Workgroup Explore Equitable Access to Primary Health Care for all Prince George's County Residents
Minutes
April 23, 2025

- Members Present

Wala Blegay, Council Member, Chair
Shanika Griffith, Chief of Staff, Council Member Wanika Fisher's Office
Sonya Bruton, CEO, CCI Health and Wellness
George Escobar, Chief of Programs & Services, CASA (nonprofit)
Sharon Zalewski, Executive Director, Regional Primary Care Coalition
Suyanna Barker, Chief Program Officer, La Clinica del Pueblo
Stephanie Slowly Little, MSW, LCSW-C, Chief of Health Policy and Innovation, Office of the Health Officer
Richard Gesker, Interim CEO, Mary's Center
Jeff Kurcab, CFO, Greater Baden Medical Services

- Members Absent:

Bradford Seamon, VP of Government and Public Affairs for Prince George's County, UMD System
Elana Belon-Butler, Director, Department of Family Services
Krystal Oriadha, Vice Chair
Caitlin Murphy, Associate Director, Health & Wellness Division, Health Department
Monique Powell-Davis, MD, FACOG, Chief Medical Officer, Mary's Center
Miriam Hauser, VP of Behavioral Health (Mental Health)
Nick Venturini, Director of Benefits Section, Prince George's County Schools
Roxanne Leiba Lawrence, VP, Primary Care & Community Medicine, Luminis Health
Terra Bynum, Office of Management and Budget
Dr. Diane Young, PhD, MS, RN, Associate Director, Family Health Services Division, Health Department

- Others Present:

Ryan Smith, Senior Director, Greater Baden Medical Services

- Staff Present

Sandra Eubanks, HHSPS Committee Director
Rhonda Riddick, HHSPS Committee Aide
Leroy Maddox, Legislative Attorney
Anya Makarova, Senior Advisor to the Board of Health
David Noto, Legislative Budget and Policy Analyst

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Ayana Crawford, Council Member Wala Blegay's Office
Nikia McBride, GOFP Committee Aide

- **Welcome & Opening Remarks**

Chair Blegay called the meeting to order, and the members present proceeded to introduce themselves.

- **Consideration of Minutes**

The minutes were approved as presented.

- **Presentation**: Anya Makarova, Senior Advisor to the Board of Health

Ms. Makarova summarized February 26 responses from the Federally Qualified Health Centers (FQHCs) regarding the Workgroup's focus areas.

Ms. Makarova addressed the consequences of reduced funding on FQHCs' operations and their ability to serve Prince George's County residents. Several respondents emphasized that the decreased funding could significantly threaten the financial stability of FQHCs. Some centers indicated they may be forced to close their Prince George's County locations without adequate financial support. This would primarily be due to the high costs of serving many uninsured patients and the limited availability of supplemental funding.

Additional anticipated consequences included "Workforce Reductions and Burnout" and "Reduced Service Capacity." Feedback indicated that limited resources could lead to potential staff layoffs, increased workloads, and increased staff burnout. As a result of reduced service capacity, patients could experience longer wait times, fewer appointment slots, and diminished outreach efforts.

Ms. Markarova emphasized that these operational challenges would affect the county's healthcare capacity. Residents might face limited access to affordable care, particularly in primary and preventive health services. This could lead to poorer chronic disease management and delayed diagnoses, ultimately worsening public health outcomes. She expressed that there is also a concern that uninsured patients, unable to find care at FQHCs, may increasingly turn to overburdened hospital emergency rooms, driving up uncompensated care costs.

Ms. Markarova expressed that the impact would vary among FQHCs, particularly depending on their patient mix. Centers serving a high percentage of uninsured patients, especially those who meet the Health Assures Program eligibility criteria, would be hit the hardest by funding cuts. Understanding each center's patient mix is key to assessing the level of risk and potential consequences.

Ms. Markarova addressed the response about the actual cost of services and noted that

responses varied significantly across providers, likely due to methodological differences. Because of this variation, it is difficult to draw standardized conclusions about service costs.

She also noted the diversity of funding sources across health centers. Some use different categories and tracking methods, which creates inconsistencies in reporting. However, the information provides valuable insight into each center's financial structure.

Reviewing patients' insurance status across FQHCs, Ms. Markarova said Medicaid clients represent a significant portion of patients served. These are typically followed by self-pay patients whose income falls below 200% of the federal poverty level, many of whom qualify for the Health Assures Program if they meet residency requirements.

LaClinica del Pueblo, reported that over 60% of its clients are self-pay below 200% of the poverty level, making it especially vulnerable to funding cuts. She expressed that understanding the patient mix is critical in assessing how funding changes may impact different providers.

