

**PRINCE GEORGE'S COUNTY COUNCIL**  
**EMERGENCY ROOM WAIT TIME TASK FORCE**  
**October 6, 2025**

• Members Present

Wala Blegay, Council Member, Chair  
Jeffrey Cooper, Community Member  
Delegate Ashanti Martinez, State Delegate, Maryland General Assembly  
Bill Miller, Urgent Care  
Caroline "Caro" Williams-Pierce, Community Member  
Erica Turner, Special Assistant to DCAO Health, Human Services & Education, Office of County Executive  
Karmen Walker Brown, Associate Vice President, Government Relations, Adventist Healthcare  
Laura Ogle, DNP, CENP, CNE, CEN, Director of Nursing Professional Development  
MedStar Southern Maryland Hospital Center  
Marina Anwuri, Community Member

• Members Absent:

Dr. Reginald Brown, Hospital Representative, Luminis Health  
Jibran Eubanks, SEIU 1199, SEIU 1199  
Terrell Buckson, Assistant Fire Chief  
Dr. Tomeka Archinard, Emergency Room Physician, Capital Region Medical Center  
Augustin Amara, Service Employee, SEIU 1199  
Zynab Faye, Union Nurse, SEIU 1199  
Thelmetria Michaelides, Fire Chief  
Travis Rickert, Major, Prince George's Police Department  
Sheriff John Carr, Office of the Sheriff  
Jeff Kurcab, Interim CEO, Greater Baden Medical Services  
Angela Jones Jackson, COO, Greater Baden Medical Services  
Marina Anwuri, Community Member  
Erin Smith, MD, FACEP, Assistant Chief, Acute Care Services, Permanente Medicine

• Staff Present

Jashawn Stewart, Committee Director Supervisor  
Sandra Eubanks, HHSPS Committee Director  
Anya Makarova, Board of Health  
Rhonda Riddick, Committee Assistant, HHSPS  
Leroy Maddox, Legislative Attorney  
Nikia McBride, Committee Assistant, GOFP  
David Noto, Legislative Budget and Policy Analyst

- **Welcome & Introduction**

The Emergency Room Task Force meeting began with a welcome and brief introductions. Chair Blegay noted that the group is approaching the final stages of their recommendations.

- **Approval of Minutes**

**Chair Blegay moved to approve the minutes, and Delegate Martinez seconded the motion. The minutes were approved as presented.**

- **Review and Discussion of Draft Report**

Anya Makarova, Senior Advisor to the Board of Health, expressed that she would provide an update on recent additions to the draft report and discuss how to address the remaining items, with the goal of having a near-final draft ready for review before the next meeting.

Anya reviewed updates to the draft report, highlighting new data comparing inpatient and outpatient ER wait times. Two hospitals exceed the state average for admissions, while two are below it. Most outpatient wait times are also above average. The report identifies three main causes of long ER waits: patient complexity, patient volume exceeding capacity, and lack of hospital beds. Contributing factors include uneven bed distribution and limited post-acute resources.

The Workgroup discussed that the biggest bottleneck in ER flow is the lack of hospital beds. Other factors increasing ER use include limited access to preventive care, few alternatives for minor conditions, and difficulty navigating healthcare resources.

New findings show that ER volume in the county increased by 36% from 2020 to 2024, but treatment space has not kept pace, highlighting inadequate capacity.

The Workgroup discussed data issues with the Bowie Health Center, noting it was a new facility, so some historical comparisons aren't available. The COVID years may have affected ER volumes, but the overall trends still show a clear increase in utilization. Data on the types of emergencies or patient conditions isn't available, so staff can't analyze which visits were available or what drove longer wait times.

The members discussed concerns about data accuracy, noting missing or inconsistent figures for the Bowie and Fort Washington facilities. Some hospitals have not yet shared complete data, and the Workgroup asked partners to provide updated information.

Ayna presented new findings showing that about 20% of Prince George's County residents used Maryland ERs in 2024, with 13% within the county and 6.2% outside it. This is below the state

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average of 27 %. However, the data doesn't include visits to D.C. or Virginia, leaving an incomplete picture of total ER use.

