REMARKS BY COUNCILMEMBER GEORGE L. LEVENTHAL
AT MONTGOMERY COLLEGE WORKSHOP
ON MEETING THE DEMAND FOR HEALTH CARE PROFESSIONALS
October 6, 2005

Good morning and thank you for inviting me.

It is the best of times and the worst of times for practicing medicine in Montgomery County.

The good news:

Advances in medical science proceed at a breathtaking rate, propelled by our two premier federal research institutions, the National Institutes of Health and the Food and Drug Administration.

The NIH budget this year is $28.3 billion, more than double what it was only 8 years ago.

FDA is preparing to consolidate its operations in efficient new facilities just a few miles from here in White Oak.

New treatments for disease mean that hundreds of conditions once considered fatal are now curable. Medical practitioners can give hope to people who would have had no hope only a few years ago.

Our county is well-served by four modern hospitals, each equipped with state-of-the-art technology and caring personnel. Holy Cross and Shady Grove have both recently undergone significant facilities expansions, and Washington Adventist has recently announced plans to relocate within the next five to ten years to facilitate greater growth and modernization. I'll have more to say about that in the bad news column.

The Montgomery County Executive and County Council have endorsed a five-year goal of universal access to health care for every county resident. This year, we embarked upon a program called "Montgomery Cares" which brings together a dozen non-profit clinics, including the one we are sitting in this morning, to make sure that any county resident who is sick and poor gets to see a doctor. Last year, the county invested $2 million in this network of clinics and hospitals. This year, we increased that amount to $5 million and by 2010, we expect to be spending $20 million.

I worked on Capitol Hill from 1987 to 1995, including during President and Mrs. Clinton's sadly unsuccessful effort to ensure that every American had health insurance. Since that time, I've come to look at the issue through a different prism. In Montgomery County, our goal is not to provide universal access to insurance, but rather, universal access to care. And our model, an integrated network of independent clinics and hospitals under a coordinating umbrella with strong county support, is one I believe other

jurisdictions should learn from. Working together but maintaining separate identities, each clinic serves its own geographic and demographic clientele. We have several clinics that specialize in the Spanish-speaking community, a clinic that emphasizes the needs of the African-American community, a Muslim community clinic, a Pan-Asian clinic, a French-speaking clinic, and others. And the power of volume purchasing by the county enables economies of scale, for example through our "community pharmacy" program that purchases generic versions of the most frequently-prescribed meds and supplies them to each clinic far more economically than the clinics could obtain them on their own.

Montgomery Cares operates in combination with our "Care for Kids" program providing health insurance for poor children, our school-based health centers and our "Linkages to Learning" program in the schools. I am optimistic that we will achieve our goal of universal access during my service on the County Council. And as Chairman of the Health and Human Services Committee, I will continue to work to strengthen and expand these programs. It is the morally correct thing to do, and it is the economically smart thing to do.

But this brings me to the bad news:

Although we are doing a good job providing primary care to uninsured residents, we fall short when we need to refer patients to specialty care, for mental health services or dentistry.

The Montgomery County Medical Society encourages its members to participate in a pro bono specialty care program called "Project Access" but docs in private practice increasingly say they just can't afford it.

Docs in private practice are squeezed on all ends: by the rising cost of malpractice insurance, the shrinking payments from managed care insurers and the tightened definitions of who, and what procedures, are eligible for reimbursement.

We all grew up believing that private medicine was a certain ticket to an affluent life but I was told last week by a surgeon in general practice that she could be making more money if she had stayed in nursing, which is how she paid the bills while she attended medical school. Fewer and fewer docs in private practice are taking home six-figure salaries. Increasingly, private practice docs are deciding they just can't afford to take Medicare patients, provide pro bono care, serve on county advisory panels or participate in other forms of public service.

We have better access to cutting-edge technology than ever before but patients with health insurance are more frustrated than ever before. The cost of using these fabulous machines leads insurance companies to require multiple approvals. The cost of these insurance requirements eats further into doctor's incomes.

Meanwhile we face critical shortages in other health professions: nurses, technicians and administrative personnel. These shortages are especially acute for bilingual staff, who are needed more than ever as our immigrant population continues to grow.

People with years of experience in health professions in their home countries are driving cabs and cleaning homes because board certification rules don't recognize their foreign credentials. Our Latino Health Initiative is working with Montgomery College to get more of these foreign professionals certified to address our workforce shortages.

While the county is expanding its support for access to care, the state is withdrawing support. This year Governor Ehrlich's administration has decided to take Medicaid coverage away from legal immigrants with less than five years in the United States, including children who can't possibly have lived here for more than five years because they are less than five years old! This is the same Ehrlich administration whose appointed Insurance Commissioner is more sympathetic to requests for increased malpractice insurance rates than to the needs of consumers for affordable health care. I have advocated for a long time that the Insurance Commissioner should be elected by the voters of Maryland, but that proposal has yet to gain traction in the General Assembly.

Washington Adventist Hospital's announcement that it will move from the Takoma Park location where it has been for almost a century has raised concern that if it moves too far away, some people in need will find it difficult to get there. Hospital economics are very complex and a change in Washington Adventist's patient mix could have negative ripple effects on other county hospitals. I am encouraged by the hospital's public statements expressing continuing commitment to the health care needs of the Takoma Park/Langley Park area and I will work closely with the hospital in the coming months and years to identify sites that can meet its -- and the community's -- needs. This will be more difficult because of our county's hot real estate market and the high value of land for residential purposes, which makes it difficult for non-profit institutions, including hospitals, houses of worship and others, to acquire land to expand.

We face many challenges but we have great resources, among which Montgomery College is in the forefront. I appreciate the College's leadership in helping our population acquire the skills necessary to participate in the 21st century workforce.

Montgomery County remains a great place to live and work and I believe so strongly that if any community can tackle these challenges, we can.

Thank you again for giving me this chance to visit with you this morning.