

**Workgroup Explore Equitable Access to Primary Health Care for
all Prince George's County Residents**
Minutes
June 25, 2025

- Members Present

Wala Blegay, Council Member, Chair
Kystal Oriadha, Council Member, Vice Chair
Dr. Diane Young, PhD, MS, RN, Associate Director, Family Health Services Division, Health Department
Miriam Hauser, VP of Behavioral Health (Mental Health)
Nick Venturini, Director of Benefits Section, Prince George's County Schools
Terra Bynum, Office of Management and Budget
Sharon Zalewski, Executive Director, Regional Primary Care Coalition
Caitlin Murphy, Associate Director, Health & Wellness Division, Health Department
Jeff Kurcab, CFO, Greater Baden Medical Services
Richard Gesker, Interim CEO, Mary's Center
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

- 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
Wanika Fisher, Council Member
Sonya Bruton, CEO, CCI Health and Wellness
Dr. Monique Powell-Davis, MD, FACOG, Chief Medical Officer, Mary's Center
Matthew Levy, Health Officer, Health Department
Roxanne Leiba Lawrence, VP, Primary Care & Community Medicine, Luminis Health
George Escobar, Chief of Programs & Services, CASA (nonprofit)

- Others Present:

Traci Jones, PGCPs
Elizabeth Faison, PGCPs
Tisa Holley, PGCPs
Sandra Jones, Chief of Staff, Mary's Center, supporting new CEO, Nancy Ban
Marlene Orantes, Partner Outreach Specialist from Horowitz Center for Health Literacy, School of Public Health at the University of Maryland
WUSA Desk

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- **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
Ayana Crawford, Chief of Staff, Council Member Wala Blegay's Office
David Noto, Legislative Budget and Policy Analyst
Melody Arrington, EWD Committee Aide

- **Welcome & Opening Remarks**

Chair Blegay opened the meeting by welcoming the members, expressing appreciation for their participation, and inviting them to introduce themselves. She noted the upcoming presentation from the Health Department to review the impact of the recently approved \$2 million budget, including potential program cuts, and the Public School's presentation related to equitable primary health care, and how it may intersect with school-based health efforts.

The Council Vice Chair then expressed appreciation to all participants, emphasizing the importance of the group's work given the current administrative uncertainties. She highlighted the council's commitment to strategic collaboration with stakeholders to expand access and improve health care resources for residents, particularly those most vulnerable.

- **Consideration of Minutes**

The minutes were approved as presented.

- **Presentations:**

Elizabeth Faison, Associate Superintendent of Student Services
Prince George's County Public Schools

Tracy Jones, Supervisor of School Health
Prince George's County Public Schools

The Prince George's County Public Schools' presentation on school-based health centers addressed the following topics:

- Overview of School-Based Wellness Center Goals
- Initial planned High School sites: Fairmont Heights, Bladensburg, Northwestern, and Oxon Hill.

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- Middle Schools under consideration for future expansion: Sonia Sotomayor, William Wirt, Kenmore, Drew Freeman, Hyattsville, Walker Mill, and Colin L. Powell Academy
- Core Services Provided by Wellness Centers
- Progress Update: Vendor selection of Children's National, Maryland Department of Health Grant, and Needs Assessment Survey Launched.
- Next Steps: Discussion of the future phases for the initiative.
- Q & A

Question: Is the School Board voting on just one site (Walker Mill) or multiple sites? Why isn't Walker Mill Middle School included in the initial rollout, given previous conversations and its readiness?

Response: The decision was based on selecting schools with existing infrastructure to enable a phased rollout. A needs assessment will guide future expansion, including middle schools like Walker Mill.

Council Members expressed frustration and disappointment that Walker Mill, initially discussed as a priority site with community support and engagement from Children's National, was not included in the first round.

School staff acknowledged the input, reiterated the need for data-driven site selection, and expressed openness to further discussions with the school board and superintendent.

Council Members planned to follow up offline with the School Board Chair and Superintendent to advocate for Walker Mill's inclusion based on prior agreements and community expectations.

Question: How will the school system integrate mental health services without duplicating existing provider efforts (e.g., La Clinica del Pueblo at Northwestern)?

Response: The School recognizes the concern and intends to collaborate with existing contracted providers for mental health services. Children's National will handle physical health services, while mental health will be coordinated with community organizations already working in the schools.

Question: Why was Children's National chosen instead of local Federally Qualified Health Centers (FQHCs), which already provide community-based care in the county?

Response: (Chair Blegay): Children's National proactively reached out and had a prior relationship with school-based care in D.C., making them a natural partner.

Response (School): An RFP was issued three times, but no initial responses were received. The RFP was revised to allow for partial site proposals, but no responses were received. Children's was the only respondent willing to move forward.

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FQHCs are still welcome to participate, especially for mental health services, and the school system is open to further collaboration.

Question: Will the wellness center open in September 2025?

Response: While that is the goal, the actual opening will depend on several factors, including Board of Education approval, Maryland Department of Health approval, hiring, training, equipment procurement, and parent consent collection. A more realistic timeline is late 2025 or early 2026.

Question: Will the centers serve uninsured students?

Response: It was confirmed that, as FQHCs, they will serve insured, Medicaid, and uninsured students.

Question: What is the status of cultural and linguistic accessibility?

