



DEPARTMENT OF HEALTH AND HUMAN SERVICES

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County Executive

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Public Statement by Uma Ahluwalia
HRSA Negotiated Rulemaking Committee
November 18, 2010

To the Members of the HRSA Negotiated Rulemaking Committee:

My name is Uma Ahluwalia. I serve as the Director of the Montgomery County, Maryland Department of Health and Human Services. First, let me welcome you to our County. Sitting here on Rockville Pike, you are in the middle of a vibrant and diverse community of nearly one million residents. If you have had the opportunity to venture outside the walls of this conference center, you have no doubt noticed the incredible diversity of Montgomery County.

Nearly 45% County residents are persons of color: 17% identify as African American or Black, over 14% are Asian; and nearly 15% are Hispanic or Latino. 30% of our residents are foreign-born and 38% speak a language other than English at home.

Montgomery County also demonstrates a tremendous range of diversity in economic status among our residents. While well-known as one of the most affluent counties in the country, trend data show a widening gap between the affluent and the vulnerable in Montgomery County. DHHS' primary service populations are those individuals whose incomes are below 300% of the Federal Poverty Level. This encompasses approximately 240,000 residents -- 25% of the County's population. Let me repeat -- in this notably affluent County, 25% of the population is at or below 300% of poverty. As another measure of the vulnerability of our neighbors, it is worth noting that over 40% of homeowners and over 50% of renters are spending in excess of 30% of household income on housing costs, well in excess of the HUD guideline for affordable housing.

We estimate that 120,000 residents -- 12% of the population -- are uninsured. The full implementation of the Health Care Reform legislation will allow additional County residents to enter Medicaid, but it is estimated that as many as two-thirds of those who are currently uninsured, or 85,000 individuals, will continue to be uninsured after 2014. In addition, the 75,000 or more residents who are currently enrolled in Maryland Medicaid, SCHIP, and the State's Primary Adult Care (PAC) program often face difficulty in finding primary care providers who are willing to accept patients enrolled in public programs.

Even with documentation of these high levels of need and medical underservice, Montgomery County has consistently been unable to qualify as a Medically Underserved Area under the current scoring methodology. Measures of poverty, population over age 65, infant mortality, and ratio of primary care physicians to total population all score high, placing the County outside of the parameters for MUA designation. As with other suburban communities, the extent of poverty in our County is masked by the many County residents who are financially well-off. Data regarding availability of primary care providers are also skewed, as the County hosts many providers engaged in the delivery of primary care who do not serve low-income populations, including those at Bethesda Naval, NIH, and similar government facilities.

Montgomery Cares Program

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As you proceed with your deliberations, we ask that you keep in mind suburban communities such as ours, with large numbers of people facing difficulties in accessing health care yet unrecognized through traditional measures of need. We suggest that you consider the following alternate measures of poverty and medical underservice:

- Percent or number of service area residents who are uninsured/underinsured
- Percent or number of service area residents enrolled in Medicaid or other publicly-supported health insurance programs (not including Medicare, VA, Indian Health Service, DOD, and Federal Employee Health Benefits)
- Percent or number of service area residents who are unable to afford housing within HUD's maximum threshold of no more than 30% of household income
- Percent or number of school-age children receiving Free and Reduced Meals
- Percent or number of primary care providers in the community, excluding those that serve in research institutions, government facilities, or other organizations that are structurally unable to offer services to community members who are uninsured or enrolled in Medicaid.

In addition, we encourage the committee to give consideration to the Supplemental Poverty Measures developed by the Office of Management and Budget's Interagency Technical Working Group. These measures, while not intended to replace the official poverty measure, take into account such important factors as family size, expenditures for essential commodities (food, shelter, clothing, and utilities), price differences across geographic areas, and out-of-pocket medical expenses. Utilization of these supplemental measures might help demonstrate previously un-recognized poverty in high-cost suburban communities such as ours.

I hope you will give our suggestions due consideration. I would be happy to provide any additional information that might inform the negotiated rulemaking process.

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