

M00B0104
Health Professional Boards and Commission
Department of Health and Mental Hygiene

Operating Budget Data

(\$ in Thousands)

	<u>FY 13</u> <u>Actual</u>	<u>FY 14</u> <u>Working</u>	<u>FY 15</u> <u>Allowance</u>	<u>FY 14-15</u> <u>Change</u>	<u>% Change</u> <u>Prior Year</u>
General Fund	\$343	\$387	\$388	\$1	0.3%
Contingent & Back of Bill Reductions	0	-5	-3	3	
Adjusted General Fund	\$343	\$382	\$386	\$4	1.0%
Special Fund	26,928	31,018	32,680	1,662	5.4%
Contingent & Back of Bill Reductions	0	0	-246	-246	
Adjusted Special Fund	\$26,928	\$31,018	\$32,434	\$1,416	4.6%
Reimbursable Fund	432	483	518	35	7.1%
Adjusted Reimbursable Fund	\$432	\$483	\$518	\$35	7.1%
Adjusted Grand Total	\$27,702	\$31,883	\$33,337	\$1,454	4.6%

- The Governor's proposed allowance for the boards is \$1.5 million (4.6%) over the fiscal 2014 working appropriation.
- The boards collect special funds through licensing fees. Special funds increase by \$1.4 million (4.6%), due mainly to increased personnel expenditures.

Note: Numbers may not sum to total due to rounding.

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Personnel Data

	<u>FY 13</u> <u>Actual</u>	<u>FY 14</u> <u>Working</u>	<u>FY 15</u> <u>Allowance</u>	<u>FY 14-15</u> <u>Change</u>
Regular Positions	257.20	265.70	272.70	7.00
Contractual FTEs	<u>13.69</u>	<u>11.58</u>	<u>10.32</u>	<u>-1.26</u>
Total Personnel	270.89	277.28	283.02	5.74

Vacancy Data: Regular Positions

Turnover and Necessary Vacancies, Excluding New Positions	9.38	3.57%
Positions and Percentage Vacant as of 12/31/13	26.50	9.97%

- The fiscal 2015 allowance includes an additional 7.00 regular positions due to increased workload requirements. The Board of Pharmacy receives 6.00 additional positions, while the Board of Morticians receives 1.00 additional position.
- Full-time equivalent contractual positions decrease by 1.26 due to contractual conversions.

Analysis in Brief

Major Trends

Boards Are Able to Meet Processing Goals for Licensees: In fiscal 2013, all but 2 of the boards met their goals for processing licenses in a timely manner. The total number of licenses issued in fiscal 2013 ranges from 102,424 by the Board of Nursing to 32 by the Board for the Certification of Residential Child Care Program Professionals.

Complaint Processing: In fiscal 2013, 3 of the 20 boards were unable to process complaints according to their respective target timeframes.

Issues

Board of Physicians Major Information Technology Project: The board had previously anticipated replacing its current information technology (IT) system with an off-the-shelf IT system, but now advises that a custom-developed system would better suit the board's needs.

Preliminary Sunset Evaluation for the Board of Audiology, Hearing Aid Dispensers, and Speech-Language Pathologists: The Board of Audiology, Hearing Aid Dispensers, and Speech-Language Pathologists underwent a preliminary sunset evaluation in the 2013 interim. The Department of Legislative Services recommended waiving the board from full evaluation and enacting legislation to extend the board’s termination date by 10 years to July 1, 2026.

Recommended Actions

1. Concur with Governor’s allowance.

Updates

Child Support Enforcement Administration Audit – Electronic Data Exchanges: Language in the fiscal 2014 operating budget bill restricted special funds of the boards’ respective appropriations pending a report from the Department of Human Resources (DHR) that an operational exchange of data between the boards and DHR has begun for the purpose of license suspension in cases where licensees are delinquent on child support payments. Because the electronic data exchanges have begun as required, those funds have been released.

Report on Delays at the Board of Professional Counselors and Therapists: The 2013 *Joint Chairmen’s Report* (JCR) directed the Department of Health and Mental Hygiene (DHMH) and the Board of Professional Counselors and Therapists to identify obstacles that prevented the board from completing its annual report from 2010 through 2012, as required by the Health Occupations Article. The JCR further required DHMH to report on the board’s efforts to (1) expedite the completion of its 2013 annual report; and (2) increase its transparency with its licensees and the public.

