

**M00F**  
**Public Health Administration**  
**Maryland Department of Health**

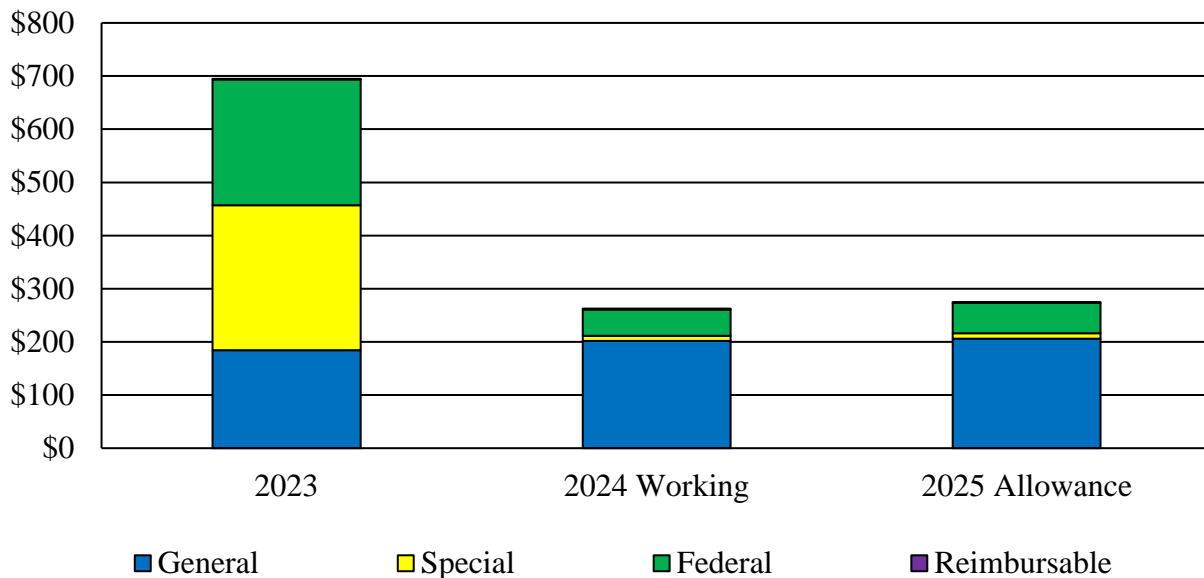
**Program Description**

The Maryland Department of Health (MDH) Public Health Administration (PHA) includes the Office of the Deputy Secretary for Public Health Services, the Office of Provider Engagement and Regulation, the Office of Population Health Improvement (OPHI), Core Public Health Services (CPHS) (formula funding for local health departments (LHD)), the Office of the Chief Medical Examiner (OCME), the Office of Preparedness and Response (OPR), and the Laboratories Administration. The key goals of PHA are to complete timely death investigations, strengthen Maryland’s capacity to respond to public health emergencies, minimize irresponsible prescription of controlled dangerous substances (CDS), and promote the quality and reliability of public health laboratory practices.

***Operating Budget Summary***

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**Fiscal 2025 Budget Increases by \$12.4 Million, or 4.7%, to \$274.7 Million**  
(\$ in Millions)



Note: The fiscal 2024 impacts of statewide salary adjustments appear in the Statewide Account in the Department of Budget and Management (DBM), and adjustments are not reflected in this agency’s budget. The fiscal 2025 impacts of the fiscal 2024 statewide salary adjustments appear in this agency’s budget. The fiscal 2025 statewide salary adjustments are centrally budgeted in DBM and are not included in this agency’s budget.

For further information contact: Naomi Komuro

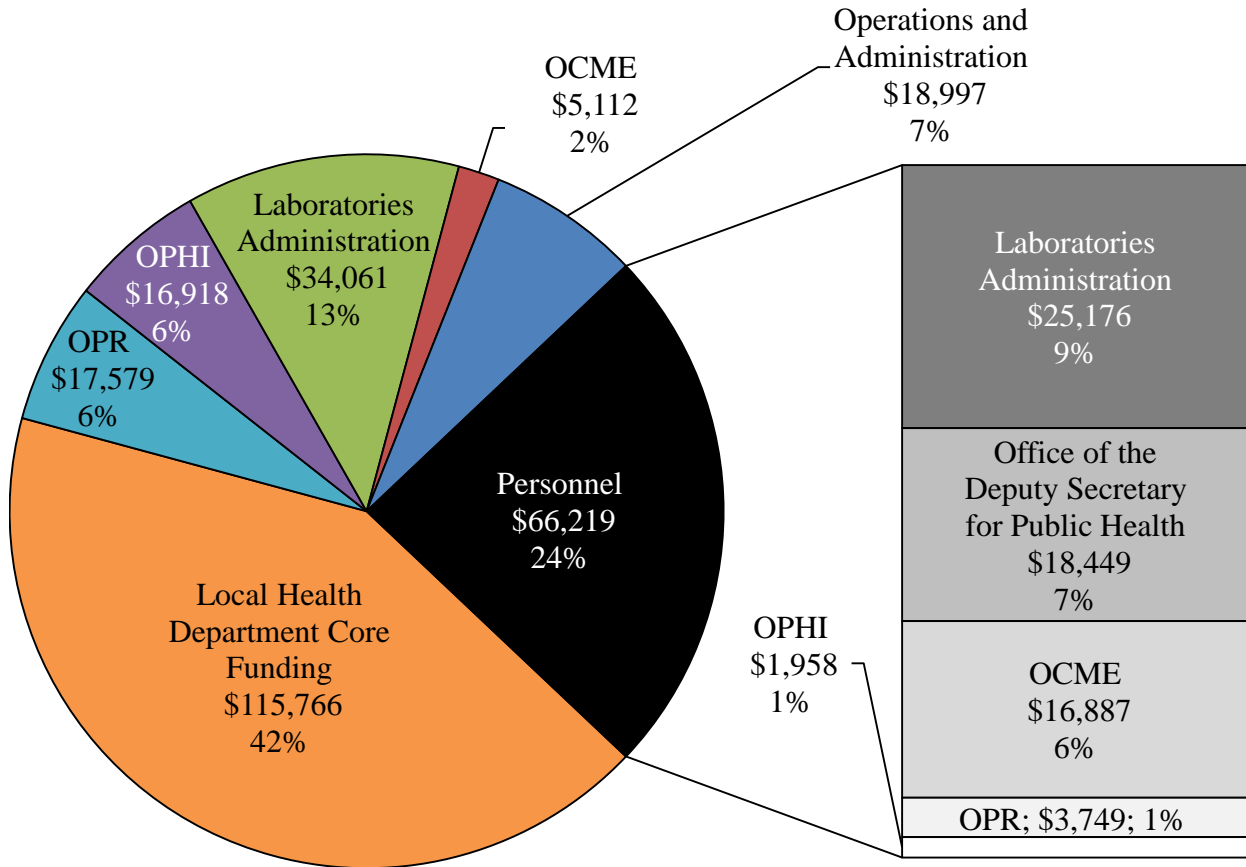
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- Fiscal 2023 actual spending included \$403 million in special and federal funds for OPR expenditures related to the COVID-19 public health response, including test kits and staffing at test sites, hospital surge capacity, alternative care sites, and COVID-19-related personnel costs in the Department of Public Safety and Correctional Services and various Maryland institutions of higher education.

