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## OLR Bill Analysis

### sHB 5415

#### ***AN ACT ESTABLISHING A VETERANS' AND MILITARY HEALTHCARE OMBUDSMAN FOR THE COORDINATION AND OVERSIGHT OF STATE AND LOCAL RESOURCES IN NAVIGATING FEDERAL HEALTH CARE BENEFITS FOR VETERANS, MEMBERS OF THE ARMED FORCES AND THEIR FAMILIES.***

#### **SUMMARY**

This bill establishes an Office of the Veterans' and Military Healthcare Ombudsman within the Office of the Healthcare Advocate (OHA) for administrative purposes (see BACKGROUND) to:

1. coordinate with various resources, including veterans' service officers and municipal veterans' representatives, to help veterans eligible for health care through the U. S. Department of Veterans Affairs (USDVA) and their caregivers navigate the USDVA health care system;
2. coordinate with various resources to help active and retired members of the armed forces and National Guard and their families, who are eligible for health care through the U.S. Department of Defense (DOD), and their caregivers with navigating the DOD health care system; and
3. advocate for more coordination among these resources when it is lacking.

The bill requires the veterans' and military healthcare ombudsman (whom the governor appoints) to establish and maintain a veterans' and military health care education course by October 1, 2027. The ombudsman must do so within available appropriations and in consultation with the state's veterans affairs commissioner and adjutant general. Under the bill, the course must include educational presentations and material about the USDVA and DOD health care

systems and state and local resources available to eligible people and caregivers.

The bill also requires the veterans' and military healthcare ombudsman to annually report to the Veterans' and Military Affairs Committee beginning by January 1, 2028, on (1) the implementation of the bill's requirements and (2) legislative recommendations for improving the implementation.

EFFECTIVE DATE: October 1, 2026

## **OFFICE OF THE VETERANS' AND MILITARY HEALTHCARE OMBUDSMAN**

### ***Ombudsman Selection***

Under the bill, the governor appoints the ombudsman, selecting someone with expertise and experience in the healthcare of veterans, armed forces members, and their families.

### ***Office's Duties***

The bill requires the Office of the Veterans' and Military Healthcare Ombudsman to do the following:

1. receive, review, and try to resolve complaints from eligible people and caregivers regarding obstacles to applying for or getting health care through the USDVA or DOD (including difficulties in accessing help from existing state and municipal resources);
2. compile and analyze data on these complaints;
3. help eligible people and caregivers understand their rights and responsibilities under the USDVA or DOD health care systems;
4. give information to the public, agencies, legislators, and others about the problems and concerns of eligible people and caregivers and make recommendations for resolving them;
5. analyze and monitor the development and implementation of federal laws, regulations, and policies relating to the USDVA or

DOD health care systems and recommend any changes the ombudsman decides are necessary;

6. communicate information about the office's availability to help eligible people and caregivers with their healthcare concerns; and
7. take any other actions necessary to fulfill the duties of the Office of the Veterans' and Military Healthcare Ombudsman and, specifically, those of the ombudsman.

## **BACKGROUND**

### ***Office of the Healthcare Advocate***

The healthcare advocate directs OHA, which is within the Insurance Department for administrative purposes. The advocate, who is appointed by the governor and subject to legislative approval, 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 (for example, an insurer) within two years of appointment (CGS § 38a-1042).

The office helps health insurance consumers (1) select managed care plans by providing information and assistance, (2) understand their rights and responsibilities under managed care plans, and (3) file complaints and appeals with managed care organizations. Among other things, OHA also (1) gives 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 (CGS § 38a-1041).

## **COMMITTEE ACTION**

Veterans' and Military Affairs Committee

Joint Favorable Substitute

Yea 22    Nay 0    (03/10/2026)