

Dateline: Washington, D.C.

■ Lou Ellen Horwitz, MA

On February 5, a group of Urgent Care leaders returned to our nation's capital to continue the work toward federal payment reform. The new administration had just settled in, and there were signs of turnover everywhere you looked: offices under reconstruction; evidence of recent unpacking; reporters everywhere; protestors on a few corners; phones ringing off the hook in every office; circles under more than a few eyes; and emotions both high and low on display. We were not alone; many groups were vying for facetime. In some ways, it made the average crazy day in an Urgent Care look calm and easy!

We spent hours with Senate staff (and a few Senators) advocating for the next step in our strategy. As important as I know that payment reform is to all of us, I also know how busy you are. If you're not familiar with our efforts, I encourage you to visit our Advocacy section on our website for more details. We also send updates on our progress via Advocacy Alerts – be sure to subscribe.

Urgent Care's Role

Our last D.C. visit in late 2023 focused on the House, successfully asking the Centers for Medicare & Medicaid Services (CMS) to take a closer look at Urgent Care's role in reducing inappropriate emergency department (ED) visits, the cost savings that result, and how we can incentivize and encourage Urgent Care growth to expand that impact. In the 2025 Medicare Physician Fee Schedule (MPFS), CMS included a Request for Information that elicited responses but no pushback. The next step is for CMS to take action on the ideas we've promoted in the 2026 MPFS.

Aside from the general chaos resulting from a new administration moving in, we took note of a few trends in our Congressional conversations:

- Urgent Care is widely recognized in every state and every level. All staff we encountered were familiar with Urgent Care, having personally visited one in the last year.
- The visit types ranged from the upper respiratory issues to orthopedics and pediatric care. Even in locations with very few Urgent Care centers, Urgent Care is top of mind for episodic illness and injury.
- The distinction between Urgent Care and retail clinics is clear—this is huge progress for us.
- Everyone was surprised to learn that we are paid like regular physician offices. Those that understood how healthcare payment works assumed that we had our own rates under Place of Service (POS) 20. This was the opening we needed.
- Everyone “got it” once we explained our goal for CMS create a new POS for “Enhanced Urgent Care” that recognizes the full scope of real Urgent Care (vs those who are “urgent care” from 5-7PM on weekdays with no x-ray, etc.) with payments that align with our actual capacity and work.
- Currently, most offices are hesitant to move our proposals forward. With the start of the new administration and all the recent changes, there was plenty of interest but hesitancy in making firm commitments.

Now the hard work really begins, and our focus will intensify now through April when CMS puts serious pen to paper for 2026. Yes, that is how early it happens, so time is of the essence. We are so thankful to the members who took time to help us advocate, and the staff who work on this every day with our lobbyists. We'd love your continued support to push this over the finish line. Visit urgentcareassociation.org to learn more and get involved! ■



Lou Ellen Horwitz, MA is the chief executive officer of the Urgent Care Association.