

**Workgroup Explore Equitable Access to Primary Health Care for  
all Prince George's County Residents**  
**Minutes**  
**September 24, 2025**

• Members Present

Wala Blegay, Council Member, Chair

Nick Venturini, Director of Benefits Section, Prince George's County Public Schools

Sonya Bruton, CEO, CCI Health and Wellness

Terra Bynum, Office of Management and Budget

Sharon Zalewski, Executive Director, Regional Primary Care Coalition

Jeff Kurcab, CFO, Greater Baden Medical Services

George Escobar, Chief of Programs & Services, CASA (nonprofit)

Carlos Plazas, CEO, La Clinica del Pueblo

Caitlin Murphy, Associate Director, Health & Wellness Division, Health Department

• Members Absent:

Krystal Oriadha, Council Vice Chair

Wanika Fisher, Council Member

Bradford Seamon, VP of Government and Public Affairs for Prince George's County, UMMS – Capital Region

Elana Belon-Butler, Director, Department of Family Services

Monique Powell-Davis, MD, FACOG, Chief Medical Officer, Mary's Center

Roxanne Leiba Lawrence, VP, Primary Care & Community Medicine, Luminis Health

Diane Young, PhD, MS, RN, Associate Director, Family Health Services Division, Health Department

Miriam Hauser, VP of Behavioral Health (Mental Health)

Richard Gesker, Interim CEO, Mary's Center

• Others Present:

Samantha Karon, Special Assistant to the DCAO for Health, Human Services & Education, Mr.

Brian Wilbon

Derek Liquori, Student

Ginevra Lliff, Student

Iyinoluwa Babefemi, Student

Jordyn Cabellon, Student

Marlene Orantes, Partner Outreach Specialist from Horowitz Center for Health Literacy School of Public Health at University of Maryland

• Staff Present

Jashawn Stewart, Committee Director Supervisor

Sandra Eubanks, HHSPS Committee Director

Rhonda Riddick, HHSPS Committee Aide

Leroy Maddox, Legislative Attorney

Anya Makarova, Senior Advisor to the Board of Health

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Ayana Crawford, Chief of Staff, Council Member Blegay's Office

David Noto, Legislative Budget and Policy Analyst

- **Welcome & Opening Remarks**

The meeting opened with introductions of all participants on the call.

- **Consideration of Minutes**

Chair Blegay made a motion, seconded by Dr. Brutton, to approve the minutes as presented.

- **Open Discussion on Workgroup Recommendations & Q&A**

**Anya Makarova, Senior Advisor to the Board of Health**

Anya began by reminding the members of its twofold assignment: to develop recommendations on the funding and administration of the County's health assurance program, and to provide broader recommendations for Prince George's CARES, focusing on primary care services for residents not eligible for existing programs.

Anya emphasized that much has changed since the group last met earlier in the summer. At that time, the focus was on County contributions and supplemental support for services. However, national policy changes have since placed additional strain on Federally Qualified Health Centers (FQHCs), making the need for local support even greater. She stressed that the report should acknowledge this evolving context.

Anya explained that the Work Group has consistently agreed on the need for a dedicated allocation from the County's general fund. She noted that no new revenue source has been identified, and any solution will require reallocating existing funds. While repurposing certain fees could be explored, this would still come at the expense of other agencies or programs.

Based on past discussions, the members had proposed seeking \$5 million for the program, an amount based on the highest funding level received from when federal COVID relief funds were available, along with additional resources to cover administrative costs. No suggestion has been made to exceed this figure. Anya pointed out that the present funding level stands at only \$2 million, underscoring the significance of the proposed increase.

Anya noted that if FQHCs are not supported through the Health Assures Program, there could be serious consequences up to and including closures of local FQHCs, as well as workforce challenges such as heavier staff workload and burnout. Service capacity would also be reduced, resulting in longer wait times, fewer available appointments, and less community outreach. This would mean fewer residents could access affordable care, making it harder to manage chronic conditions and weakening prevention and care coordination efforts. These gaps could ultimately harm public health overall and place more strain on other healthcare providers.

Anya also highlighted the issue of funding for administrative tasks tied to managing Health Assures. She explained that the group has discussed two possible approaches. One option would be to use a third party to run the program, with oversight from the Health Department, like how

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Montgomery County handles theirs. The other option would be for the Health Department to fully manage the program directly.

Anya noted that there hasn't been agreement yet on which option is best, and there are still questions about whether any third party would even have the ability or interest to manage the program in Prince George's County. She asked the group to continue discussing how to move forward on this.

Finally, Anya asked for feedback on funding, including the idea that about \$5 million would need to come from the County's general fund, and whether the group had any other suggestions on consequences or funding recommendations.