## **Fiscal 2025 Overview of Agency Spending**

As shown in **Exhibit 1**, the largest share (42%) of PHA fiscal 2025 expenditures supports CPHS for local jurisdictions, allocated per the LHD funding formula. The Office of the Deputy Secretary for Public Health, which provides executive oversight and management of PHA offices, including the Vital Statistics Administration and the Office of Controlled Substances Administration (OCSA), comprises 14% of the fiscal 2025 allowance. Of this funding, \$18.4 million is allocated to personnel, and \$19 million is allocated to operational costs. Total personnel expenditures for PHA employees account for 24% of the fiscal 2025 allowance. The Laboratories Administration, which conducts epidemiological testing and research to monitor human and environmental health, accounts for the largest share of personnel costs and employs 36% of the authorized personnel under PHA in fiscal 2025. Approximately 6% of PHA’s budget supports OCME personnel expenditures for staff who investigate deaths resulting from unknown or suspicious causes.

**Exhibit 1**  
**Overview of Agency Spending**  
**Fiscal 2025 Allowance**  
**(\$ in Thousands)**



OCME: Office of the Chief Medical Examiner  
 OPHI: Office of Population Health Improvement  
 OPR: Office of Preparedness and Response

Note: Percentages may not sum to 100% due to rounding. The fiscal 2025 statewide salary adjustments are centrally budgeted in the Department of Budget and Management and are not included in this agency’s budget.

Source: Governor’s Fiscal 2025 Budget Books.

## Proposed Budget Change

The fiscal 2025 allowance for PHA increases by \$12.4 million compared to the fiscal 2024 working appropriation. As seen in **Exhibit 2**, the spending growth is due mainly to a net increase in personnel costs for new positions and salary and fringe benefit adjustments for existing employees. MDH is dedicating significant funding in fiscal 2025 to increase staff departmentwide and to convert current contractual full-time equivalent (FTE) positions to regular positions. The expiration of federal stimulus funding for local outbreak preparedness and response activities accounts for a decrease of \$11.8 million in the fiscal 2025 allowance, partially offsetting the overall increase in the budget. The allowance also includes \$4 million in federal funding through U.S. Centers for Disease Control and Prevention Infrastructure grants to strengthen the public health workforce at LHDs.

**Exhibit 2**  
**Proposed Budget**  
**Maryland Department of Health – Public Health Administration**  
 (\$ in Thousands)

<b>How Much It Grows:</b>	<b><u>General Fund</u></b>	<b><u>Special Fund</u></b>	<b><u>Federal Fund</u></b>	<b><u>Reimb. Fund</u></b>	<b><u>Total</u></b>
Fiscal 2023 Actual	\$184,557	\$272,211	\$236,891	\$1,018	\$694,676
Fiscal 2024 Working Appropriation	201,758	9,951	49,323	1,268	262,300
Fiscal 2025 Allowance	<u>205,917</u>	<u>10,299</u>	<u>57,201</u>	<u>1,235</u>	<u>274,652</u>
Fiscal 2024-2025 Amount Change	\$4,159	\$348	\$7,878	-\$33	\$12,352
Fiscal 2024-2025 Percent Change	2.1%	3.5%	16.0%	-2.6%	4.7%

<b>Where It Goes:</b>	<b><u>Change</u></b>
<b>Personnel Expenses</b>	
Personnel costs associated with 115 new positions, offset by 5 transfers from PHA to other MDH offices.....	\$7,594
Salary increases and associated fringe benefits including fiscal 2024 COLA and increment .....	6,150
Data reporting error related to special funds spent on personnel for newborn screening activities in the Laboratories Administration .....	286
Reclassifications .....	23
Overtime .....	-45
Turnover rates increase from 9.57% to 9.7% .....	-68
Other fringe benefits, driven by an increase in accrued leave payout.....	38

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<b>Where It Goes:</b>	<b><u>Change</u></b>
<b>Information Technology and Communications</b>	
Chesapeake Regional Information System for our Patients .....	1,237
Support to assess the current laboratory data exchange infrastructure and develop a plan to modernize the system.....	926
Creation of a web portal for healthcare providers to order lab tests and receive results electronically .....	340
<b>Public Health Infrastructure</b>	
Federal funding to replace and update outdated laboratory equipment.....	2,072
MOU with various universities for professional development opportunities for MDH staff.....	707
Academic partnerships with high schools and community colleges to create pipeline for public health workforce .....	385
<b>Funding to local health departments</b>	
CDC Public Health Infrastructure grants for local health departments to strengthen public health workforce and infrastructure .....	4,260
General funds appropriated in fiscal 2024 for COVID-19 response expenditures to cover shortfalls due to the expiration of federal funding .....	-545
Expiration of ARPA funding for local outbreak preparedness and response activities.....	-11,822
<b>Other Changes</b>	
Rent and utilities.....	499
Data equipment, office, and medical supplies.....	62
Other changes .....	252
<b>Total</b>	<b>\$12,352</b>

ARPA: American Rescue Plan Act  
 CDC: U.S. Centers for Disease Control and Prevention  
 COLA: cost-of-living adjustment  
 MDH: Maryland Department of Health  
 MOU: memorandum of understanding  
 PHA: Public Health Administration

Note: Numbers may not sum to total due to rounding. The fiscal 2024 impacts of statewide salary adjustments appear in the Statewide Account in the Department of Budget and Management (DBM), and adjustments are not reflected in this agency’s budget. The fiscal 2025 impacts of the fiscal 2024 statewide salary adjustments appear in this agency’s budget. The fiscal 2025 statewide salary adjustments are centrally budgeted in DBM and are not included in this agency’s budget.

