one qualified physician present; (5) Maintain adequate documentation of each recipient visit as part of the individual’s medical record, which, at a minimum, shall include: (a) Date of service; (b) Recipient’s reason for visit; (c) A brief description of service provided; and (d) A legible signature and printed or typed name of the professional providing care, with the appropriate title; (6) Have written, effective procedures for infection control which are known to all levels of staff as specified in COMAR 10.06.01; and (7) Have laboratory testing and radiology services available to meet the needs of the patients receiving urgent care. COMAR 10.09.77.04 provides that Medicaid will cover the following medically necessary services when rendered to patients in a UCC: A. Acute illnesses with a sudden onset; B. Minor trauma; C. Diagnostic, preventive, curative, palliative, rehabilitative, or ameliorative services, when clearly related to the recipient’s individual needs; D. Urgent care services, when the services are performed by a physician or one of the following acting within the scope of their practice: (1) A licensed physician assistant; (2) A licensed registered nurse; or (3) A certified nurse practitioner; and E. Laboratory services.
Retail Health Clinics	Not expressly addressed in statute or regulation, but many RHCs appear on a Google search. Spoke with a representative from the Maryland Office of Health Care Quality who confirmed that OHCQ does not regulate RHCs but that in some cases the state Board of Physicians will consider them to be a physician’s office and regulate them as such.
Massachusetts	
Urgent Care Centers	Urgent Care Centers are not expressly referenced by statute or regulation. The Massachusetts Executive Office of Health and Human Services (“EO-HHS”) provides, in relevant part, “All providers of ambulatory care, including those offering what is described as ‘urgent care,’ must be licensed as a clinic or hospital satellite before providing services unless they are exempt from facility licensure under MGL Ch. 111 § 52 ...” as a solo or group practice.” Mass EOHS, “Licensure and Medicare/Medicaid Certification: ‘Urgent Care’ Licensure Requirements.” (emphasis added) There are many urgent care centers that appear on a Google search; 270+ are listed on Solvhealth.com .
Retail Health Clinics	The Massachusetts Department of Health (“DPH”) regulates retail clinics as “limited service clinics” pursuant to its authority under MGL Ch. 111 § 51J . An LSC cannot serve as a patient’s primary care provider, cannot refer patients to a non-primary care provider unless the LSC is affiliated with a health care facility or other licensed practitioners. Id. “Limited services” include “diagnosis, treatment, management and monitoring of acute and chronic disease, wellness and preventative services of a nature that may be provided within the scope of practice of a nurse practitioner using available facilities and equipment, including shared toilet facilities for point-of-care testing.” MGL Ch. 111 § 52 . For purposes of MassHealth, LSC services are diagnostic and treatment services provided to a MassHealth member that 1) require only a focused history and physical examination but not venipuncture; 2) may make use of only CLIA (as amended) waived tests; 3) may be provided within the scope of a licensed nurse practitioner enrolled in MassHealth using available facilities and equipment; 4) are for episodic, urgent care related to an illness or for immunizations; 5) are included in the list of services submitted to the DPH pursuant to 105 CMR 140.103(F) and approved by DPH; and 6) are included in the list of services and codes approved for payment to LSCs by MassHealth. See 105 CMR 140.1000 , see also Mass Health Limited Services Clinic Bulletin 5 , “Definition: Limited Services Clinic Services,” (March 2018). There are many RHCs that appear on a Google search.

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Michigan	
Urgent Care Centers	Not explicitly referenced by statute or regulation. Urgent care clinics are also not included within the definition of “health facility or agency” required to obtain a license in order to operate pursuant to MI PHC 333.20141 . The Michigan Department of Licensing and Regulatory Affairs confirmed by phone that clinics providing urgent care services in Michigan do so pursuant to the license of a practitioner. Many urgent care centers appear in a Google search. There are more than 500 urgent care centers listed on Solv . There does not appear to be any pending legislation in Michigan on this issue.
Retail Health Clinics	Not explicitly referenced by statute or regulation. Retail health clinics are also not included within the definition of “health facility or agency” required to obtain a license in order to operate pursuant to MI PHC 333.20141 . The Michigan Department of Licensing and Regulatory Affairs confirmed by phone that clinics providing retail health services in Michigan do so pursuant to the license of a practitioner. Many retail health clinics appear in a Google search, though many were labeled as “walk-in” clinics. There does not appear to be any pending legislation on this issue.