Members agreed the current data likely undercounts ER use because it excludes patients who seek care in D.C. and Northern VA. Many Prince George's residents are believed to use hospitals in the area, such as Inova Fairfax. The member recommended improving cross-state data sharing so ER use can be tracked more accurately.

Anya gave an update after meeting with Bill Miller. New data now shows Prince George's County has fewer urgent care centers than Montgomery County and the state overall. The primary barrier to opening new centers is a dominant insurance provider that controls which facilities can operate, resulting in inequities in access. Additional barriers include low Medicaid reimbursement and state rules that make staffing requirements hard to meet. These challenges limit the number of urgent care options, especially for low-income residents, and reduce the county's ability to see ER overcrowding through urgent care use.

Members discussed how urgent care centers are identified and counted. A member suggested checking county licensing or building permit data to capture smaller or independently run centers not listed in major databases. Mr. Miller explained that national data from the Urgent Care Realty database is comprehensive and tracks both major and smaller centers, though it may not be fully accurate. He added that building permits typically list facilities as medical offices, rather than specifically identifying them as urgent care centers, and that smaller, standalone clinics are becoming less common due to financial challenges.

Delegate Martinez raised concerns about insurers influencing where facilities can open. Anya noted there are no clear criteria guiding insurer approval.

Mr. Miller explained that while urgent care centers do not require a state CON, the dominant insurer's reimbursement decisions effectively serve as one, often limiting new facilities. He cited Bowie as an example, where approval took several years despite a clear community need.

Mr. Miller clarified that final approval to open the Bowie urgent care came from the insurance company, not the county or state. The facility had to agree to provide primary care services to gain approval. Members noted that insurers, not local authorities, control which services are available in the county, highlighting a significant barrier to expanding access to urgent care.

Delegate Martinez requested a follow-up to contact government relations teams at major insurers, such as Blue Cross, to understand the criteria used for approving new providers. This information is needed to explore potential solutions for expanding access in the county.

Mr. Miller explained that insurers' approval decisions are influenced by HSCRC budgeting rules. Opening a new urgent care shifts patients from ERs, which can increase costs for insurers while

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hospitals' budgets remain fixed. This creates a financial disincentive to expand urgent care, even where community needs exist, and contributes to ER overcrowding. The members noted that current incentives are misaligned with the needs of patient access.

Anya noted urgent care is not a simple solution to divert ER patients. She added that Prince George's County also lacks sufficient post-acute care resources, such as nursing homes, hospice, and home-based care, which slows patient discharge from hospitals. Data exists but has not yet been fully analyzed.

Anya noted that some data from hospitals is still needed before including details on staffing or budgeting. She suggested analyzing county EMS data to see how many 911 calls are for true emergencies versus lower-acuity issues. Since EMS is under county control, this could identify opportunities for public education or other diversion strategies.

Anya reviewed Assistant Chief Buxton's previous discussion regarding EMS data, noting gaps and unclear coding that made it difficult to distinguish between true emergencies and non-emergency or stabilized cases. Analysis showed that 37% of EMS transports occur outside the county, primarily to D.C. and Virginia. Anya referenced that some facilities located just outside the county, such as White Oak Medical Center, primarily serve Prince George's residents, raising both healthcare access and economic considerations. Further data refinement is needed to guide decisions.

The members discussed the economic impacts of ER use. When residents seek care outside the county, it impacts local investment and business growth. Data on avoidable ER visits is limited. Greenbelt is exploring a healthcare-focused development corridor to keep care and spending local. The Workgroup noted the need to consider how healthcare access influences local economic development.

Carmen Brown, Associate Vice President, Government Relations, Adventist Healthcare, noted that ER visit data is useful but not consistently tracked across hospitals, as each may use its own method. Residency data is partially available via patient zip codes for Maryland residents, but data for D.C. and Virginia are limited. Some trends shift as new facilities, such as Cedar Hill, open and attract local residents.

- **Identify Next Steps**

- The Workgroup leadership will intensify outreach, contact each hospital directly, and follow up on responses. Requests were simplified to eight key questions. The goal is to get full hospital input to finalize the draft report before the next meeting.

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- **Next Meeting**

November 3, 2025, at 6:00 p.m.

- **Adjournment**

The meeting adjourned at approximately 7:30 p.m.