### **Funding Recommendation (\$5 million starting point):**

George Escobar stressed that what has changed most is the urgency. Building a local CARES program isn't a new idea; it's doable, and there are models we can follow, like Montgomery County CARES, but it will take time and should grow in stages, not all at once.

He warned that safety-net options are shrinking. Kaiser Permanente's charitable program is being cut back sharply, which means thousands of Prince George's residents will soon lose coverage. That leaves FQHCs as the only option, and they're already under pressure. His bottom line: the County needs to act now, with political will and at least \$5 million in funding to start a scalable care program that can fill these growing gaps.

Jeff Kurcab, Greater Baden Medical Services, explained that even before the recent changes, funding was already falling short. For example, when the program was funded at \$5 million, it still only covered less than half of what was needed to serve the uninsured. Payments per patient visit were far below the actual costs.

He further explained that under the new administration and budget fights in Washington, the situation is worsening. There are no new programs or funding for the uninsured, and Medicaid is shrinking. This leaves many without coverage, including undocumented residents who may avoid care out of fear, which in turn pushes more people into already crowded emergency rooms.

Mr. Kurcab expressed that the bottom line is that what was once underfunded is now becoming unsustainable. With continued cuts, health centers may have no choice but to reduce sites, services, and staff, raising concerns about whether some rural locations can survive.

Carlos Plazas, CEO of La Clinica del Pueblo, introduced himself and shared his perspective. He emphasized that other counties have successfully created programs to provide care for these groups, and Prince George's County can learn from those models instead of starting from scratch.

Anya emphasized that the original \$5 million figure may no longer be sufficient. Even before current federal and state cuts, \$5 million never fully met the need, and with more uninsured residents expected, the funding level must be revisited.

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Anya will follow up with FQHCs, the Health Department, and OMB to discuss how best to shape a financial recommendation. A key question remains: should the recommendation reflect the county's true needs or take into account financial constraints? One option may be to present a funding range rather than a fixed number.

### **Feedback on Adequacy of Funding:**

George stressed that the current \$5 million funding only sustains the existing program and is not enough for long-term needs. The Workgroup should focus on building a comprehensive, high-quality healthcare system for the uninsured, modeled on successful programs in other counties. While \$5 million can serve as a short-term starting point, the ultimate goal should be a centrally managed network of FQHCs providing full, wraparound services, with a funding target closer to \$20 million to ensure sustainability and expand access.

Sonya Bruton explained that the current \$5 million funding only covers about a third of the actual costs to provide full, quality care. Her center delivers comprehensive services, including physician care, labs, community health workers, and support for social needs, so the shortfall puts significant strain on operations. She emphasized that while \$5 million is a starting point, higher funding is needed to maintain quality care and meet growing demand among the uninsured.

### **Contracts and Invoices (FY 2026):**

Anya asked how funding is distributed among the FQHCs and clarified that \$2 million has been allocated to the Health Assures Program. Sonya expressed that the centers have not yet received contracts or clear guidance from the Health Department. In past years, funds were first distributed on a "first-come, first-served" basis, but more recently, they've been divided based on historical activity levels. However, the exact formula and dollar amounts for the current year have not yet been shared with the centers.

Anya highlighted concerns that were expressed by the FQHCs, explaining that although \$2 million has been allocated for 2026, it's already October, and there are still no contracts or clear guidance on how funds will be divided to understand how allocations are determined. Since FQHCs differ in structure, patient mix, and capacity, some serving more uninsured or more County residents than others, it's important that these differences are considered to ensure fairness and financial sustainability.

### **Administration of Health Assures:**

Anya asked for feedback on how the Health Assures Program should be administered. Two options were presented: either continue with a third-party administrator under the Health Department's oversight or have the Health Department manage the program directly.

Sharon Zalewski, Regional Primary Care Coalition, raised a concern that with limited funding this year, it may not make sense to use a third-party administrator. Instead, she suggested the

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Department of Health should manage the program, though she questions whether it would be an added burden on their staff.

Anya clarified that for now, the Health Assures Program is expected to stay as is, with the same reimbursement rates and eligibility rules. The focus remains on keeping the program stable and sustainable while costs continue to rise.

Samantha Karon, Special Assistant to the DCAO for Health, Human Services & Education, added that the program's current design may create risks for the Health Department in managing federal funds, which need to be carefully considered before deciding who should administer it. This point was flagged for the administration and budget office to follow up on.

As the meeting wrapped up, Anya emphasized the importance of feedback from everyone, given the range of perspectives in the group, and said she would be following up with the FQHCs on key items.

- **Identify Next Steps**

- Follow up with the FQHCs.
- Health Department presentation on their analysis regarding the risk of continuing to administer the Health Assures Program.

- **Next Meeting date**

October 22, 2025

- **Adjournment**

Chair Blegay motioned to adjourn, seconded by George Escobar. The meeting adjourned at approximately 2:36 p.m.