## Personnel Data

	<u>FY 23</u> <u>Actual</u>	<u>FY 24</u> <u>Working</u>	<u>FY 25</u> <u>Allowance</u>	<u>FY 24-25</u> <u>Change</u>
Regular Positions	435.75	452.75	562.75	110.00
Contractual FTEs	<u>73.36</u>	<u>50.40</u>	<u>42.90</u>	<u>-7.50</u>
<b>Total Personnel</b>	<b>509.11</b>	<b>503.15</b>	<b>605.65</b>	<b>102.50</b>

### *Vacancy Data: Regular Positions*

Turnover and Necessary Vacancies, Excluding New Positions	43.43	9.70%
Positions and Percentage Vacant as of 12/31/23	50.00	11.04%
Vacancies Above Turnover	6.57	

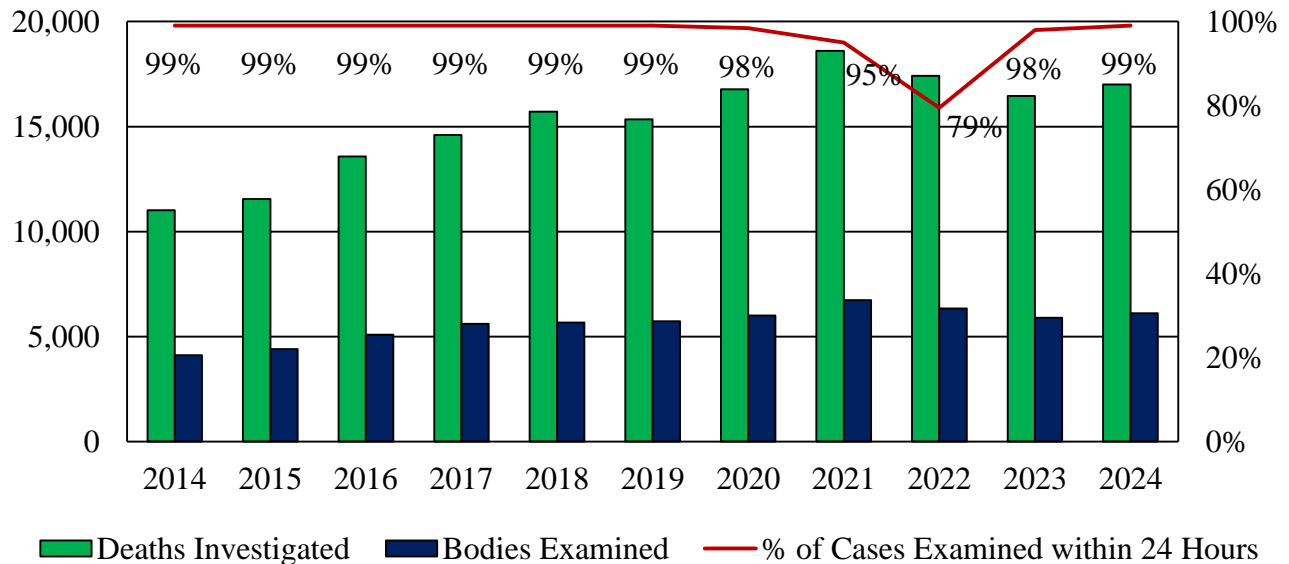
- The fiscal 2025 allowance includes 115 new positions in PHA, partially offset by 5 transfers out of PHA to other MDH offices. The new positions also include 18 positions created by contractual conversion, authorized by the Board of Public Works (BPW) on October 25, 2023. These positions are reflected in the fiscal 2025 allowance only. The number of new positions does not take into account 3 contractual conversions in OPR, authorized by BPW on January 3, 2024, that are not included in the fiscal 2025 allowance. There is also contingent language in the fiscal 2025 Budget Bill that authorizes up to 540 contractual conversions to merit positions departmentwide that are not reflected in the fiscal 2025 allowance. **MDH should provide a breakout of new positions and their functions, indicating which positions were created through contractual conversion in fiscal 2024 through BPW authorizations and which will be converted in fiscal 2025.**
- According to January 2024 vacancy data submitted by the Department of Budget and Management (DBM), PHA had 65 vacancies and a vacancy rate of 14.36% as of December 31, 2024. However, these vacancies appear to include 15 contractual conversions authorized by BPW in October 2023. MDH indicated that most of the contractual FTE positions were filled at the time of conversion to regular positions. As of January 10, 2024, the remaining 50 vacancies under PHA exceed budgeted turnover for fiscal 2024 by 6.67 positions and yielded a vacancy rate of 11.04%. Of the total 50 vacant positions, 11.5 have been vacant for more than one year. **MDH should clarify the number of vacancies in offices included in the PHA budget and explain which of the vacancies are in positions created by contractual conversion in fiscal 2024.**

## Key Observations

### 1. OCME Clears Autopsy Backlog and Reforms Autopsy Procedures Per Settlement Agreement

OCME investigates deaths that are unattended by a physician, or which result from suspicious or violent circumstances, to provide timely death investigation and autopsy reports on all cases in which further investigation is deemed advisable. As seen in **Exhibit 3**, the number of cases examined by OCME annually has been steadily increasing over much of the last decade, reaching a high of 25,344 in fiscal 2021, during which OCME accumulated a backlog of cases. The backlog delayed autopsy reports required to process death certificates, resulted in inadequate storage for bodies waiting to be examined, and created unsustainable caseloads for each medical examiner (ME), further contributing to the backlog. To address the issue, OCME sought support from the Federal Emergency Management Agency, which provided 9 staff members to perform 167 autopsies over a period of four months in fiscal 2022. OCME also leveraged per diem MEs, who cannot oversee complex cases, but can work flexible schedules, to increase the office’s capacity to process cases. OCME reported in November 2023 that as of July 1, 2023, it no longer carried a backlog of cases.

