

## Questions for the Behavioral Health Advocate

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### **Behavioral Health Advocate ([CGS §§ 38a-1060 to 38a-1062](#))**

The behavioral health advocate directs the Office of the Behavioral Health Advocate. The advocate must be a state elector with expertise and experience in mental or behavioral health care, health insurance, and advocacy for parity in mental and behavioral health access and outcomes.

The office's duties include, among other things, (1) helping mental and behavioral health care providers get payments for claims they submit to health carriers (e.g., insurers and HMOs) for services provided to covered patients; (2) helping state residents access mental and behavioral health care and related resources; and (3) giving information to the public, agencies, legislators, and others on mental and behavioral health care providers' and patients' problems and concerns and making recommendations to resolve them.

### **Questions**

1. If confirmed as the behavioral health advocate you will be the head of a new, independent state agency. What first steps will you take to raise public awareness of the resources that the Office of the Behavioral Health Advocate will provide?
2. Many entities, from news outlets to think tanks to the CDC, have indicated that our country is in the midst of a major mental health crisis, with young people hit particularly hard. Experts have cited the lingering effects of the pandemic, substance abuse, and social isolation, among other causative factors. What resources, specifically, do you think are most critical and effective to address this crisis and how will you increase access for that population?

3. Much has been made lately of a move away from mainstream, legacy media by young people, and more reliance on social media and other platforms for information on all topics, particularly behavioral health topics. But these platforms are also drivers of poorer mental health in that age group. In terms of the public information and education aspect of this role, how will you approach that paradox? What do you think is the best method to get critical, accurate information on behavioral health to young people?
4. Reimbursement rates for many behavioral health services have not kept up with inflation, which in turn has limited the number of providers offering behavioral health services in the state. What steps will you take to address this issue? And what steps would you recommend the legislature take?
5. Behavioral health practitioners and those hoping to enter the field have cited burdensome licensure requirements and fees as obstacles. Are there any changes you think should be made to Connecticut's licensing requirements and procedures for social workers and other mental health professionals?
6. The critique has been made that the funding of various offices, including the Office of the Behavioral Health Advocate, via the Insurance Fund, ultimately results in increased insurance premiums for consumers. How would you respond to that critique?
7. What type of complaints do you believe the Office of the Behavioral Health Advocate will be most likely to receive, and what do you anticipate will be the main drivers of those complaints?
8. Customer frustration with health insurers, broadly, has increased in recent years, particularly with regard to the cost of, and hurdles to, coverage. A recent KFF poll cited nearly 6 in 10 respondents reporting problems using their health insurance in the past 12 months. Respondents reporting "fair" or "poor" mental health reported more negative experiences when it came to the availability of mental health providers. What do you think is driving this frustration and why have these issues proven to be so intractable?
9. Many behavioral health providers also report difficulty communicating with and getting coverage issues resolved when working with insurance companies. In addition to consuming provider time, this results in fewer providers accepting insurance at all. What approach can Connecticut's behavioral health advocate take to improve this situation?
10. There has been wide reporting on potential cuts to Medicaid, which would hit Connecticut, like other states that have opted for Medicaid expansion, particularly hard. The population receiving Medicaid typically has a higher than average need for services related to mental health and substance use disorder. How do you think significant cuts to Medicaid would impact provision of behavioral health services in the state and what preliminary steps, apart from replacing that funding, would you advocate for to shore up these services?

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