Congress of the United States
Washington, DC 20515

March 6, 2026

The Honorable Mehmet Oz, MD
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
200 Independence Ave., SW
Washington, D.C. 20201

Dear Administrator Oz:

We write to commend the Centers for Medicare & Medicaid Services (CMS) for continuing to solicit stakeholder input on ways to leverage urgent care centers to mitigate emergency department (ED) overutilization, and encourage the Agency to now use that input to propose policies that begin to address these needs.

In the CY 2025 Physician Fee Schedule (PFS), CMS included a comment solicitation asking stakeholders how "urgent care centers can play a role in addressing some of the capacity issues in emergency departments." In the CY 2026 PFS, CMS continued this discussion by seeking more specific comments on "whether separate coding and payment is needed for evaluation and management visits furnished at urgent care centers" to improve system capacity and workforce pressures. After two years of soliciting and evaluating increasingly specific stakeholder feedback, now is the time for CMS to propose payment policies informed by these comments, and to begin reducing program spending arising from inefficient use of hospital Eds.

A considerable amount of research supports treating patients with non-emergent, urgent care needs in urgent care centers (UCC). Overcrowding and long wait times in Eds continue to pose a challenge to our healthcare system. According to CMS's most recently released data in 2022, the median time patients spent in Eds was 2 hours, 40 minutes nationwide, up from 2 hours, 18 minutes in 2014.[1] Overcrowding in Eds contributes to healthcare staff burnout, poor clinical outcomes to include medical errors, and excessive costs.[2] 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 one-third the cost.[3] A 2019 National Bureau of Economic Research study found that up to one-half of the annual 137 million ED visits could be treated at a less-emergent facility, which could result in $1 billion in annual health care savings.[4]

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[1] Allen, L., et al. (2019). *Urgent Care Centers and the Demand for Non-Emergent Emergency Department Visits*. National Bureau of Economic Research. http://www.nber.org/papers/w25428

[2] Kelen, G. D., et al. (2021). Emergency department crowding: the canary in the health care system. *NEJM Catalyst*. https://catalyst.nejm.org/doi/full/10.1056/CAT.21.0217

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

[4] https://www.nber.org/system/files/working_papers/w25428/w25428.pdf

At present, there are not enough UCCs, and not enough UCCs in the right places, to provide alternatives to Eds. For example, just 18 percent of UCCs are located in rural areas.[5] Incentivizing UCCs to operate in underserved communities can alleviate stresses to the healthcare system in those communities in a cost-efficient manner.

We support CMS elevating UCCs to provide Medicare beneficiaries and Medicaid enrollees with alternatives to EDs for non-emergent, urgent care needs, and we hope that CMS proposes and finalizes meaningful policy changes to achieve these objectives this year. We look forward to working with you to provide more suitable care alternatives for Medicare beneficiaries and Medicaid enrollees, and to find practical ways to reduce overall healthcare spending.

Sincerely,

Darin LaHood
Member of Congress

Paul Tonko
Member of Congress

Cliff Bentz
Member of Congress

Sarah Elfreth
Member of Congress

Juan Ciscomani
Member of Congress

Beth Van Duyne
Member of Congress

Mike Kelly
Member of Congress

Deborah K. Ross
Member of Congress

[5] McDermott+ analysis of urgent care centers matched by ZIP-code to 2020 USDA Rural-Urban Commuting Area (RUCA) codes; rural = RUCA 4–10, per HRSA's Federal Office of Rural Health Policy.

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