Ms. Markarova reviewed the second round of responses, which focused on the Health Assures Program's auditing, reporting requirements, and related administrative factors. She emphasized the importance of this data for the Workgroup's comprehensive evaluation.

She emphasized that due to their designation and funding streams, FQHCs are already subject to an extensive range of federal and state regulations and auditing and reporting mandates. As a result, any additional program administration or reporting requirements must be considered carefully in light of the existing regulatory burden organizations already manage.

Ms. Markarova highlighted the submission of invoices after the Health Assures Program funding runs out. She had asked FQHCs whether they continue to submit invoices to the Health Department for services provided to qualifying patients after funds are depleted. Some centers reported that they continue submitting invoices, even when reimbursement is no longer possible, to help track community needs and maintain data continuity. However, others stop invoicing altogether once funding is exhausted. This inconsistency presents a challenge in assessing the full scope of unmet needs and the number of residents who would otherwise qualify for services, thereby limiting the accuracy of data collection and hindering strategic planning.

Ms. Markarova addressed the broader conversation around program administration, data analysis, and future planning for the Health Assures Program. While acknowledging that the Health Department had delivered a comprehensive presentation exploring various future models for the program, she noted that important questions remain unresolved. In particular, it is unclear how the program will be administered under the current reimbursement model and whether sufficient funding exists to support its continued operation.

She pointed out that no Health Department staff have been assigned to administer the program, raising concerns about capacity and operational readiness. This has led to ongoing debate about

whether the Health Department's administration should be contracted out to an external organization. It raises the question of whether there are qualified and willing contractors who possess the capacity to manage such a program effectively.

These issues, as stated by Ms. Markarova, are critical for the Workgroup to address and develop concrete recommendations. Specifically, the Workgroup must offer guidance on:

- Funding levels required for effective administration, reporting, and evaluation;
- Improvements to program administration, including identifying the appropriate entity to manage the program;
- Specific tasks to be performed by the program administrator; and
- Metrics for evaluating the program's performance and impact.

In closing, Ms. Markarova reiterated that this summary reflects the key insights gathered from FQHCs and the next steps needed to advance the Workgroup's mandate.

- **Q & A**

Chair Blegay began by highlighting a significant concern: the current budget includes $1 million for the Health Assures Program, and with budget negotiations approaching, there is a clear understanding that the program cannot be sustained at that funding level.

Stephanie Slowly Little, Family Health Services Division, Health Department, offered clarification and additional context regarding the Department's administrative role and capacity. She addressed staffing limitations, needs, cost projections, oversight considerations, funding priorities, trade-offs, and current staff capacity.

1) Staffing Limitations: Although the Health Department did assign a staff member to the program, the position is only part-time. This limited assignment reflects the Department's constraints since the program was previously supported primarily through ARPA (American Rescue Plan Act) funds over the last two fiscal years.

2) Staffing Needs and Cost Projections: Ms. Little reiterated that during their earlier presentations, the Department outlined that at least four full-time staff members would be required to run the program effectively in-house. She compared Montgomery CARES, which operates a similar program with a more established and well-staffed infrastructure, highlighting that even they have significant resources to manage a program of this size.

3) Oversight Considerations: Ms. Little stressed that robust monitoring and oversight will still be needed whether the program is contracted out or operated in-house. If the Department is tasked with direct administration, it would require dedicated infrastructure. However, if contracted out, the Department would still need staff capacity to oversee the contractor's performance and maintain accountability.

4) Funding Priorities and Trade-Offs: Ms. Little outlined the difficult trade-off that currently exists, with limited funds, the Department has had to choose between infrastructure support and direct reimbursement to providers. The current model, reimbursing invoices until the funds run out, has allowed services to continue without the necessary infrastructure to support long-term program sustainability or thorough monitoring.

5) Current Staff Capacity: She closed her remarks by emphasizing that current staff are fully allocated to other grant-funded work, leaving no flexibility to absorb the additional responsibilities tied to administering and overseeing the Health Assures Program. Without new investments in staff and systems, the Department cannot simply run the program as envisioned.

Ms. Markarova raised a concern about the fiscal reality of the program's current funding. She appreciated the long-term vision of potentially expanding the Health Assures Program and modeling it after initiatives like Montgomery CARES. However, she questioned whether the time was now appropriate to consider program expansion.

Given the existing funding constraints, Ms. Markarova asked whether the Workgroup should focus on securing continued funding for the current reimbursement model rather than diverting attention to broader changes. She stressed the importance of ensuring everyone was aligned on which version of the program they were working to support, particularly whether to prioritize sustaining the existing model or exploring alternatives.

