

A low-angle, upward-looking photograph of the U.S. Capitol dome in Washington, D.C. The dome is white with a series of arched windows and is topped by a statue of Liberty. The sky is a clear, bright blue with some light clouds. In the lower right, a portion of the Capitol's facade with columns and an American flag on a tall pole is visible.

**UCA** URGENT CARE  
ASSOCIATION®

# Advocacy Strategies 2024-2025



## Advocacy is a marathon, not a sprint

The progress we made in 2022-2023 builds on the steps made by those that came before us and the work of everyone in Urgent Care in communities across the world.

**Here's what we achieved with our 2022-2023 focus areas:**

## Educate Congress & Regulatory Agencies

While this will never be “complete”, the work our teams and volunteers did in 2022 and 2023 went a long way. Today, when we talk to government officials about Urgent Care they don't mistake us for someone else. The wide gap in understanding who we are has been bridged.

## Advocate for Fair Payment

2022 was spent evaluating strategy options with member groups. As we educated ourselves about the path to fair payment and the gatekeeper of that path, we learned that there are actually many paths with many gatekeepers. In 2023, we hired McDermott+ as our lobbyists and they helped us understand how federal influence works and to develop a true strategy from our many ideas.

We also curated a large library of data on the industry: UCA's own benchmarking, reports from federal agencies and studies both academic and sponsored. This library supports our position papers and briefings, and we'll continue to curate it further and share resources with members on our new Industry Data webpages.

Throughout the Fall, UCA and McDermott+ tested our strategy with external stakeholder groups who could both help us and/or be an obstacle to progress or completion of our goals. We met with multiple divisions of CMS along with leaders in partnering associations in hospital and emergency department medicine.

On November 16, 2023, we took a large group of Urgent Care leaders to Washington to put our first “ask” to members of Congress.

## Demonstrate Urgent Care's Role in Addressing Healthcare Disparities

Diversity, Equity and Inclusion (DEI) efforts include, but extend past, business needs to those of our teams and patients. The Commission on DEI collected data to analyze Urgent Care's role in addressing healthcare disparities. In 2022, we conducted surveys to identify management best practices and shared them at the 2023 Urgent Care Convention. We also partnered with Solv and Site Data Services to study Urgent Care center locations and community demographics, finding a strong alignment between community and patient demographics.

# 2024

## Advocacy Timeline

### CMS

Engage CMS in work on **new initiatives** to expand Urgent Care

### ED Impact

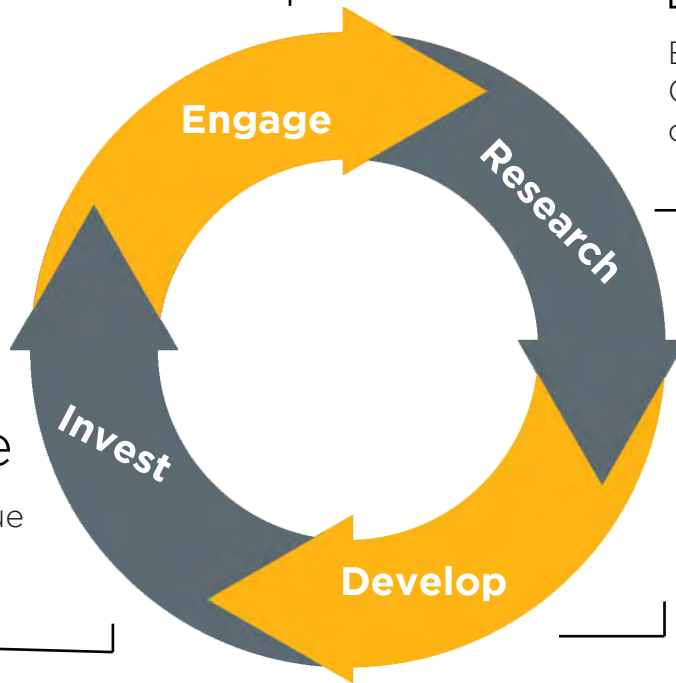
Expand **research** on Urgent Care's positive impact on ED overutilization

