

Dear Administrator Brooks-LaSure:

We write to highlight the need for CMS to evaluate options to address overcrowding, improper utilization, and long wait times in emergency departments and to express our desire to work together to find solutions. According to CMS's most recently released data in 2022, the median time patients spend in emergency rooms was 2 hours, 40 minutes nationwide which is up from 2 hours, 18 minutes in 2014.¹

While the structural causes of these issues include understaffing, lack of available hospital beds, and limited access to primary care, inappropriate use of emergency services has been specifically identified as a significant driver.² Overcrowding in emergency departments contributes to healthcare staff burnout, poor clinical outcomes, excessive costs, and medical errors.³ Despite growing acknowledgement of the challenges caused by overcrowding in emergency rooms, few efforts to mitigate this problem have been successful. Resolving these issues will require significant public and private investment, and we believe that urgent care centers (UCC) are an easily accessible resource that can reduce crowding by providing treatment to non-emergency patients in a more appropriate setting.

An overwhelming amount of scholarship and research supports treating non-emergency patients in UCCs. A 2019 report by the Medicare Payment Advisory Committee found that one-third (500,000) of nonurgent ED claims could be appropriately treated in an UCC at a third of the cost.⁴ Further, a 2019 National Bureau of Economic Research study found that that up to half of the annual 137 million ED visits could be treated at a less-emergent facility.⁵

UCCs can manage a wide variety of less-emergent conditions that overwhelm emergency departments, including allergic reactions, lacerations, sprains and fractures, common respiratory illnesses (e.g., flu or RSV), and bacterial infections (e.g., strep throat, urinary tract infections or foodborne illness). In addition to having specific staffing and medical equipment, UCCs also have longer operating hours and wider geographic access than physician offices.

Expanded knowledge of and access to UCCs would provide patients with high-quality care for non-emergent needs that is both more affordable and has shorter wait times than care provided in emergency departments. This would both improve patient outcomes and provide increased capacity for emergency department clinicians to do what they do best – care for high acuity illnesses and injuries.

To reduce costs and wait times, and improve patient outcomes, CMS should explore policy options in the FY2025 Physician Fee Schedule (PFS) to encourage Medicare beneficiaries and Medicaid enrollees to utilize UCCs for non-emergent, urgent care needs. We also request that

¹ https://www.axios.com/2023/09/15/hospital-er-visit-time-length?utm_source=newsletter&utm_medium=email&utm_campaign=newsletter_axiosvitals&stream=top

² https://www.medpac.gov/wp-content/uploads/import_data/scrape_files/docs/default-source/reports/jun19_ch11_medpac_reporttocongress_sec.pdf

³ <https://catalyst.nejm.org/doi/full/10.1056/CAT.21.0217>

⁴ https://www.medpac.gov/wp-content/uploads/import_data/scrape_files/docs/default-source/reports/jun19_ch11_medpac_reporttocongress_sec.pdf

⁵ https://www.nber.org/system/files/working_papers/w25428/w25428.pdf

CMS officials provide a staff-level briefing for the Members signed onto this letter detailing the policy options within six months of receipt of this letter.

We look forward to working with you to better address this issue so Medicare beneficiaries can receive care in the most appropriate setting for their health needs, whether that be an emergency department or an urgent care center.

Sincerely,