Ms. Little explained that the Department believes it's possible to maintain the existing reimbursement model and begin planning for future program sustainability. She emphasized the importance of long-term thinking, even amid budget limitations, and described the Department's efforts to be innovative in finding funding and pursuing new streams of support. This includes strategies for enhanced outreach, identifying alternative resources, and building a vision for sustainable growth.

Ms. Little deferred to the Workgroup for direction, affirming their willingness to align with the Workgroup's recommendations regarding whether to maintain the current model, expand, or pursue both tracks concurrently.

Sharon Zalewski, Executive Director of the Regional Primary Care Coalition, asked about the Health Department's $250,000 budget allocation designated for program administration.

Ms. Little clarified that the funds have not been used. The final budget appropriations had not yet been uploaded to the system, although they were expected to be processed within the next week. Given the late timing in the fiscal year and the significant budget reduction, she explained that investing those funds in infrastructure, such as recruiting or hiring staff, would no longer be practical or fiscally responsible. As a result, the Department is likely to reprogram the

funds, and no meaningful investment in administrative infrastructure has been made with that allocation.

Ms. Little emphasized the importance of preserving the current Health Assures Program over expanding it, especially given the funding challenges. She expressed concern that it is highly unlikely to reopen if a health center closes, meaning the loss of services could become permanent. She said this would be a significant setback in a county with a shortage of primary care physicians. She urged the Workgroup to remember that existing services are vital, particularly when these six FQHCs play a crucial role in recruitment, retention, and the broader community healthcare infrastructure.

Dr. Richard Gesker, Interim CEO of Mary's Center, emphasized that Mary's Center has deeply relied on these program dollars to maintain its operations. He warned that without sustained funding, it would be forced to reduce services, care hours, and staff, directly impacting uninsured, undocumented, and underserved populations as well as long-time community members who depend on its services. He noted that Mary's Center runs on a slim 1.5% margin, so discussing service cuts is extremely painful.

Dr. Suyana Barker, Chief Program Officer at La Clinica del Pueblo, emphasized the critical role of the current funding stream as the county's sole investment in health care for the uninsured. She acknowledged that although the funding had not been eliminated, the proposed drop from $5 million to $1 million was drastic and carried serious implications.

She asked, "Is this funding truly final, or is there still room to negotiate? " She challenged the Workgroup not to accept the proposed reduction as a done deal. Dr. Barker highlighted the Workgroup's purpose: to develop a sustainable, improved model for the future and take immediate action to preserve current funding levels and prevent the collapse of an essential health infrastructure serving the county's most vulnerable.

In response to the question, Chair Blegay stated that the $5 million allocation is not entirely off the table, but restoring the full amount is unlikely. However, there is still an opportunity to advocate for increased funding, beyond the proposed $1 million.

George Escobar, Chief of Programs & Services, CASA, urged the Workgroup to focus on the immediate budget crisis and strategize for the long-term sustainability of health access for the uninsured. He strongly recommended supporting the short-term push to restore funding for the county's FQHCs, recognizing the urgency of the current fiscal year's cuts. He agreed to advocate for increased allocations before the County Council.

Mr. Escobar challenged the Workgroup to break out of the cycle of reactive funding battles and build toward a more durable and comprehensive health care model. He stated that insurance alone cannot address underserved communities' systemic gaps and that relying on short-term grant cycles leaves organizations vulnerable.

In summary, using examples such as Montgomery CARES and other statewide models, he also

suggested exploring a demonstration or pilot project that could lay the groundwork for a future Prince George's CARES initiative. Another potential opportunity he suggested was leveraging the Governor's "Enough" initiative, particularly funding geared toward school-based health centers. These could increase access to care for uninsured and immigrant communities in the northern part of the county.

Chair Blegay emphasized the Workgroup's dual purpose: to secure immediate funding for the FQHCs and envision a long-term solution for sustainable health access in Prince George's County. She asked the group members to bring back ideas for permanent funding solutions at the next meeting. She encouraged members to tap their networks and experiences to propose creative models, including potential state-funded pilot programs.

Chair Blegay highlighted the Montgomery CARES program as a helpful reference point, suggesting it offers a potential framework for Prince George's CARES. She encouraged the Workgroup to critically evaluate Montgomery CARES, identifying what works and what doesn't, to inform a tailored, scalable model for Prince George's County.

Dr. Barker raised a point about the limitations of relying solely on local or county-level solutions, urging the Workgroup to think more broadly. She emphasized that states with the most successful health access programs have implemented them at the state level. She acknowledged support for state grants as a short-term measure. Still, she cautioned that such funding could be just as unstable and inconsistent as county funding, particularly when building something sustainable.

