In alignment with both New York and Massachusetts, earlier today Connecticut’s Commissioner of the Department of Public Health issued an order (Order) permitting physicians, nurses, respiratory care practitioners, emergency medical services personnel and other health care practitioners who are licensed in another state to provide temporary assistance in Connecticut for a period of 60 days. The Order is subject to the following conditions:

- No practitioner may provide services beyond the scope of practice permitted under Connecticut law relating to the applicable profession;
- Each practitioner must maintain malpractice and other insurance as would be required if the individual was licensed in Connecticut; and
- Any entity that engages an out-of-state practitioner to provide services must verify the practitioner’s credentials, insurance coverage and that the practitioner is in good standing in the state he or she holds a license.

Furthermore, the Order sets forth several requirements relating to billing and reimbursement for services provided by the out-of-state practitioner in Connecticut:

- If a practitioner is enrolled in Medicaid or a fully insured commercial insurance
plan, the practitioner must accept the Medicaid or in-network reimbursement as payment in full;

- For patients other than those covered by Medicaid or a fully insured plan, the out-of-state practitioner must determine whether the patient is covered by another health plan and whether the plan covers the services to be performed;

- If payment is made under such other health plan, the practitioner must accept payment from the plan as payment in full and cannot seek payment from the patient; and

- If a patient is uninsured or the health plan does not cover a service, the out-of-state practitioner must accept the Medicare rate for such service. For uninsured or non-covered patients, the practitioner must also offer financial assistance to the patient as required by state or federal law.

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