Minnesota	
Urgent Care Centers	Minnesota defines an “urgent care center” as a “medical facility where ambulatory patients can walk in without an appointment and receive services required to treat an illness or injury that would not result in further disability or death if not treated immediately, but requires professional attention and that has the potential to develop such a threat if treatment is delayed. Urgent care center does not include physician clinics offering extended hours for patient care.” Minn. R. 4654.0200(22) . However, Minnesota Code Chapter 4654 addresses health care quality measures in the insurance context. While urgent care centers are not otherwise addressed by statute or regulation, a Google search confirms the presence of many urgent care centers in Minnesota. There are more than 300 urgent care clinics in Minnesota per Solvhealth . Calls to the Minnesota Department of Health to confirm this analysis have not been returned. There does not appear to be any pending legislation on this issue.
Retail Health Clinics	Retail health clinics are not included among the types of health care facilities listed as those requiring licensure on the Minnesota Department of Health website . A Google search reveals that there are many retail health clinics in Minnesota. There does not appear to be any pending legislation on this issue.
Mississippi	
Urgent Care Centers	There are clearly many urgent care clinics in Mississippi, however it appears that they are likely regulated as medical offices. We reached out to the Mississippi Department of Health to confirm this analysis, but have not received a response. There are over 120 urgent care centers in Mississippi per Solvhealth . There does not appear to be any relevant legislation on the horizon.
Retail Health Clinics	Not addressed by regulation or statute, and not included among the types of facilities that the state licenses. We reached out to the Mississippi Department of Health to confirm this analysis, but have not received a response. An internet search indicates there are some retail health clinics in Mississippi. There does not appear to be any relevant legislation on the horizon.
Missouri	
Urgent Care Centers	Not addressed by statute or regulation, but there are urgent care centers throughout Missouri, some of which are affiliated with hospitals and other existing health care facilities. Some appear to be chains organized as multi-physician practices. There are more than 330 urgent care clinics in Missouri per Solvhealth . There does not appear to be any pending legislation on urgent care clinics in Missouri. The Missouri Department of Health and Senior Services Division of Regulation and Licensure confirmed that urgent care clinics are not licensed in Missouri but could be regulated at the County level.
Retail Health Clinics	Not addressed by statute or regulation, however an internet search indicates there are many retail health clinics located across Missouri. Retail clinics are operated out of pharmacies and grocery stores, and are located at numerous universities. There does not appear to be any pending legislation on retail health clinics in Missouri. The Missouri Department of Health and Senior Services Division of Regulation and Licensure confirmed that retail health clinics are not licensed in Missouri but could be regulated at the County level.
Montana	
Urgent Care Centers	Not referenced by statute or regulation, however there are urgent care clinics in Montana, as confirmed by a Google search . They appear to be organized as physician practices. There are 40+ urgent care centers in Montana per Solvhealth . There does not appear to be any relevant pending legislation. We reached out to Leigh Ann Holmes, Chief of the Licensure Bureau of the Montana DPHHS Quality Assurance Division on November 14, 2018, to confirm our analysis, but have not received a response.
Retail Health Clinics	Not referenced by statute or regulation, and appear to be organized under the licenses of practitioners. An internet search indicates there is at least 1 retail health clinic in Montana. There does not appear to be any relevant pending legislation. We reached out to Leigh Ann Holmes, Chief of the Licensure Bureau of the Montana DPHHS Quality Assurance Division on November 14, 2018, to confirm our analysis, but have not received a response.
Nebraska	
Urgent Care Centers	Not defined or explicitly addressed by statute or regulation, however a Google search confirms that there are many urgent care centers in Nebraska. There are more than 85 urgent care centers in Nebraska per Solvhealth . Nebraska’s Medicaid regulations addressing Indian Health Service (“IHS”) facilities reference situations where patients “must return to the clinic for an emergency or urgent care situation,” suggesting that urgent care services are provided at health clinics. A brief survey of entities holding themselves out as urgent care clinics in Nebraska are also primary care practices or general health clinics. See here . Under Nebraska Revised Statutes section 71-416 , a health clinic means “a facility where advice, counseling, diagnosis, treatment, surgery, care, or services relating to the preservation or maintenance of health are provided on an outpatient basis for a period of less than twenty-four consecutive hours to persons not residing or confined at such facility. Health clinic includes, but is not limited to, an ambulatory surgical center or a public health clinic.” It does not include: “(a) a health care practitioner facility (i) unless such facility is an ambulatory surgical center, (ii) unless ten or more abortions, as defined in subdivision (1) of section 28-326, are performed during any one calendar week at such facility, or (iii) unless hemodialysis or labor and delivery services are provided at such facility, or (b) a facility which provides only routine health screenings, health education, or immunizations.” Health Clinics are licensed by the Nebraska Department of Health and Human Services through regulations set forth at 175 Nebraska Admin. Code Chapter 7, “Health Clinics.” We contacted the Nebraska Department of Health and Human Services Licensure Unit to confirm this analysis but have not received a response. There does not appear to be any relevant legislation pending in Nebraska.

