Remarks to the New Democratic Policy Network
"The Crisis of Affordable and Accessible Health Care"
Montgomery County Councilmember George L. Leventhal
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In 1994, when I was the Legislative Director to Senator Barbara Mikulski, I watched former President Clinton's health care plan fail miserably. This failure was a disillusioning experience, one of several reasons why I ultimately stopped working on the Hill. From following the national health care debate, I've always understood the health care issue as an issue of insurance. The debate led one to believe it was the lack of insurance that led people to emergency rooms, which in turn, contributed to the spiraling costs of health care for all Americans. Since being elected to the Council and serving as Chairman of the Health and Human Services Committee, I've begun to see these issues through a different prism. In Montgomery County, I believe the immediate issue is access to **care**, not access to insurance.

We are so fortunate to live in Montgomery County. We are a generous county, willing to pay more to meet all our residents' needs. And we are an affluent county, with a low unemployment rate of 2.5%, compared to the state average of 4.6%, and well below the national figure of 6.0%. Our circumstances and our local economy are somewhat different than in many other jurisdictions. Because of our good fortune, we may be able to experiment with new approaches to providing access to health care, and I believe our citizens will support experimentation in this area. If any community can tackle these problems, I believe we have as good a chance as any, right here in Montgomery County.

My objective is not to expand or enrich the health insurance bureaucracy. The insurance industry adds substantial cost – but no value – to our health care delivery system. Most of us here tonight are fortunate enough to have health insurance, but we may not feel so fortunate when we have to hassle with the paperwork nightmare that comes with it. As our federal and state lawmakers consider new approaches to the health insurance shortage, I hope these approaches will streamline and simplify the system rather than making it even more complicated. Here in Montgomery County, I am most interested in approaches that directly serve our residents most in need, bypassing the insurance industry and its bureaucracy altogether

There are many reasons why someone might be uninsured or underinsured, whether it is low-wage, temporary or part-time employment, self-employment, unemployment or just plain old poverty. In Montgomery County, our increasingly heterogeneous population poses an additional element to the health care conundrum. The undocumented population has no opportunity to access health insurance due to the paperwork required. If you don't have a Social Security number, you are not going to get health insurance. Some may say, well, if they are "illegal," why should we provide them with any help? The answer is, first, they are our neighbors. They live here and they are not going away. Second, our labor market is so tight, this population meets workforce needs that are not met by any other sector of the economy. Third, when the undocumented population is sick, they go to the emergency rooms, increasing the cost for all of us. Therefore, the first issue we must address for this population, as well as for the rest of the uninsured and underinsured, is access to care.

In the early 1990's, Montgomery County decided to leverage the relationships that nonprofit health clinics had developed with the community, and the county helped to strengthen these nonprofit health clinics with support, coordination, access to resources, and financial help. The county selected the Primary Care Coalition of Montgomery County to administer programs and award grant money to the safety net providers. In 2000, a Primary Care Coalition study found

that caring for our county's estimated 80,000-100,000 uninsured residents, left our hospitals with an annual deficit of $53.3 million due to uncompensated care. This deficit is passed on to other health care consumers in the form of higher insurance premiums and hospital rates.

Since its founding in 1993, the Coalition has provided primary care and specialty services to almost 20,000 low-income uninsured children and adults. At present, the Coalition makes grants to seven community clinics – the Community Clinic Inc.; Mercy Health Clinic; Mobile Medical Care; The People's Community Wellness Center; Proyecto Salud; the Spanish Catholic Center; Teen Connection of Takoma; and the Montgomery Volunteer Dental Clinic. These clinics provide routine health monitoring, preventative care and acute care. And several of them are specifically equipped to address the cultural and language needs of demographic groups with large numbers of uninsured members. Three new clinics are about to open as well, and they are representative of the changing needs and demographics of our county. The PanAsian clinic will serve the diverse Asian community. L'A.M.I. is tailored to serve the county's French-speaking African population, and Holy Cross and Montgomery College have partnered to open a community clinic in the new Health Sciences building on the Takoma Park campus of the College, that will employ a multilingual, multicultural staff.

Although the growth of these clinics is encouraging, the need still far outreaches our capacity. I believe that we must continue to the efforts of the Community HealthLink, we must also address the distinct needs and issues presented by our county's diverse population. County Executive Duncan's FY2004 budget recommended funding at the FY2003 level of $971,000 for the community clinics, although the Primary Care Coalition suggested $1.48 million. As HHS Chairman, I have proposed that the Council add an additional $340,000 beyond the Executive's recommended funding level. Although we face severe constraints in this year's budget, funding community clinics is one of my top priorities. I believe the money that we spend to fund community clinics will pay off in reduced absenteeism at work and fewer unreimbursed emergency room visits. Not only is this the financially smart thing to do, but it is also the morally correct thing to do. It is our responsibility to meet the needs all the members of our community.

We cannot substitute for the responsibility of the federal and state government. Nevertheless, I believe there is more we can do to address the long-term health care needs of our uninsured residents. I would like to explore ways in which the county can serve as a medium for accessing insurance for those who are priced out of the insurance market. Perhaps the county can serve as a catalyst for the creation of a larger risk pool so that uninsured individuals can obtain insurance at more affordable premium rates. A related idea is whether we could form a county auxiliary public access unit, which could leverage the existing insurance provided to county employees. I would like to probe these and other options further in committee. Thank you very much for listening!