**Exhibit 3**  
**Investigated Cases and Timeliness of Processing**  
**Fiscal 2014-2024 Estimated**



Source: Department of Budget and Management; Maryland Department of Health

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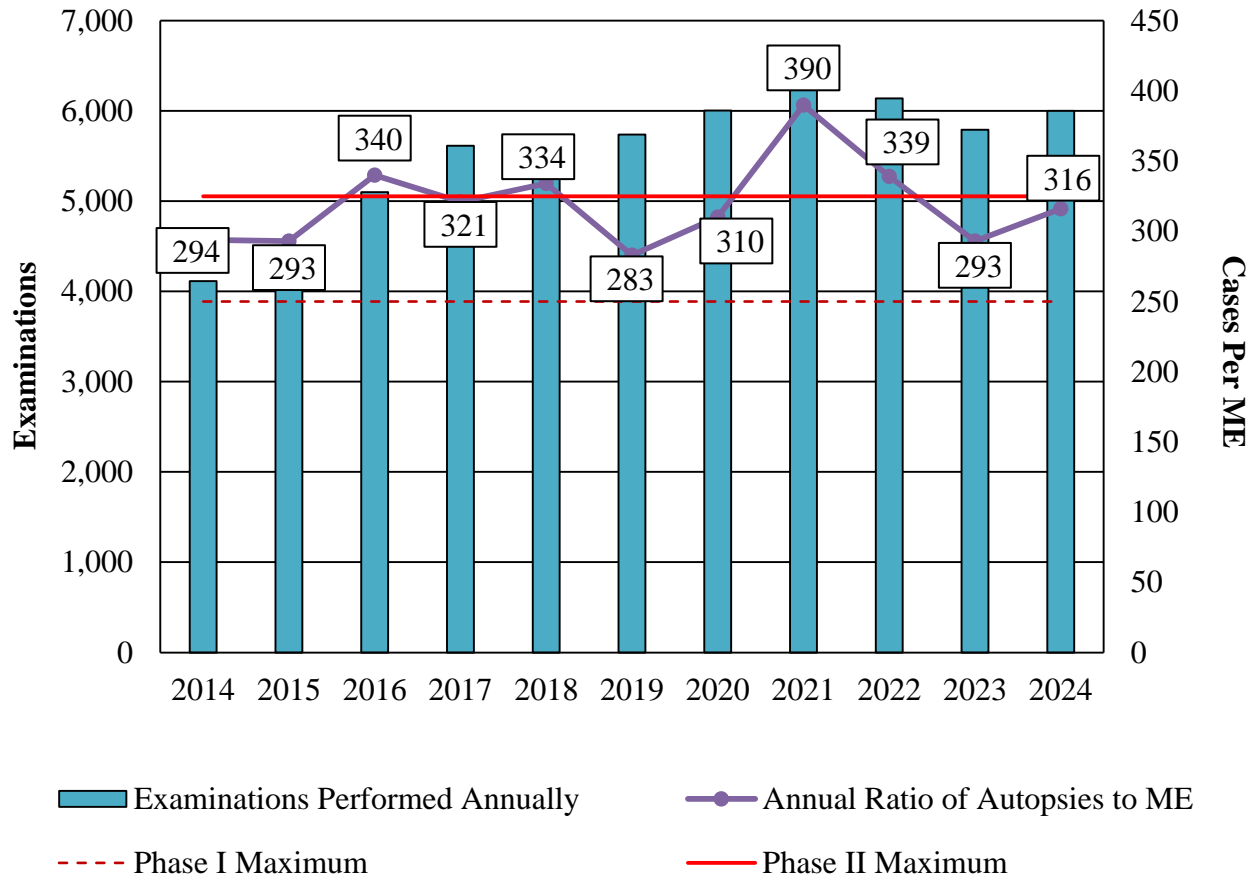
OCME investigated 16,458 deaths in fiscal 2023 and expects to complete 17,000 investigations in fiscal 2024. MDH aims to investigate deaths within 24 hours of receiving the case. Compared to fiscal 2022, the percentage of cases investigated within 24 hours of receipt increased significantly by 19 percentage points to 98% in fiscal 2023 and is estimated to reach 99% in fiscal 2024. Improving processing times has contributed to OCME clearing backlogged cases and helps families receive autopsy reports as soon as possible.

The National Association of Medical Examiners (NAME) inspects ME offices and issues accreditation to offices meeting critical medicolegal standards. NAME classifies violations of its standards as Phase I (failing to meet recommended but nonessential standards) and Phase II (failing to meet essential requirements). To earn full accreditation, ME offices cannot receive more than 15 Phase I violations or any Phase II violations. NAME defines standards for caseload to ME ratios and sets the threshold for a Phase I violation at a maximum of 250 cases per ME per year and a Phase II violation at a maximum of 325 cases per ME per year. Surpassing the 325 annual cases to ME ratio puts OCME at risk of losing its accreditation. Though not required to operate, NAME accreditation increases public confidence in the findings of an ME office.

As shown in **Exhibit 4**, OCME carried caseload ratios above the 325 cases to ME threshold for a Phase II violation in fiscal 2021 and 2022. However, in fiscal 2023, the caseload ratio decreased to 293 cases per ME and is estimated to increase in fiscal 2024 but remain at the Phase I violation level. Compared to fiscal 2023, the number of cases overseen by OCME increased by 23 in fiscal 2024 but remains below fiscal 2021 and 2022 levels.



**Exhibit 4**  
**Caseload to Medical Examiner Ratio**  
**Fiscal 2014-2024 Estimated**



ME: medical examiner

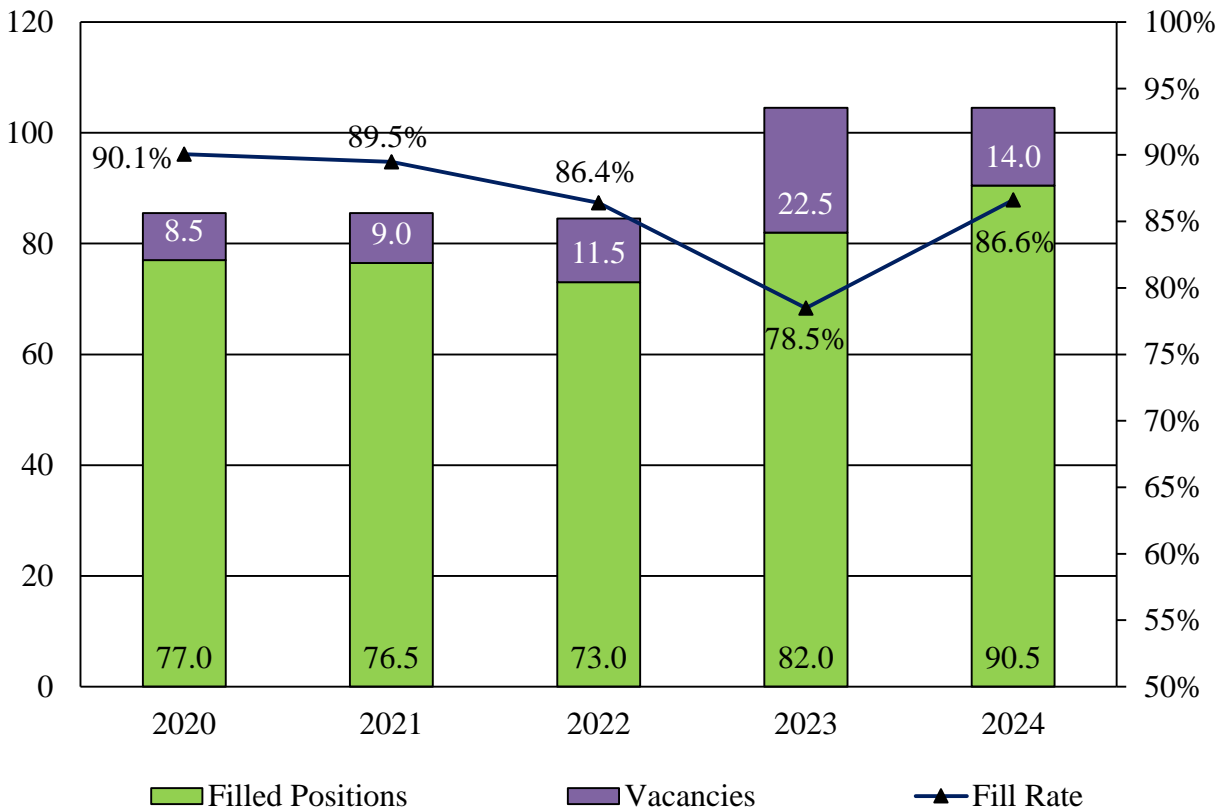
Source: Department of Budget and Management; Maryland Department of Health

Through January 1, 2023, due to the impact of the COVID-19 pandemic on ME offices, NAME did not enforce violations related to ME office case size, nor report processing times. Therefore, OCME retained full accreditation status until May 2023. In response to committee narrative in the 2023 *Joint Chairmen’s Report (JCR)*, OCME summarized its accreditation status and provided an update on its current caseload. In May 2023, NAME issued OCME a 90-day deadline extension to submit documentation for accreditation renewal. OCME submitted the required documents on August 31, 2023, and has an inspection scheduled for February 9, 2024.