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Retail Health Clinics	While they are not defined or explicitly addressed by statute or regulation, there is ample evidence that retail health clinics are utilized throughout Nebraska. A Google search confirms that many such clinics are located within larger shopping establishments such as grocery stores such as Hy-vee. The Hy-vee clinics are operated by CHI Quick Care , a subsidiary of Catholic Health Initiatives, a major medical system. There are also Minute Clinics operated by CVS . There does not appear to be any relevant legislation pending in Nebraska.
Nevada	
Urgent Care Centers	A Google search indicates that there are urgent care centers throughout Nevada, however they are not specifically referenced by statute or regulation. There are chains in Nevada marketing themselves as urgent care (and walk-in) clinics which are affiliated with national health systems, such as Care Now Urgent Care . Other urgent care centers, however, appear to be independent, such as Best Urgent Care in Las Vegas. There are more than 175 urgent care centers in Nevada per Solvhealth . There does not appear to be any relevant pending legislation in Nevada. On December 3, 2018, a representative from the Nevada Department of Health and Human Services within the Nevada Division of Public and Behavioral Health, confirmed that they do not license urgent care centers.
Retail Health Clinics	Clinics holding themselves out as providers of urgent care in Nevada also list themselves as walk-in, or retail, clinics. An internet search indicates there are more than 30 retail health clinics in Nevada. There does not appear to be any relevant pending legislation in Nevada. On December 3, 2018, a representative from the Nevada Department of Health and Human Services within the Nevada Division of Public and Behavioral Health, confirmed that they do not license retail health clinics.
New Hampshire	
Urgent Care Centers	“Drop-in or walk-in care centers” must be licensed pursuant to New Hampshire Rev. Stat. 151:2(i)(d) . Such facilities are called “non-emergency walk-in care centers (NEWCCs)” which “means a medical facility where a patient can receive medical care which is not of an emergency life-threatening nature, without making an appointment and without the intention of developing an ongoing care relationship with the licensed practitioner. This term includes such facilities that are self-described as urgent care centers, retail health clinics, and convenient care clinics. A NEWCC can be a stand-alone entity or an entity located within a retail store or pharmacy, which can be owned and operated by the retail store or pharmacy, or be owned and operated by a third party.” New Hampshire Admin. Rules, He-P 806.03(ak) . New Hampshire requires all NEWCCs to have at least one licensed practitioner on-site during hours of operation. New Hampshire Admin. Rules, He-P 806.16(a) . “Licensed practitioner” means a “(1) Medical doctor; (2) Physician’s assistant; (3) Advance practice registered nurse (APRN); (4) Doctor of osteopathy; or (5) Doctor of naturopathic medicine.” New Hampshire Admin. Rules, He-P 806.03(af) . Full regulations regarding licensing requirements, staffing issues, facility requirements, organizational changes, etc. are set forth in New Hampshire Admin. Rules He-P 806.16 .
Retail Health Clinics	Same as above.
New Jersey	
Urgent Care Clinics	Like retail health clinics (see below), urgent care clinics in New Jersey are currently organized as private physician practices.
Retail Health Clinics	New Jersey does not specifically license retail health care clinics, which are not explicitly referenced by statute or regulation. In 2018, New Jersey Assemblywoman Pamela Lampitt introduced legislation that would “Require[] retail health clinics to develop policies and procedures identifying services provided by the clinics,” A1860. The bill explains, in relevant part, “As used in the bill, “retail health clinic” means a health care facility located within a retail store, supermarket, pharmacy, or similar retail establishment that offers episodic, walk-in care, by a physician or nurse practitioner, for a limited set of acute conditions. In New Jersey, retail health clinics are organized as private physician practices rather than ambulatory care clinics, which are regulated by DOH. Private physician practices are exempt from State regulation or licensure, and as a result, retail health clinics are not regulated by DOH.” https://trackbill.com/bill/new-jersey-assembly-bill-1860-requires-retail-health-clinics-to-develop-policies-and-procedures-identifying-services-provided-by-the-clinics/1529509/ Similar legislation was also introduced in 2017: http://www.njleg.state.nj.us/2016/Bills/A5000/4544_11.HTM .
