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**Testimony on S.B. 840: AAC The Elimination of the Office of Consumer Counsel, The Office of Health Care Advocate, The Office of Ombudsman for Property Rights and Certain Legislative Commissions**

**Government Administration and Elections Committee  
March 16, 2009**

**Presented By: Stephen Karp, MSW, Executive Director**

As the Executive Director of the National Association of Social Workers and an Advisory Board Member of the Office of Health Care Advocate I am here today in opposition to the elimination of the Office of Health Care Advocate (OHA).

I find it puzzling as to why the Governor's budget would propose eliminating OHA as part of a plan to balance the state budget. OHA is funded through an assessment on insurance companies thus eliminating the Office will not provide any savings to the State. What its elimination will do however is rob consumers of an office that serves consumers interests and protects consumers who may have health insurance related problems. Furthermore, eliminating OHA removes an independent office that provides the Legislature with policy options and identification of issues worthy of consideration by the Legislature.

The Office of Health Care Advocate is an excellent example of efficiency and effectiveness. The Governor in her budget address spoke of making government agencies accountable to the public and OHA is a model for accountability. For example, in 2008 the Office of Health Care Advocate closed cases on 2,143 consumer complaints for a total savings to consumers of \$5,238,893.00. All of this was accomplished by a staff of 7 and an operating budget of slightly over \$1 million. In other words, the Office saved consumers about five times the cost of running the Office.

The number one category of complaints received by the OHA is related to mental health. Since OHA was first established in 2002, NASW has referred numerous social workers to OHA for assistance in cases where the social worker's client was being denied mental health care. Consistently our members have reported back as to the significant help OHA has been to them. For example, earlier this year an NASW member contacted me as she had heard that the Governor's budget was going to eliminate OHA. Our member's practice specialty is Eating Disorders and she has contacted OHA on a number of cases where an insurer was not authoring an appropriate level of treatment for this life threatening disorder. According to our member, in every one of her cases the staff at OHA intervened on behalf of the patient, which led to a satisfactory resolution. These results are typical of feedback from our membership.

Besides individual casework, the Office of Health Care Advocate performs public education regarding health insurance coverage so that consumers are better informed as to their rights and responsibilities related to their health care insurance plan and insurance options. The Office also provides the Legislature with an independent analysis of health care policy, gaps in health care coverage and recommends legislation to improve the delivery of health care in Connecticut. At a time when health care is on the front burner of the public debate the role of OHA is more valuable than ever.

As an Advisory Board member of OHA I can tell you that the Office of Health Care Advocate's staff consists of highly professional, hard working, committed individuals who are providing critically important services to the public. Rather than elimination of the Office we should be looking at expanding its staff so that they can reach and serve even more of our states' residents.

Again, we emphasize that the elimination of the Office of Health Care Advocate will not help close the state budget gap. Such an action will only be to the detriment of consumers in need of an independent office that addresses problems related to health care coverage and to policy makers who currently benefit from the thoughtful, independent perspective that the Office of Health Care Advocate provides.