### Vacancies and Retention Strategies

In recent years, OCME has reported myriad challenges filling ME positions, which require a high level of education and work through high caseloads in Maryland. Compared to other ME offices, OCME also tends to oversee a greater number of complex cases that often require MEs to testify in court. **Exhibit 5** shows the number of filled and vacant positions across OCME in January of each year between fiscal 2020 and 2024. As of January 2024, OCME decreased its vacancy rate by 8 percentage points compared to January 2023 and had filled 86.6% of its authorized positions. Of the 14 vacancies at OCME in January 2024, 5.5 positions are among ME staff who perform autopsies. OCME also operated without a permanent chief ME beginning in February 2022. In its recent response to the 2023 JCR, OCME reported the acting chief ME filling the role since May 2023 was appointed to the permanent role in November 2023.

**Exhibit 5**  
**Office of the Chief Medical Examiner Filled and Vacant Positions**  
**Fiscal 2020-2024**



Source: Department of Budget and Management

OCME has implemented multiple strategies to recruit and retain staff, including salary adjustments and reclassification of positions to align with current job duties. To be more competitive with ME offices in other jurisdictions, OCME adjusted its salary scale in fiscal 2023 for current ME staff and as of July 1, 2023, instituted the revised scale for its ME postings. OCME also administers the State’s only Forensic Pathology Fellowship program, an Accreditation Council for Graduate Medical Education accredited program, to medical school graduates interested in entering a career in forensic pathology. To become board-certified, MEs must complete a yearlong fellowship after completing a pathology residency program and obtaining certification in primary and sub-specialty examinations from the American Board of Pathology. In its November 2023 response to the JCR, OCME reported that 2 of the 3 fellows from the calendar 2022 to 2023 cohort accepted full-time positions with OCME. In addition, OCME is pursuing new strategies to expand the hiring pools, including through the J-1 visa program.

### **Operational Changes to OCME**

Chapter 268 of 2023 renamed the Postmortem Examiners Commission to the Postmortem Examiners Advisory Committee and transferred the responsibilities of this body to MDH. Under the new structure, the Secretary of Health appoints a committee chair and can appoint additional individuals to the committee. As of July 1, 2023, MDH oversees OCME hiring processes, including for the chief ME, a position which previously received approval from the Postmortem Examiners Commission. The legislation also transfers other responsibilities of the commission to OCME, including appointing deputy MEs in local jurisdictions and ensuring the procurement of appropriate equipment for staff. **MDH should comment on any operational and staffing impacts on the department overall and on OCME due to the transfer of responsibilities from the Postmortem Examiners Advisory Committee.**

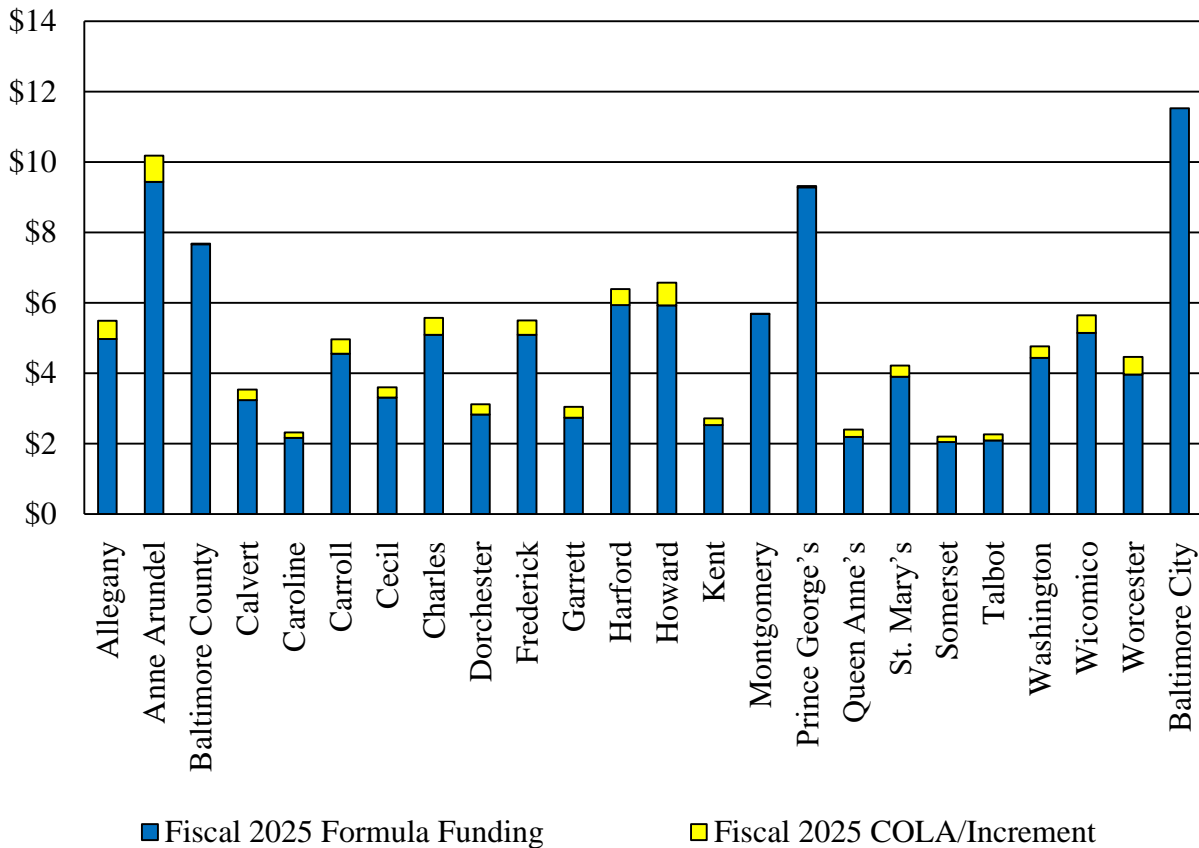
In October 2022, the Maryland Office of the Attorney General (OAG) announced an audit of autopsies completed during the tenure of former chief ME David Fowler after concerns were raised about the validity of the death investigations. Following a preliminary assessment of 1,300 cases by an independent panel, OAG indicated that it would review 100 autopsy reports of individuals who died in the custody of law enforcement in Maryland. One such report was for Anton Black and was the subject for litigation against the State related to OCME’s application of NAME guidelines in appropriately characterizing the events around Black’s death. On November 8, 2023, BPW approved two settlement payments totaling \$235,000 from OCME to the family of Anton Black and their legal representation.