New Mexico	
Urgent Care Centers	Not expressly addressed in statute or regulation, but several urgent care centers appear on a Google search and 90+ are listed on Solv . urgent care centers could be licensed under N.M. Admin Code 7.11.2.9 as either a “Diagnostic and treatment center,” defined as a facility offering a service to the public on an outpatient basis for the diagnosis and treatment of medical conditions not requiring hospitalization or a “new or innovative clinic,” defined as a facility offering new or innovative type of outpatient service which does not fit into any other category of licensed (in which case the licensing is up to the discretion of the New Mexico Department of Health Program Operations Bureau (DOH POB)). We spoke with a DOH POB representative who informed us that urgent care centers are covered under the Department’s jurisdiction, though that many in New Mexico are licensed through the hospital rather than as independent facilities. Should a UCC wish to operate in the state, it would need to send a letter of intent to the Department describing the facility and services to be offered and the Department determines on a case-by-case basis how and whether to license the facility.
Retail Health Clinics	Not expressly addressed in statute or regulation, but a few RHCs appear on a Google search. We spoke with a DOH POB representative who informed us that such clinics are not licensed by the Department.

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New York	
Urgent Care Centers	<p>Not expressly addressed in statute or regulation, but several urgent care centers appear on a Google search, and 850+ are listed on Solv. Guidance from the New York Department of Health suggests that some urgent care providers operate as free-standing centers or clinics and fall under the category of Diagnostic and Treatment Centers (“D&TCs”) and are subject to the Certificate of Need process and licensure by the Division of Hospitals and Diagnostic and Treatment Centers. Other urgent care providers that are physician practices are governed solely through radiological imaging and professional licensing requirements and therefore are not licensed facilities. 10 CRR-NY 751.1 defines a D&TC as a “medical facility with one or more organized health services not part of an inpatient hospital facility or vocational rehabilitation center primarily engaged in providing services and facilities to out-of-hospital or ambulatory patients by or under the supervision of a physician or, in the case of a dental service or dispensary, of a dentist, for the prevention, diagnosis and, in the case of a treatment center, treatment of human disease, pain, injury, deformity or physical condition, not including the individual or group private practice of medicine.” The DOH guidance suggests that depending on the size of the clinic and the number of services offered, it may be more likely to require licensure. We reached out to a representative at the NY DOH Division of D&TCs to confirm whether this guidance is still accurate, but have not received a reply.</p> <p>In 2013, the legislature proposed AB 6838 which would have directed the state commissioner of health to conduct a study as to the effectiveness and safety of urgent care centers. The bill did not pass. One year later, in an effort to provide oversight for urgent care centers, New York’s Public Health and Health Planning Council (PHHPC) proposed recommended regulations which also did not succeed.</p>
Retail Health Clinics	<p>Not expressly addressed in statute or regulation, but several RHCs appear on a Google search. The state Department of Health appears to have weighed regulating RHCs through licensure and certificate of need but no regulations have been finalized. We heard from a representative of the Bureau of Project Management from the DOH that retail health clinics are not licensed by the DOH.</p>
North Carolina	
Urgent Care Centers	<p>Not expressly addressed in statute or regulation, but several urgent care centers appear on a Google search, and 550+ are listed on Solv. We spoke with a representative from the North Carolina Division of Health Service Regulation (“DHSR”) who informed us that urgent care centers are not licensed health facilities under the Department’s jurisdiction. The DHSR does however require certificate of need approval prior to acquiring, replacing, or adding to their facilities and equipment, except in specified circumstances. N.C. Stat. § 131E-175 et seq. An urgent care center could meet the requirements of a diagnostic center and therefore require CON. Section 131E-176(7a) defines “diagnostic center” as a “freestanding facility, program, or provider, including but not limited to, physicians’ offices, clinical laboratories, radiology centers, and mobile diagnostic programs, in which the total cost of all the medical diagnostic equipment utilized by the facility which cost ten thousand dollars (\$10,000) or more exceeds five hundred thousand dollars (\$500,000). In determining whether the medical diagnostic equipment in a diagnostic center costs more than five hundred thousand dollars (\$500,000), the costs of the equipment, studies, surveys, designs, plans, working drawings, specifications, construction, installation, and other activities essential to acquiring and making operational the equipment shall be included. The capital expenditure for the equipment shall be deemed to be the fair market value of the equipment or the cost of the equipment, whichever is greater.” More information on the state CON process may be found here.</p>