Instead, Dr. Barker encouraged the Workgroup to push for universal inclusion at the state level, potentially through expansion of Medicaid access or state subsidies through the Maryland Health Benefit Exchange. She reminded the Workgroup of prior efforts to evaluate Medicaid inclusion, suggesting that broader state or federal policy shifts could ultimately determine the direction of such initiatives.

Chair Blegay acknowledged the potential of pursuing a state-level program, but offered a note of strategic caution. She pointed out that state-level initiatives would likely attract interest from other jurisdictions, such as Baltimore and Montgomery County, which already have infrastructure or are better positioned to compete for resources. For Prince George's County to succeed in such an approach, Chair Blegay emphasized the need to clearly articulate why this county is uniquely suited for the funding or decide if the model should be open and inclusive across jurisdictions.

Ms. Zalewski urged the county to make a clear policy decision. If healthcare is a priority, it must be treated as such in the budget, with stable, ongoing funding rather than relying on grants or short-term fixes. She admitted that the current political and fiscal environment is challenging, but that only underscores the urgency of acting now to build a durable foundation for health access in Prince George's County.

Chair Blegay reiterated the importance of public advocacy in the upcoming budget negotiations

with the County Executive's Office. She noted that while $1 million is currently on the table, increased funding is being pursued from the Council side. Chair Blegay stressed the need to develop a long-term funding structure, asking all stakeholders to return with concrete, sustainable solutions. She acknowledged that a state-level option isn't perfect, but documenting it in a Workgroup report would create a credible case to present to state legislators. She also invited the Health Department to suggest existing internal programs or models that could inform a viable structure moving forward.

Ms. Little recommended that the Workgroup consider proposing the Health Assures Program as a budget item line, even at a nominal level, to institutionalize the conversation within the county's budget process. She also suggested developing supportive policy language to ensure program continuity across administrators.

Drawing on the recent legislative session, Ms. Little proposed that the Workgroup collaborate on a legislative proposal to secure state-level investments tailored explicitly to Prince George's County.

Ms. Markarova stressed that it's hard to attract buy-in from hospitals and stakeholders without visible county investment. She concluded that under-investment signals a lack of seriousness and undermines the program's credibility, making external partnerships and sustainability efforts much harder.

Ms. Markarova shared that while researching funding opportunities, she found no existing development surcharges earmarked for Health and Human Services, only for schools and public safety. Chair Blegay indicated that a Health and Human Services surcharge tied to new developments could be a useful recommendation for the final report.

Ms. Markarova agreed to follow up with the Office of Management and Budget, clarifying that current budgeting practices don't itemize by program, which may complicate things.

Dr. Barker highlighted the funding imbalance, noting that a $5 million request for Health Assures support is almost insignificant next to the much larger capital outlay. She stressed that primary care and community-based services are designed to complement, not compete with, hospitals. She expressed concern that without equivalent investment in service access, the county risks undermining the promise of its new health infrastructure.

Ms. Little explained that Health Assures access should be treated as an essential service. She emphasized that a sustainable program should be built first, and then funding mechanisms should be identified.

Sonya Bruton, CEO of CCI Health & Wellness, expressed the need for the Workgroup to understand the rules, sources, and decision-makers for various funding streams, including who ultimately determines allocations. She requested a presentation or resource to better educate members of this group.

Chair Blegay explained that priority funding decisions often stem from the County Executive engaging with legislators and designating specific initiatives as top priorities. Since Health Assures is countywide, success would require unified support from the County Executive and Council. Chair Blegay recommended involving the Health Department in crafting proposals for the incoming Administration, to get Health Assures listed as a budget priority, possibly even as a recurring line item.

Chair Blegay considered a dedicated fee-based funding mechanism, earmarked solely for Health Assures as a way to secure sustainable revenue. She also suggested that an alternative could be a state-funded pilot program, with the state responsible for raising the necessary funds.

The meeting closed with a reminder to advocate for reinstating Health Assures' $5 million funding and to prepare coordinated messaging with the Health Department.

The next meeting was confirmed for May 7th, with plans to shift to monthly meetings beginning in June.

- Identify Next Steps
    - Discuss ideas for Health Assures' permanent funding solutions
    - Evaluate the Montgomery CARES Program to identify Best Practices and Challenges for Developing a Replicable Tailored Model in Prince George's County
    - Follow-up with OMB – Health Assures Budget Line Item

- **Future Meeting**

The next regularly scheduled meeting is on Wednesday, May 7, 2025, at 1:30 PM.

- **Adjournment**

The meeting adjourned at approximately 2:35 pm.