The settlement requires OCME to implement a set of reforms to its procedures, including those used to determine the cause of death of individuals in custody or detention facilities. The required reforms include increased transparency and impartiality around death investigations and requires OCME to post to its website instructions for families of the deceased to request a correction to or review of an autopsy finding. Chapter 296 of 2023 also extended the time period during which individuals can request corrections to autopsy findings from 60 days to 180 days. **OCME should discuss additional requirements of the settlement, including changes to operating or reporting procedures.**

## 2. Methodology for the LHD Funding Formula

LHDs in Maryland’s 24 local jurisdictions administer an array of public health services supported with local, State, and federal resources. Section 2-302 of the Health – General Article mandates State formula funding to LHDs, which is budgeted in PHA under CPHS. The fiscal 2025 allowance includes \$115,765,573 for CPHS. An additional \$7.4 million is budgeted in the DBM Statewide Account for cost-of-living adjustments (COLA) and other salary increments for the LHDs. **Exhibit 6** shows the allocation of CPHS for each jurisdiction in the State, including COLAs and increments.

**Exhibit 6**  
**Core Public Health Services Funding**  
**Fiscal 2025 Allowance**  
**(\$ in Millions)**



COLA: cost-of-living adjustment

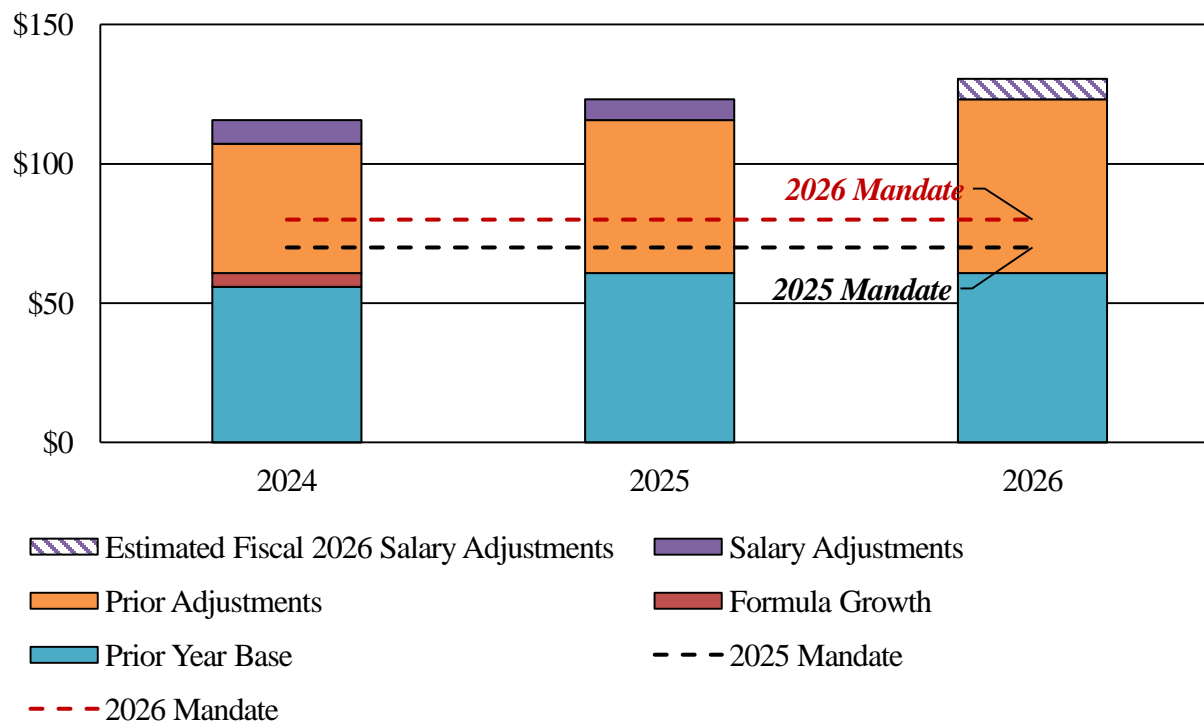
Source: Department of Budget and Management

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The CPHS funding formula is typically calculated by combining an inflation factor with a population growth factor to the funding provided in the prior fiscal year. However, the statute mandates funding of \$70 million and \$80 million be distributed to LHDs in fiscal 2025 and 2026, respectively, in the same proportion as the prior year allocation. In fiscal 2027 and on, CPHS funding must be the greater amount of either the prior year funding or the amount calculated using the formula growth factor. As written in statute, the formula does not specify whether the base number should include or exclude ongoing expenditures related to annual general salary increases, salary increments, or additional health insurance expenditures. As a result, the base for calculating formula adjustments has been inconsistent in including or excluding prior year general salary increases.

CPHS funding for fiscal 2023 and 2024 applied the growth formula before adding in prior year salary adjustments. However, the fiscal 2025 allowance for CPHS does not increase funding as the amount of the base and prior year salary adjustments (\$115.8 million) exceeds the mandated \$70 million. No increase is expected for fiscal 2026 as the base amount and prior year adjustments will exceed \$80 million. **Exhibit 7** shows the base, formula growth, and salary adjustments included in fiscal 2024 and fiscal 2025 CPHS funding, and the estimated amounts for fiscal 2026. In forecasting the formula for fiscal 2027, it is unclear if prior year salary adjustments will be included to determine if a growth factor is necessary to meet the mandated total.

**Exhibit 7**  
**Local Health Department Funding Formula**  
**Fiscal 2024-2026**  
**(\$ in Millions)**



Note: The estimated fiscal 2026 salary adjustments are based on the fiscal 2025 proportion.

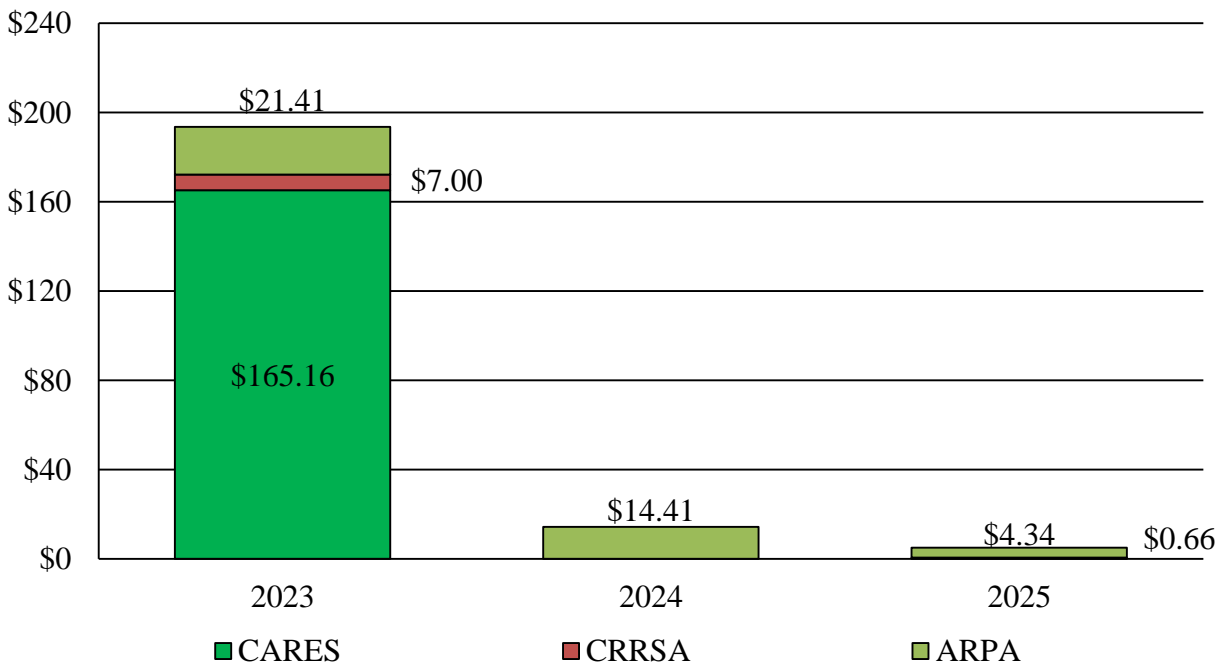
Source: Department of Budget and Management; Department of Legislative Services