Retail Health Clinics	<p>Not expressly addressed in statute or regulation, but several RHCs appear on a Google search. We spoke with a representative from DHSR who informed us that RHCs are not licensed health facilities under the Department’s jurisdiction.</p>
North Dakota	
Urgent Care Centers	<p>There are 25+ urgent care centers listed on Solvhealth. The below regulations require licensure of outpatient facilities, but the North Dakota Department of Health confirmed on 11/20/18 that Urgent Care Centers are not independently licensed and are operated under the license of the individual physician.</p> <p>ND ADC 33-07-01.01(4)(q)- g. “Outpatient facility” (including ambulatory surgical centers and trauma centers - excluding physicians’ clinic) means a facility, located in or apart from a hospital; providing community service for the diagnosis or diagnosis and treatment of ambulatory patients (including ambulatory inpatients) in need of physical or mental care:</p> <ol style="list-style-type: none"> (1) Which is operated in connection with a hospital; or (2) Which offers to patients not requiring hospitalization the services of licensed health care practitioners in various medical specialties, and which makes provision for its patients to receive a reasonably full range of diagnostic and treatment services. <p>ND ADC 33-07-01.01(1). The following types of institutions are covered by North Dakota Century Code chapter 23-16 for the purpose of rules and are deemed to come within the provisions of North Dakota Century Code section 23-16-01 which provides for licensure of any institution that maintains and operates organized facilities for the diagnosis, treatment, or care of two or more nonrelated persons suffering from illness, injury, or deformity or where obstetrical or other care is rendered over a period exceeding twenty-four hours:</p> <p>Outpatient facilities, including surgical centers and trauma centers, excluding physicians’ clinics.</p>
Retail Health Clinics	<p>There do not appear to be any retail health clinics in North Dakota, and the largest retail health providers do not appear to offer any locations in North Dakota. The North Dakota Department of Health confirmed on 11/20/18 that retail health clinics are not licensed.</p>
Ohio	
Urgent Care Centers	<p>Not expressly addressed in statute or regulation, but many urgent care centers appear on a Google search; 520+ are listed on Solvhealth. Per the Ohio Department of Health Office of Health Assurance and Licensing on 11/7/18, urgent care centers are not independently licensed and would be operated under the license of an individual physician.</p>
Retail Health Clinics	<p>Not expressly addressed in statute or regulation, but many retail clinics appear on a Google search. Per the Ohio Department of Health Office of Health Assurance and Licensing on 11/7/18, retail health clinics are not independently licensed and would be operated under the license of an individual physician.</p>
Oklahoma	
Urgent Care Centers	<p>Not expressly addressed in statute or regulation, but many urgent care centers appear on a Google search; 190+ are listed on Solvhealth. The Oklahoma State Department of Health Medical Facilities Service confirmed on 11/7/18 that urgent care centers are not independently licensed and would therefore be operated through the individual physician’s license.</p>

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Retail Health Clinics	<p>Not expressly addressed in statute or regulation, but several retail clinics appear on a Google search.</p> <p>The Oklahoma State Department of Health Medical Facilities Service confirmed on 11/7/18 that retail health clinics are not independently licensed and would therefore be operated through the individual physician's license.</p> <p>A bill introduced in 2008 (SB 1523) by Sen. Leftwich would have enacted the Retail Health Clinic Act, which would have specified certain scope of practice requirements, required certain supervision of retail health clinics, and directed the State Board of Health to promulgate rules. The bill was never passed.</p> <p>A bill introduced in 2008 (SB 1638) by Sen. Paddock would have provided for supervision of non-physician practitioners in certain circumstances. The bill was never passed.</p>
Oregon	
Urgent Care Centers	<p>Not addressed by statute or regulation. The Oregon Department of Health Facilities and Licensure indicated that the urgent care centers in operation in Oregon can be operated under the license of the clinician running the practice, or as part of a hospital facility under that hospital's license. However, the Oregon Health Authority has stated that urgent care centers, and any other entity that is not a licensed hospital with an emergency department, "cannot use the terms 'emergency department, emergency room, ER, emergency-, emergent-, emergi-care center' or any derivative term in any posted name or advertising that suggests the person or facility can provide emergency services ..." See Oregon Health Authority Public Health Division Hospital Classification and Enforcement Fact Sheet.</p> <p>There are numerous urgent care centers in Oregon according to Solvhealth.com</p>
Retail Health Clinics	<p>Not addressed by statute or regulation. The Oregon Department of Health Facilities and Licensure indicated that the retail clinics in operation in Oregon are operated under the license of the clinician running the practice.</p> <p>In internet search indicates there are some RHCs in Oregon.</p>
Pennsylvania	
