

State Legislation Could Impact Urgent Care Facilities

Urgent Message: Legislation for the licensure of urgent care centers has been enacted or proposed in 4 states for 2025, creating state administrative offices that can further define rules affecting operations.

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Several states have recently proposed rules calling for the regulation of urgent care centers. While most of the bills have a long journey ahead before possible enactment, urgent care owners and operators should be aware of this push for greater regulatory oversight. All of the proposals call for the licensing of urgent care centers, which the appropriate administrative agency would define with the authority given them to promulgate rules and regulations in the implementation of the laws.

Massachusetts—Enacted

On January 8, 2025, Governor Maura Healey signed an act that will bring about an overhaul in how healthcare businesses operate.¹ With stricter oversight, more reporting requirements, and new licensing mandates, H.B. 5159 brings increased oversight of healthcare operations in the Commonwealth, including urgent care centers.^{2,3}

The Massachusetts House and Senate passed their versions of the act with nearly unanimous support.⁴ The law provides for healthcare regulation in the form of new license categories for office-based urgent care centers. Implementing regulations must be issued by October 1, 2025.

The law delegates broad discretion to the Massachusetts Department of Public Health (DPH) to create and implement specific licensure requirements. The new law defines “urgent care centers” as:



[C]linics not affiliated with a licensed hospital that provide urgent care services [that provide] a model of episodic care for the diagnosis, treatment, management or monitoring of acute and chronic disease or injury that is:

- (i) for the treatment of illness or injury that is immediate in nature but does not require emergency services;*
- (ii) provided on a walk-in basis without a prior appointment;*
- (iii) available to the general public during times of the day, weekends or holidays when primary care provider offices are not customarily open; and*
- (iv) is not intended and should not be used for preventative or routine services.*

DPH will issue 2-year licenses to maintain an urgent care center “to an entity or organization that demonstrates to the department that it is responsible and suit-

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able to maintain such an urgent care center.”⁵ Further, the Department is empowered to collect fees, impose fines, and to conduct surveys and investigations that may result in suspension or revocation of a license, or the refusal to renew an urgent care license. The department may impose a fine of up to \$10,000.

In addition, there will be disclosure requirements for “significant equity investors.”

Oregon—Proposed Legislation

On January 13, 2025, the Oregon House introduced Bill 3221 which requires an urgent care center in the state to be registered with the Oregon Health Authority (OHA)⁶ and to meet certain standards.⁷ This bill is by far the most comprehensive of those being considered across the country. It requires urgent care centers to register with the OHA in a process it creates in order to maintain a state registry that may be accessed on the internet.

An “urgent care center” is defined in the bill as “a facility, or part of a facility, that offers walk-in medical care to members of the public for acute, non-life-threatening issues that do not otherwise require emergency services.”⁸

The bill requires certain information to be posted on the urgent care center’s website and mandates patients receive a clinical summary and copy of medical notes made during a visit. It also establishes a minimum standard for on-site services that an urgent care center must provide and gives the OHA the authority to establish a complaint procedure. Urgent care centers wouldn’t be able to use the word “emergency” or other similar terms in their branding, list of services, or marketing materials.

Finally, the bill directs the OHA to conduct a study on incentivizing urgent care centers to accept all patients regardless of payer and submit recommendations to the Legislative Assembly by September 15, 2026.

HB 3221 was referred to the House Committee on Behavioral Health and Healthcare on January 17, 2025, with subsequent referral to the Joint Committee on Ways and Means. In addition, a public hearing was scheduled.

New Jersey—Proposed Legislation

New Jersey recently introduced 2 bills. In January 2024, Senate Bill 1111⁹ was introduced to establish the registration and operational requirements for retail health clinics and urgent care centers.¹⁰ The bill defines “urgent care facility” as “a healthcare facility that offers episodic, walk-in care for the treatment of acute, but not life-

threatening, health conditions.”

This bill would require urgent cares that aren’t otherwise licensed as an ambulatory care site to register with the department on an annual basis. As part of annual registration, urgent cares must submit the following information:

1. The registrant’s location and hours of operation;
2. The names of the registrant’s medical supervisor, operational supervisor, and chief customer service officer;
3. The names of any healthcare professionals employed by or affiliated with the registrant;
4. The nature and scope of the healthcare services provided and the conditions treated at the clinic or facility; and
5. Any other information as may be required by the department.

This registry information would be made available on the department’s website.

The bill also details the rights of patients receiving healthcare services at an urgent care facility.

Further, the Commissioner of Health would be directed to promulgate rules and regulations to implement the provisions of the act. These may include, but aren’t limited to, requirements regarding the nature, scope, and specific healthcare services that may be provided at urgent care centers and any additional standards and requirements for the operation of urgent cares “as may be appropriate.”¹¹

The New Jersey Senate also introduced Senate Bill 1109 early last year. The 2024 bill is a carryover of Assembly Bill 5731 from November 2023. That bill was introduced and referred to the Assembly Health Committee with no other action taken. It would require urgent care providers to have the same credentials and degrees applicable to hospital emergency department (ED) providers.¹² The proposal states that each healthcare provider employed by an urgent care¹³ in the state must have any credential and degree that would be required of the healthcare provider if he or she was employed in an ED of a general acute care hospital licensed pursuant to P.L.1971, c.136.

Maine—Proposed Legislation

Maine also is considering regulating urgent care facilities. A far less-detailed bill entitled, “An Act to Establish Minimum Standards for Certain Urgent Care Facilities,” was introduced in the state legislature on January 6, 2025.¹⁴

“Urgent care facility” is defined in the bipartisan bill as “a healthcare facility that is not otherwise licensed

with a primary purpose of providing medical evaluation and care on a walk-in basis for non-life-threatening injuries and illnesses.” As used in this bill, “urgent care facility” doesn’t include:

1. A facility that is licensed as part of a hospital;
2. A facility that provides services or accommodations for patients who stay overnight; or
3. The private office of a physician or dentist in individual or group practice.

The 21-line bill states that the Department of Health and Human Services would have the authority to establish standards for the licensure of urgent care. These standards must address staffing, quality of care, advertising and promotion, inspections, complaint investigations, and accreditation. The standards must include a licensure fee of from \$50 to \$500. In January, the bill was referred to the Committee on Health and Human Services.

Conclusion

If the regulations require an urgent care to have certain capabilities, urgent care owners must understand how such rules will be enforced. Typically, the authorized agency will make provisions for enforcement.

It’s premature to be concerned whether such enforcement might lead to financial loss for an urgent care owner. Frequently, providers will convert to general practice or primary care by simply reducing hours, not staffing x-ray, and/or implementing scheduled appointments. Whether there will be exceptions that circumvent

the rules is hard to anticipate—especially in light of the fact that only 1 state has passed such measures, and the regulations promulgated pursuant to that law have yet to be fashioned. Again, but for Massachusetts, none of the other legislation introduced appears to have much steam in making its way through the legislative process and enacted into law in the near future. ■

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