Response: It was affirmed that language and cultural needs would be addressed once Children's National is officially onboard.

The Health Department representative offered support by explaining the Department's long-standing involvement with school-based wellness centers since the 1990s. The Maryland Health Department now oversees the certification process for these centers, which involves a lengthy approval timeline.

The Health Department representative emphasized that the Health Department has historical data explaining why the original four sites were selected and acknowledged that community needs have evolved since then. She confirmed that current data supports the need for a center at Walker Mill and reiterated their willingness to support the school system through the state-required process.

The Health Department representative explained that while the state tends to favor easier-to-launch sites, Walker Mill already has the necessary infrastructure in place, making it viable. She validated Children's National as a strong choice, citing their prior role as contractors when the Health Department lacked staffing capacity.

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- Presentation
Dr. Diane Young, Associate Director, Family Health Services Division
Health Department

Chair Blegay introduced the next speaker, Dr. Young from the Health Department, who presented on administrative procedures for the Health Assures Program in light of reduced funding. Key topics included:

- Provider Participation Procedures: Establishing Standard Operating Procedures (SOPs) for provider agreements and MOUs; maintaining a provider list with billing information; annual compliance attestations.
- Patient Eligibility: Create a uniform eligibility form, verify residency and income (not immigration status), screen for existing insurance, and require eligibility renewal every 6-12 months.
- Service Reimbursement Procedures: Maintaining a reimbursement model, adjusting reimbursement rates, and requiring monthly invoices with service logs and attestations.
- Claims and Auditing Procedures: Reviewing claims for compliance; ensuring payment within 30 days; quarterly random audits and corrective action planning.
- Data Storage: Securing data per HIPAA and county policy; limiting paper records and promoting electronic storage.
- Program Evaluation: Tracking visit numbers, reimbursements, provider activity; collecting provider and patient feedback annually.

Q & A

A representative clarified that the average cost per primary care visit at the county's FQHCs is around \$270, significantly higher than the \$180 reimbursement rate, meaning clinics subsidize part of each visit.

The Health Department representative acknowledged the gap but emphasized that \$180.00 is still higher than other county programs like Montgomery CARES.

A member noted that cost reporting may vary depending on whether infrastructure and other indirect costs are included, and that some FQHCs rely more heavily on reimbursement due to a higher percentage of uninsured patients.

Another speaker warned against comparing with private sector reimbursement, noting that historically low payments are a major factor behind primary care shortages.

Despite funding challenges, several participants agreed that Prince George's County has provided relatively strong support to FQHCs and that continuing this investment, even with reduced funding, should be acknowledged and appreciated.

Dr. Young presented the three proposed budget models regarding the Health Assures Program:

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Model 1 – Tiered reimbursement

\$180 for first visit

\$80 for follow-up visit

5,700 patients could be served

Pros: Higher reach

Cons: FQHCs absorb more costs

Model 2 – Lower Base Rate

\$150 for first visit

\$80 for follow-up visit

Serves more than 5,700 patients

Further increases the burden on FQHCs

Model 3 – Flat Rate at Current Reimbursement

\$180 for every visit (No tiering)

3,300 patients could be served

Emphasis on maintaining provider support and service quality

It was noted that these models are illustrative only, not final, and the workgroup will develop the final recommendation.

Emphasis was placed on not misrepresenting expanded service capacity with reduced funding.

A follow-up assignment was suggested for the Workgroup to analyze and refine these models.

A Health Department representative emphasized the importance of designing a model that allows funding to last throughout the entire year, noting that under past reimbursement structures, funds often ran out by early in the year.

She further explained that the focus should be on a long-term, sustainable program that can tell a compelling, data-driven story to support future funding requests. A model for consideration should allow for consistent service delivery over time, enabling the county to track longitudinal impact and appeal to additional funders (e.g., philanthropy, hospital systems).

The Health Department representative said that limited funding may require capping enrollment to ensure patients receive needed visits. Data collection will guide future planning.

A member emphasized tracking unduplicated patients over visit counts and said stretching funding is a myth; FQHCs serve patients regardless. She noted enrollment adds an administrative burden and differs from eligibility checks.

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The Health Department representative said this is a chance to build a new system, not replicate existing ones, and they're open to input.

- **Identify Next Steps**

Ms. Makarova thanked School partners for their participation and noted that Chair Blegay and Vice Chair Oriadha will follow up on the Walker Mill Middle School issue. She emphasized the School's role as a key partner in the upcoming Prince George's CARES program, which aims to expand primary care access for uninsured County residents.

She clarified that today's discussion focused on the Health Assures Program, which supports FQHCs, but the CARES program will involve broader partnerships, including schools.

Ms. Makarova reminded Workgroup members to contribute to the Google Doc for drafting recommendations, noting only three participants have submitted input so far. She encouraged continued input to move forward with recommendations for both Health Assures and, later, Prince George's CARES.

Chair Blegay emphasized that the group is now in recommendation mode. Members were urged to submit their recommendations promptly so the group could begin finalizing the report for submission to the Council. The meeting concluded with thanks and well wishes.

- **Adjournment**

The meeting adjourned at approximately

- **Future Meeting**

The next regularly scheduled meeting is on Wednesday, July 23, 2025, at 1:30 PM.

- **Adjournment**

The meeting adjourned at approximately 2:40 pm.