Urgent Care Centers	<p>Not expressly addressed in statute or regulation, but many urgent care centers appear on a Google search; 500+ are listed on Solvhealth. The Pennsylvania Department of Health confirmed on 11/15/18 that urgent care centers are not independently licensed and are therefore operated under an individual physician's license.</p> <p>Statutes related to safe prescribing and health care assistance define the term "urgent care center," but such term is unrelated to licensing or other regulatory oversight.</p>
Retail Health Clinics	<p>Not expressly addressed in statute or regulation, but many retail clinics appear on a Google search. The Pennsylvania Department of Health confirmed on 11/15/18 that retail health clinics are not independently licensed and are therefore operated under an individual physician's license.</p>
Rhode Island	
Urgent Care Centers	<p>40+ urgent care centers are listed on Solvhealth. Per the Rhode Island Department of Health Licensing Unit on 11/21/18, urgent care centers are licensed as organized ambulatory-care facilities (OACF), but ones that are solely physician-owned, might not be licensed as OACFs and might be operated under the individual physician's license.</p> <p>Under 216-RICR-40-10-3, an OACF means "a structurally distinct public or private health care establishment, institution or facility, primarily constituted, staffed and equipped to deliver ambulatory and urgent health care services as defined herein, to the general public and known by such terms as central service facility, treatment center, diagnostic center, rehabilitation center (outpatient), infirmary, outpatient clinic or health center which is not a part of a hospital, excluding however, OACFs owned and operated by professional service corporations as defined in R.I. Gen. Laws Chapter 7-5.1, (the "Professional Services Corporation Law"), or to a private practitioner's (physician, dentist or other health care provider) office, and/or operated by an individual practitioner, alone or as a member of a partnership, professional service corporation, organization or association), and those health care facilities otherwise licensed by or under the jurisdiction of the Department of Health and/or the Department of Mental Health, Retardation and Hospitals, or other governmental agency."</p> <p>"Ambulatory and urgent health care" means "health care services provided to outpatients whose condition does not require emergency medical care as defined herein, by or under the supervision of a physician/dentist licensed in Rhode Island pursuant to R.I. Gen. Laws Chapters 5-37 and 5-31.1 respectively."</p>
Retail Health Clinics	<p>An internet search indicates there are a few retail health clinics in Rhode Island. Per the Rhode Island Department of Health Licensing Unit on 11/21/18, retail health clinics are licensed as organized ambulatory care facilities (OACFs), but ones that are solely physician-owned, might not be licensed as OACFs and might be operated under the individual physician's license.</p> <p>The state licensing database shows 7 retail health clinics licensed as OACFs.</p> <p>A bill introduced in 2008 (HB 7676 (use search field)) would have prohibited licensing a facility that maintains a health clinic on the same premises as a pharmacy licensed to compound and dispense prescriptions, but it was never passed.</p>
South Carolina	
Urgent Care Centers	<p>Not referenced by statute or regulation. However, it is clear that there are many urgent care centers operating throughout South Carolina. There are 260+ urgent care clinics in South Carolina per Solvhealth. There does not appear to be any relevant legislation pending in South Carolina. South Carolina's Department of Health and Environmental Control, which licenses health care facilities including hospitals, confirmed that they do not license urgent care clinics.</p>
Retail Health Clinics	<p>Not referenced by statute or regulation. However, An internet search indicates that there are many walk-in clinics operating throughout South Carolina. There does not appear to be any relevant legislation pending in South Carolina. South Carolina's Department of Health and Environmental Control, which licenses health care facilities including hospitals, confirmed that they do not license retail health clinics.</p>
South Dakota	
Urgent Care Centers	<p>Not expressly addressed in statute or regulation, but a few urgent care centers appear on a Google search. There are 25+ urgent care centers in South Dakota per Solvhealth. Not a health care facility type licensed by SD Department of Health - https://doh.sd.gov/providers/licensure/facility-license.aspx</p> <p>NPs opening a UCC after 2017 State Legislature changed a law to allow them to deliver healthcare without formalized contracts with physicians - https://www.thepublicopinion.com/news/local_news/new-type-of-clinic-opening-on-may/article_503b3d94-4a28-11e8-a0a4-53f58f9301b2.html</p> <p>Received message from representative of South Dakota Board of Medical and Osteopathic Examiners that they do not have jurisdiction over urgent care centers. Spoke to a representative from the Department of Health. She confirmed that there is no regulation of urgent care centers unless they are hospital-based outpatient clinics.</p>

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Retail Health Clinics	Not expressly addressed in statute or regulation, but a few retail health clinics appear on a Google search. Not a health care facility type licensed by SD Department of Health - https://doh.sd.gov/providers/licensure/facility-license.aspx Received message from representative of South Dakota Board of Medical and Osteopathic Examiners that they do not have jurisdiction over retail health clinics. Spoke to a representative from the Department of Health. She confirmed that there is no regulation of retail health clinics unless they are hospital-based outpatient clinics.