### UCAdvocate

**Raise funds** to continue Advocacy work long-term and engage supporters

### Grassroots

Develop Grassroots Advocacy **structure** on a national scale



# 2025

### CMS

Engage CMS to **implement** new initiatives to expand Urgent Care

### Access

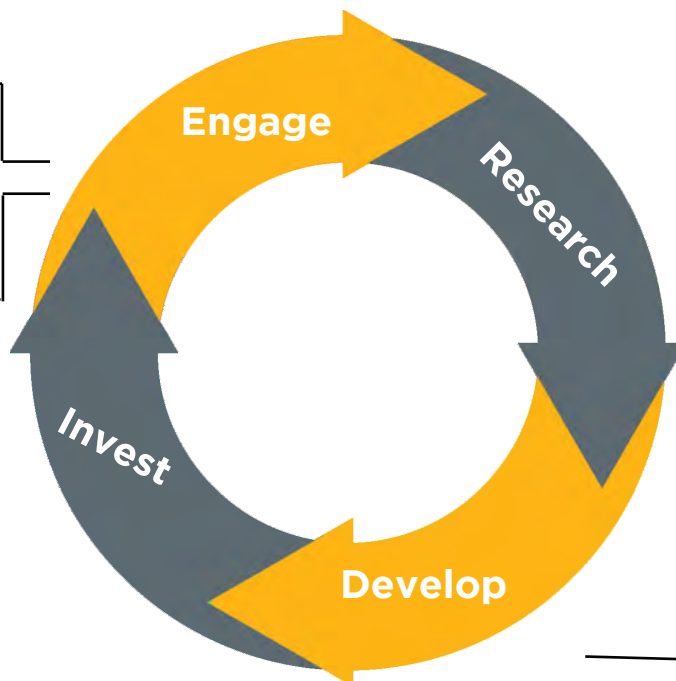
Expand **research** on Urgent Care's positive impact on addressing access gaps

### Public Relations

**Launch** national public relations campaign

### State Based

Develop nationwide state-based grassroots Advocacy **strategy**



## Engage CMS

No one we've spoken to at CMS has disagreed that Urgent Care should be federally supported in its role to keep non-emergencies out of the emergency department. But CMS is busy, and many others are simultaneously seeking their attention and resources.

Congress can influence which projects CMS pursues, and that is the tactic we're working on now. We have a bi-partisan letter led by four House Representatives, and we're pursuing additional supporters. We'll also work on a letter in the Senate. Recruiting Congressional support builds relationships that should also serve us in the long term.



**Note:** UCA understands that government payers are not your majority payer. We are pursuing this federal strategy because that's our role as your national advocate, and because it sets the stage for future commercial payer reform. State and commercial payers often follow the lead of CMS as healthcare coverage changes, and government payers are also steadily increasing as a percent of population coverage.

These trends confirms our belief that this groundwork we're laying will impact long-term change with both government and commercial payers as well.

## Fundraising

To date, we've not come close to our fundraising goals, and we want to understand why this is and how we can do better to engage stakeholders in Advocacy investment. The relative success of our fundraising efforts in 2024 will determine how sophisticated our PR campaign can ultimately be.

Patients are our largest and best group of advocates, and they are also voters, so we will be investing in campaigns to help them help Urgent Care.

[View Our Progress](#)

## Research ED Overutilization

Curating our library of industry data in 2023 identified gaps that must be addressed. We need broader data sets to support our beliefs about Urgent Care's positive impact on ED overutilization and lowering costs of care. We have identified the expanding sector of Urgent Care centers with health system affiliations (now representing 45% of the industry) as key partners in broadening this research.

The Urgent Care Foundation will support this research with its [Urgent Care Philanthropic Grants \(UCPG\) program](#) awards in 2024 and 2025. As we discover best practices we can use these programs as models for CMS to use in incentive programs or other initiatives.

We, along with the UCA Commission on Diversity (UCD) will also be publishing a White Paper on the role of Urgent Care in addressing healthcare disparities in 2024, using the results of our 2023 data gathering.



## Develop Grassroots Advocacy Structure

The Northeast Regional Urgent Care Association (NERUCA) has set the standard for Grassroots Advocacy groups in Urgent Care for many years, and as other U.S.-based UCA Chapters have emerged (CalUCA, SERUCA) they have used NERUCA as a model.

In 2023, UCA convened its first Delegates Council, made up of existing UCA Chapter leaders and representatives from Urgent Care organizations with 10-30 centers each. The Delegates Council was originally conceived as a group to represent these growing organizations, and they quickly identified their top priority as payment reform.