COLAs and other increments are allocated based on the number of eligible State employees at each LHD. The composition of local and State personnel differs by jurisdiction and the creation or abolition of State positions is decided at the discretion of each LHD. Health departments in Baltimore County and Montgomery County each employ just one State employee, the Chief Health Officer, and the Baltimore City Health Department is staffed entirely by local employees. Therefore, the inclusion of prior year State salary adjustments impacts LHDs’ formula growth factors to different degrees. For example, in fiscal 2025, Baltimore City does not receive a State funding increase compared to the fiscal 2024 appropriation because it does not employ State employees eligible for salary adjustments, and there was no other growth factor applied to the funding formula. **Due to inconsistencies in calculating the formula in recent years, Department of Legislative Services (DLS) recommends adding language restricting funds pending a report on the LHD funding formula methodology and recent application of the methodology.**

### 3. Expiration of COVID-19 Stimulus Funding

Between fiscal 2023 and 2025, federal funding in PHA decreases due to the expiration of federal stimulus awards for the State’s COVID-19 public health response. As seen in **Exhibit 8**, funding from the Coronavirus Aid, Relief, and Economic Security (CARES) Act, Coronavirus Response and Relief Supplemental Appropriation Act, and the American Rescue Plan Act (ARPA) decreases by approximately \$179 million between fiscal 2023 and 2024, due mainly to fiscal 2023 CARES funding expiration. Stimulus funding in fiscal 2025 further decreases by \$9.4 million compared to the fiscal 2024 appropriation. The fiscal 2025 allowance includes \$660,972 in remaining CARES funding in the Laboratories Administration and \$4.3 million in ARPA funding in OPHI, OPR, and the Laboratories Administration for Substance Abuse Block Grants and to build and sustain infectious disease surveillance capacity.

**Exhibit 8**  
**Federal Stimulus Awards Budgeted in Public Health Administration**  
**Fiscal 2023-2025**  
**(\$ in Millions)**



ARPA: American Rescue Plan Act  
 CARES: Coronavirus Aid, Relief, and Economic Security Act  
 CRRSA: Coronavirus Response and Relief Supplemental Appropriation Act

Source: Governor’s Fiscal 2025 Budget Books.

## Operating Budget Recommended Actions

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1. Add the following language to the general fund appropriation:

, provided that \$250,000 of this appropriation made for the purpose of executive direction may not be expended until the Maryland Department of Health and the Department of Budget and Management submit a report to the budget committees on the Core Public Health Services funding formula and how it is applied across the 24 local health departments (LHD). The report shall include the following information:

- (1) the amount of LHD funding allocated in the prior fiscal year that should be included in the base amount for the purpose of calculating the formula each year, specifying whether the base amount should include salary adjustments;
- (2) a comparison of the annual formula growth factor to actual LHD expenditure growth, by jurisdiction, between fiscal 2022 through fiscal 2025;
- (3) details regarding the methodology and rationale for determining LHD allocations by jurisdiction;
- (4) actual non-State LHD expenditures by jurisdiction allocated to LHD in fiscal 2022 through 2024; and
- (5) any recommendations to change the formula.

The report shall be submitted by October 1, 2024, and the budget committees shall have 45 days from the date of the receipt of the report to review and comment. Funds restricted pending the receipt of a report may not be transferred by budget amendment or otherwise to any other purpose and shall revert to the General Fund if the report is not submitted to the budget committees.

**Explanation:** Section 2-302 of the Health – General Article mandates formula funding for Core Public Health Services (funding for LHD) with an annual adjustment factor set to inflation and population growth. The formula, as currently written in statute, does not account for ongoing expenditures related to annual general salary increases, salary increments, or health insurance costs. This language restricts funding until the Maryland Department of Health (MDH) and the Department of Budget and Management (DBM) submit a report on the funding formula calculation, recent actual LHD expenditures, and recommendations for any changes to the formula.

<b>Information Request</b>	<b>Author</b>	<b>Due Date</b>
Report on LHD funding formula	MDH DBM	October 1, 2024



## *Updates*

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- ***Commission on Public Health Established:*** Chapter 385 of 2023 established the Commission on Public Health to examine the elements of Maryland’s public health system and recommend improvements in the areas of funding, governance, workforce, data management, and public engagement. The commission is comprised of public health professionals, including MDH staff, faculty at academic institutions, clinicians, advocates, and legislators. Commission members are assigned workgroups and began meeting in calendar 2024 to examine structures, policies, and service delivery applicable to their workgroup’s focus. The commission submitted an interim report on December 1, 2023, outlining the group’s goals, recommendations for commission structure and processes, and commission membership. The group is also exploring non-State funding opportunities to supplement available resources and conduct a comprehensive analysis of Maryland’s current structures and public health systems in other jurisdictions.

**Appendix 1**  
**2023 Joint Chairmen’s Report Responses from Agency**

The 2023 JCR requested that PHA prepare three reports. Electronic copies of the full JCR responses can be found on the DLS Library website.

- ***Report on the Public Health Services Data Modernization Project:*** MDH conducted an assessment of data systems across its programs and determined five of its public health programs need to be updated to increase efficiency for health patients and staff. The project includes connecting the various state and federal data systems upon which MDH relies. More information on the Major Information Technology Development Project is included in **Appendix 3**.
- ***Report on Status of OCME Accreditation and Vacancies:*** MDH submitted data on OCME’s vacancy levels and accreditation status as of July 2023 as well as recruitment and retention efforts the office has employed in fiscal 2023 and 2024. Discussion of items in the report are included in Key Observation 1 of this analysis.
- ***Report on Public Health Personnel Recruitment and Retention:*** Due to concerns about high vacancy rates at LHDs, the budget committees requested that MDH submit a report on LHD vacancies and recruitment and retention activities, including partnerships with higher education institutions to create a pipeline of public health workers. As of this writing, MDH had not yet submitted this report.