Tennessee	
Urgent Care Centers	Not expressly addressed in statute or regulation, but many urgent care centers appear on a Google search; 425+ are listed on Solvhealth.com . No certificate of need requirements apply to urgent care centers.
Retail Health Clinics	Not expressly addressed in statute or regulation, but many retail health clinics appear on a Google search. No certificate of need requirements apply to retail health clinics. Retail clinics must be set up as a medical corporation, owned by a specific physician (07-116 OP. Tenn. Att'y Gen. 2, 3 (2007) at https://www.tn.gov/content/dam/tn/attorneygeneral/documents/ops/2007/op07-116.pdf There exists a physician clinical supervision regime under Tenn. Comp. R. & Regs. 0880-06-.02 which would apply to all retail health clinics that use nurse practitioners. The rules require, among other things, that "a supervising physician shall personally review at least twenty percent of charts monitored or written by the certified nurse practitioner every thirty days."
Texas	
Urgent Care Centers	Not expressly addressed in statute or regulation, but many urgent care centers appear on a Google search; 1600+ are listed on Solvhealth.com . Depending on the credentialing requirements, only physicians who are board certified in family practice, general practice, internal medicine, or emergency medicine may be allowed to serve as a medical director of a UCC. These are most commonly staffed by at least one physician with assistance from NPs, PAs, and technicians. On December 3, 2018, Texas Health and Human Services personnel confirmed that they do not license urgent care centers.
Retail Health Clinics	Not expressly addressed in statute or regulation, but many retail health clinics appear on a Google search. Texas has a robust Corporate Practice of Medicine Doctrine with few narrow exceptions. Corporation cannot directly employ physicians but they may do so with NPs. TX requires strict physician supervision of NPs including: Under the Texas physician delegation and prescriptive authority rules at Texas Occupations Code, §§157.051–157.060 , nurse practitioners and physician assistants may prescribe only under physician supervision. On December 3, 2018, Texas Health and Human Services personnel confirmed that they do not license retail health clinics.
Utah	
Urgent Care Centers	Utah has urgent care centers; 120+ are listed on Solvhealth.com . Freestanding Urgent Care Centers are defined by statute (Utah Code Ann. § 59-12-801) and regulation (Utah Admin. Code R432-1-3(50)), but they are not regulated as a health facility. Rather, they are operated under the license of the physician that opens them. Still, under Utah Code Ann. § 26-21b-201 , they are exempt from providing emergency contraception services for a victim of sexual assault where a GACH or CAH is within 30 miles and a UCC employee provides the victim with written and oral medical information regarding emergency contraception that is unbiased, accurate, and generally accepted by the medical community as being scientifically valid; and the name and address of the GACH or CAH within 30 miles.
Retail Health Clinics	Not expressly addressed in statute or regulation but Utah does have at least 1 according to an internet search. They are operated under the license of the physician (or Nurse Practitioner) that opens them. Utah does have some supervision requirements with regard to Physician Assistants, whereby a physician must cosign a sufficient number of PA charts and generally can only supervise 4 full-time PAs at a time (Utah Admin. Code R156-70a-501).
Vermont	
Urgent Care Centers	Vermont has urgent care centers (25+ according to Solvhealth) but they are not regulated by the state licensing and survey certification agency, according to Suzanne Leavitt, the Vermont State Survey Agency Director that manages Survey and Certification. Ms. Leavitt explained that they are considered physicians' offices in Vermont. Under 18 V.S.A. § 9492 , a "non-emergency walk-in center" cannot discriminate against any patient or prospective patient on the basis of insurance status or type of health coverage. A non-emergency walk-in center is defined as "an outpatient or ambulatory diagnostic or treatment center at which a patient without making an appointment may receive medical care that is not of an emergency, life threatening nature. The term includes facilities that are self-described as urgent care centers, retail health clinics, and convenient care clinics." In 2018, Vermont passed H.912 which directs the Agency of Human Services to create a working group to develop recommendations regarding whether and to what extent freestanding health care facilities, including, among others, urgent care centers, retail health clinics, and FSEDs, should be licensed and regulated.