The Delegates Council also identified the need for a nationwide structure for Grassroots Advocacy to tackle payment reform on a state level, since that is where most commercial payers are regulated.

While UCA works federally, we'll use 2024 to collaborate with the Delegates Council members and Chapter leaders to figure out how to quickly expand our current grassroots structures to a national scale.

By the end of the year we should be recruiting state-based representatives and ready to activate the new Grassroots Advocacy structure in 2025. [Contact Kristin Rastatter](#) to see how you can get involved in helping lead Advocacy efforts in your state.





## Engage CMS To Implement New Initiatives To Expand Urgent Care

By 2025, we hope that our 2024 efforts to encourage CMS to pursue projects in Urgent Care will have been successful.

If so, and depending on the timing, we plan to begin or continue work with CMS to design initiatives that support Urgent Care and its role in improving affordable access to care and decreasing ED overutilization.

These initiatives could include a new add-on code for Urgent Cares who meet certain scope criteria, a new way to calculate practice costs, a facility fee, pilot programs through CMMI or similar solutions that work most efficiently with CMS's existing structures.

It is important to us to ensure that any initiatives and incentives are accessible for as many members as possible, are not onerous to our patients, are translatable into commercial payer policies and can be easily scaled nationally. As these initiatives begin to develop we will continue to consult with our members to ensure a win-win-win (patients-providers-payers) solution.



## Invest in Execution of Public Relations Campaign

In 2025, we will launch our public relations campaign so that those in CMS (and other stakeholders) fully appreciate the value of Urgent Care in their communities.

We will be harnessing patient and community voices to amplify our own, using a wide assortment of media and communications channels. We will also use the Grassroots Advocacy structure we built in 2024 to tailor and spread our messages more locally.

The sophistication and reach of this campaign depends largely on the results of our 2024 Advocacy fundraising, as well as member engagement.



## Research on Urgent Care's Positive Impact on Addressing Access Gaps

By 2025, we should have our 2024 Urgent Care Philanthropic Grants (UCPG) program awardee research projects well underway and beginning to produce results and reports to demonstrate Urgent Care's positive impacts on access gaps – or identify areas where we need to improve.

These results can become part of our Advocacy efforts in Washington, and if we have uncovered best practices (with the help of the College of Urgent Care Medicine), we can use these programs as models for CMS to use in incentive program design or – at the very least – to educate our members. These results will also be part of our public relations campaign as appropriate.



## Develop Nationwide State-Based Grassroots Advocacy Strategy

By the end of 2024, we should have our new structure for state-based Advocacy complete, its relationship to the Delegates Council and Chapters finalized, the top leaders identified and a model for going forward as we build out the structure and identify additional leaders in every state in the U.S.

As these leaders come together, they will determine best strategies for proceeding with state or regionally-based Advocacy for payment reform for Urgent Care, which will be influenced by how far we have come with our Federal strategy by 2025.

The more volunteers we have, the more effective we can be in monitoring and influencing what is happening in an individual state or region. Read on to learn how to get involved.



# Get involved

## You Can Make A Difference In Advocating for the Future of Urgent Care

Through hosting local activities, meeting with government officials, sharing our national messaging and participating in our fundraising initiatives, you are helping to ensure we reach our goal of higher reimbursement for Urgent Care. Not yet a member? You can [join us here](#).

### Grassroots Guide

There are many ways for you to engage at a grassroots level. You can pick and choose from various options as it works for your schedule and resources.

[Download the Grassroots Guide](#)

### Support

Invest in the future of Urgent Care, extend your recognition throughout the year and submit thought leader resources when you become a UCAdvocate!



[Become a UCAdvocate](#)

### Reach Out

Not sure where to start? Contact Advocacy Manager Kristin Rastatter at [krastatter@urgentcareassociation.org](mailto:krastatter@urgentcareassociation.org) to discuss Advocacy opportunities.

### Share Your Stories

Use the hashtags **#UrgentCareisEssentialCare**, **#UrgentCareAdvocacy** and **#UrgentCare** and tag a on X (formerly Twitter) and LinkedIn.

### Follow Along

You can follow progress and learn more about Urgent Care Advocacy at [\*\*urgentcareassociation.org/Advocacy\*\*](https://urgentcareassociation.org/Advocacy)