**Appendix 2**  
**OPER Systems Integration and Modernization**  
**Major Information Technology Development Project**  
**Maryland Department of Health**

Funding for this project is budgeted within the MDH Office of the Secretary.

<b>New/Ongoing:</b> Ongoing								
<b>Start Date:</b> October 1, 2022					<b>Est. Completion Date:</b> March 30, 2026			
<b>Implementation Strategy:</b> Agile								
<b>(\$ in Millions)</b>	<b>Prior Year</b>	<b>2024</b>	<b>2025</b>	<b>2026</b>	<b>2027</b>	<b>2028</b>	<b>Remainder</b>	<b>Total</b>
<b>GF</b>	\$1.169	\$2.637	\$0.999	\$0.298	\$0.000	\$0.000	\$0.000	<b>\$5.103</b>
<b>Total</b>	<b>\$1.169</b>	<b>\$2.637</b>	<b>\$0.999</b>	<b>\$0.298</b>	<b>\$0.000</b>	<b>\$0.000</b>	<b>\$0.000</b>	<b>\$5.103</b>

- **Project Summary:** This project replaces OCSA’s legacy registrant application processing of CDS registrations, which consists of three distinct databases. The systems integration and modernization project will develop and deploy an integrated case management and field inspection tracking system supporting the office’s activities.
- **Need:** OCSA monitors more than 39,000 CDS registrants that must renew their registrations every three years using an outdated and low-tech analog system. In fiscal 2023, OCSA received 13,605 registration renewals. This project will expedite services for CDS registrants in the State by adding a customer portal with 24/7 access to the CDS registration application and payment submission, automating the registration process, and consolidating information gathering into one management system. The new platform will also function off-site using cloud-based data storage, which helps facilitate continuation of operations during emergency situations.
- **Observations and Milestones:** MDH selected a vendor to lead the project and is reviewing the draft contract developed by the Department of Information Technology (DoIT). Next, the contract will undergo a legal review before MDH and DoIT finalize it and send to the vendor.
- **Concerns:** MDH reports that the project is behind schedule due to the delayed onboarding of support staff, including business analysts, user experience/user interface designers, and change management support. MDH will update the timeline once it confirms the procurement schedule.

**Appendix 3**  
**Public Health Services Data Modernization Project**  
**Major Information Technology Development Project**  
**Maryland Department of Health**

Funding for this project is budgeted within MDH Office of the Secretary.

<b>New/Ongoing:</b> Ongoing								
<b>Start Date:</b> July 10, 2023					<b>Est. Completion Date:</b> December 31, 2029			
<b>Implementation Strategy:</b> Agile								
<b>(\$ in Millions)</b>	<b>Prior Year</b>	<b>2024</b>	<b>2025</b>	<b>2026</b>	<b>2027</b>	<b>2028</b>	<b>Remainder</b>	<b>Total</b>
<b>GF</b>	\$0.000	\$1.050	\$1.500	\$8.770	\$4.201	\$0.000	\$0.000	<b>\$15.520</b>
<b>Total</b>	<b>\$0.000</b>	<b>\$1.050</b>	<b>\$1.500</b>	<b>\$8.770</b>	<b>\$4.201</b>	<b>\$0.000</b>	<b>\$0.000</b>	<b>\$15.520</b>

- **Project Summary:** This project will update the Public Health Services Administration (PHS) data systems to allow for an integrated system to support MDH’s daily operations and data management. The new system will improve functionality in the following areas: health information system assessment; data exchange and interoperability; data governance; and data analytics, visualization, and reporting. DoIT’s fiscal 2025 allowance includes \$50,000 for oversight.
- **Need:** As part of MDH’s efforts to modernize its public health infrastructure, data collection and exchange upgrades will improve the agency’s ability to plan, prepare, and address public health needs.
- **Observations and Milestones:** MDH convened an advisory committee of data analytics and public health experts to define project goals and activities and assessed the 84 data systems upon which PHS operations depend. Through this assessment, MDH identified five programs in need of modernization: OCME; Cancer Prevention and Control; OPHI, the Center for Harm Reduction Services; and HIV/AIDS surveillance and client engagement. In fiscal 2024, MDH is developing a plan for modernization, including identifying MDH staff to support the project.

**Appendix 4  
Object/Fund Difference Report  
MDH Public Health Administration**

<u>Object/Fund</u>	<u>FY 23 Actual</u>	<u>FY 24 Working Appropriation</u>	<u>FY 25 Allowance</u>	<u>FY 24 - FY 25 Amount Change</u>	<u>Percent Change</u>
<b>Positions</b>					
01 Regular	435.75	452.75	562.75	110.00	24.3%
02 Contractual	73.36	50.40	42.90	-7.50	-14.9%
<b>Total Positions</b>	<b>509.11</b>	<b>503.15</b>	<b>605.65</b>	<b>102.50</b>	<b>20.4%</b>
<b>Objects</b>					
01 Salaries and Wages	\$ 142,371,902	\$ 52,239,986	\$ 66,218,771	\$ 13,978,785	26.8%
02 Technical and Special Fees	8,375,041	3,798,291	3,802,237	3,946	0.1%
03 Communication	1,570,194	631,595	536,808	-94,787	-15.0%
04 Travel	150,732	244,533	247,006	2,473	1.0%
06 Fuel and Utilities	3,799,338	3,302,475	3,076,937	-225,538	-6.8%
07 Motor Vehicles	46,239	27,707	24,155	-3,552	-12.8%
08 Contractual Services	372,429,023	42,058,133	37,377,149	-4,680,984	-11.1%
09 Supplies and Materials	14,648,516	8,953,413	9,738,152	784,739	8.8%
10 Equipment – Replacement	460,783	363,676	255,899	-107,777	-29.6%
11 Equipment – Additional	1,268,206	315,452	2,086,422	1,770,970	561.4%
12 Grants, Subsidies, and Contributions	125,679,625	128,250,664	128,389,409	138,745	0.1%
13 Fixed Charges	23,876,791	22,114,204	22,898,798	784,594	3.5%
<b>Total Objects</b>	<b>\$ 694,676,390</b>	<b>\$ 262,300,129</b>	<b>\$ 274,651,743</b>	<b>\$ 12,351,614</b>	<b>4.7%</b>
<b>Funds</b>					
01 General Fund	\$ 184,556,607	\$ 201,757,912	\$ 205,917,032	\$ 4,159,120	2.1%
03 Special Fund	272,211,103	9,951,386	10,298,923	347,537	3.5%
05 Federal Fund	236,890,614	49,323,306	57,201,218	7,877,912	16.0%
09 Reimbursable Fund	1,018,066	1,267,525	1,234,570	-32,955	-2.6%
<b>Total Funds</b>	<b>\$ 694,676,390</b>	<b>\$ 262,300,129</b>	<b>\$ 274,651,743</b>	<b>\$ 12,351,614</b>	<b>4.7%</b>

Note: The fiscal 2024 appropriation does not include across-the-board reductions. The fiscal 2025 allowance does not include cost-of-living adjustments.