

## Questions for Healthcare Advocate Nominee

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### Healthcare Advocate ([CGS §§ 38a-1041 & 38a-1042](#))

The healthcare advocate directs the Office of the Healthcare Advocate (OHA). The advocate must be a state elector with expertise and experience in healthcare, health insurance, and consumer advocacy who has not served as a director or officer of a managed care organization within two years of appointment.

The office assists health insurance consumers (1) with selecting managed care plans by providing information and assistance, (2) in understanding their rights and responsibilities under managed care plans, and (3) with filing complaints and appeals. Among other things, the office also (1) provides information to the public, agencies, and legislators on problems and concerns of health insurance consumers and (2) reviews consumers' health insurance records and, with their consent, pursues administrative remedies on their behalf. The office also must establish a behavioral health care information and referral service for residents and health care providers.

### Questions

1. Describe your experience in healthcare, health insurance, and consumer advocacy that qualifies you to be the state's healthcare advocate.
2. Tell us how your recent experience with the Center for Medicare Advocacy has helped prepare you to be the healthcare advocate. What did you learn there that will be useful to you in your new role?

3. You began serving as healthcare advocate in an interim capacity effective September 30, 2024. Since starting, what have you learned and what recommendations might you have to improve the office's operations?
4. OHA assists consumers with the filing of complaints and appeals, including appeals through a health carrier's internal appeal or grievance process and the state's external appeals process established under state law. How many complaints does OHA receive annually? Has this number increased, decreased, or remained relatively constant over the past few years?
5. What type of complaints does OHA receive? Do the complaints fall into specific categories? If so, what are the most frequent types of complaints? Have the types of complaints changed over time?
6. Do the complaints and appeals tend to be resolved in favor of the consumer or in favor of the health carrier?
7. Does OHA make legislative and regulatory recommendations based on the complaints you receive? If so, please describe some of the recommendations the office has proposed and the outcome. Do you have legislative proposals for this current session?
8. [PA 22-47](#), § 11, required the healthcare advocate to designate an OHA employee to be responsible for mental health coverage considerations for minors. How has this role been functioning and is it helping with children's mental health care coverage issues?
9. OHA monitors federal and state healthcare developments. What changes in federal healthcare policy do you anticipate impacting Connecticut, and how will OHA respond?
10. What do you consider to be OHA's greatest challenge? What are your goals for your first year as healthcare advocate?
11. OHA is placed within the Insurance Department for administrative purposes. What benefits do you see from this placement? How do you think this impacts OHA's ability to meet its obligations?

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