Retail Health Clinics	It appears from an internet search that Vermont has retail health clinics but they are not regulated by the state licensing and survey certification agency, according to Suzanne Leavitt, the Vermont State Survey Agency Director that manages Survey and Certification. Ms. Leavitt explained that they are considered physicians' offices in Vermont. Under 18 V.S.A. § 9492 , a "non-emergency walk-in center" cannot discriminate against any patient or prospective patient on the basis of insurance status or type of health coverage. A non-emergency walk-in center is defined as "an outpatient or ambulatory diagnostic or treatment center at which a patient without making an appointment may receive medical care that is not of an emergency, life threatening nature. The term includes facilities that are self-described as urgent care centers, retail health clinics, and convenient care clinics." In 2018, Vermont passed H.912 which directs the Agency of Human Services to create a working group to develop recommendations regarding whether and to what extent freestanding health care facilities, including, among others, urgent care centers, retail health clinics, and FSEDs, should be licensed and regulated.

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Virginia	
Urgent Care Centers	Not expressly addressed in statute or regulation, but many urgent care centers appear on a Google search; 375+ are listed on Solvhealth.com . These are treated as physician offices.
Retail Health Clinics	Not expressly addressed in statute or regulation, but many retail health clinics appear on a Google search. These are treated as physician offices.
Washington	
Urgent Care Centers	Not expressly addressed in statute or regulation, but many urgent care clinics appear on a Google search; 270+ are listed on Solvhealth . The Washington Department of Healthcare Professions and Facilities unit confirmed on 10/25/18 that they do not license urgent care clinics and they are not currently regulated unless the clinic is on hospital grounds. If located on hospital grounds, the urgent care clinic falls under the hospital's license.
Retail Health Clinics	Not expressly addressed in statute or regulation, but 2 retail clinics appear on a Google search. The Washington Department of Healthcare Professions and Facilities unit confirmed on 10/25/18 that they do not license retail health clinics.
West Virginia	
Urgent Care Centers	Not expressly addressed in statute or regulation, but many urgent care clinics appear on a Google search; 80+ are listed on Solvhealth . Urgent Care Centers are not included in the list of facility types that are licensed or registered by the Office of Health Facility Licensure and Certification (OHFLAC) and OHFLAC confirmed that they do not regulate urgent care clinics. The Board of Medicine indicated on 10/25/18 that a certificate of authorization from the Board of Medicine is required to operate an urgent care clinic or to otherwise practice medicine through a corporation, P.C., or PLLC.
Retail Health Clinics	Not expressly addressed in statute or regulation, but many retail health clinics appear on a Google search. Retail Health Clinics are not included in the list of facility types that are licensed or registered by the Office of Health Facility Licensure and Certification (OHFLAC) and OHFLAC confirmed that they do not regulate retail health clinics. The Board of Medicine indicated on 10/25/18 that a certificate of authorization from the Board of Medicine is required to practice medicine through a corporation, P.C., or PLLC. Though retail health clinics are not common in West Virginia, the Board of Medicine believes that a certificate would be required similar to urgent care clinics due to the corporate practice of medicine.
Wisconsin	
Urgent Care Centers	Not expressly addressed in statute or regulation, but many urgent care clinics appear on a Google search; 225+ are listed on Solvhealth . The Wisconsin Department of Health Services confirmed on 10/26/18 that urgent care clinics are not regulated in Wisconsin.
Retail Health Clinics	Not expressly addressed in statute or regulation, but many retail health clinics appear on a Google search. The Wisconsin Department of Health Services confirmed on 10/26/18 that retail health clinics are not regulated in Wisconsin. Wisconsin prohibits the corporate practice of a medicine, so corporations cannot employ physicians to provide medical services. There is less risk for a corporation employing a nurse practitioner, however, as there appears to be no express prohibition on the corporate practice of nursing.
Wyoming	
Urgent Care Centers	Not expressly addressed in statute or regulation, but many urgent care clinics appear on a Google search; 25+ are listed on Solvhealth . Per the Wyoming Board of Health's Healthcare Licensing and Surveys Division on 10/25/18, urgent care centers are not separately licensed, but are operated under the license of a physician.
Retail Health Clinics	Not expressly addressed in statute or regulation and it is not clear if there are any in the state. Per the Wyoming Board of Health's Healthcare Licensing and Surveys Division on 10/25/18, retail health clinics are not separately licensed, but are operated under the license of a physician.

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