M00B0104 – DHMH – Health Professional Boards and Commission

M00B0104
Health Professional Boards and Commission
Department of Health and Mental Hygiene

Operating Budget Analysis

Program Description

Within the Department of Health and Mental Hygiene (DHMH), there are 20 boards (including one commission) that regulate health professionals. These boards license and certify health professionals, resolve consumer complaints, and assist in establishing parameters for each profession through regulation.

In general, each board has the following goals:

- to protect the public by ensuring that practicing health professionals are properly credentialed and licensed to provide high-quality services to the citizens of Maryland; and
- to receive, investigate, and resolve complaints in a timely manner.

Performance Analysis: Managing for Results

1. Boards Are Able to Meet Processing Goals for Licensees

The first goal of the boards is to protect the public by ensuring that licensees are properly credentialed. Each board has different procedures for issuing initial and renewal licenses. Some renew every two years, while others stagger renewals so they are completed at a continual pace throughout the year. **Exhibit 1** shows the number of initial and renewal licenses processed by each board in fiscal 2012 and 2013. The total number of licenses issued in fiscal 2013 ranges from 102,424 by the Board of Nursing to 32 by the Board for the Certification of Residential Child Care Program Professionals.

The boards generally aim to process 100% of new licenses within 10 days of receipt of a complete application. Similarly, the boards aim to process 100% of licensure renewals within 5 days. All but two of the boards met their respective targets in fiscal 2013 for issuing licenses in a timely manner. The Board of Nursing fell just short of its goal for renewal of licenses, issuing 95% of renewal licenses within 5 days. Similarly, the Board of Physicians missed its goal of completing 95% of initial licenses within 10 days for physician applications (94%) and for allied health applications (89%).¹

¹ Fiscal 2013 is the first period for which the board reported this data with regard to allied health applications.

Exhibit 1
Licenses Processed
Fiscal 2012-2013

<u>Board or Commission</u>	<u>2012</u>	<u>2013</u>
Nurses*	102,830	102,424
Physicians*	18,592	29,306
Pharmacy*	4,632	7,825
Social Work*	6,300	6,634
Chiropractic and Massage Therapy Examiners*	1,288	4,378
Dental Examiners*	4,099	4,094
Physical Therapy Examiners*	3,520	3,834
Occupational Therapists	3,380	3,643
Professional Counselors and Therapists*	1,978	3,190
Psychologists*	1,478	1,435
Morticians*	936	971
Dietetic Practice*	772	799
AUD/HAD/SLP*	3,912	770
Optometry*	128	757
Environmental Health Specialists	12	524
Acupuncture*	461	504
Podiatric	540	484
Nursing Home Administrators	275	261
Kidney Disease	230	125
Residential Child Care Program Professionals	46	32

AUD/HAD/SLP: Audiology, Hearing Aid Dispensers, Speech-Language Pathologists

*Boards with a biennial renewal cycle. Allied health practitioners licensed by the Board of Physicians are also on a biennial renewal cycle.

Source: Department of Health and Mental Hygiene

2. Complaint Processing

The other primary goal of the boards is to protect the public and promote the delivery of quality health care by receiving and resolving complaints lodged against licensees in a timely manner.

Of the 20 boards, 3 were unable to process complaints within their respective timeframes, as shown in **Exhibit 2**. The chart shows the total number of complaints, the goals that the boards have for timely complaint resolution, and the percentage of complaints that were actually processed according to their goals.

Exhibit 2
Complaints Processed in a Timely Manner
Fiscal 2013

<u>Board or Commission</u>	<u>Complaints Investigated</u>	<u>Goal</u>	<u>2013</u>
Dental	88	100% in 180 days	99%
Pharmacy	306	100% in 180 days	90%
Social Work	91	100% in 180 days	95%

Source: Department of Health and Mental Hygiene

Fiscal 2014 Actions

Cost Containment

There are three across-the-board withdrawn appropriations that offset the increase in deficiency appropriations. These include reductions to employee and retiree health insurance, funding for a new Statewide Personnel information system, and retirement reinvestment. These actions are fully explained in the analyses of the Department of Budget Management (DBM) – Personnel, the Department of Information Technology (DoIT), and the State Retirement Agency (SRA), respectively. The boards’ share of the reductions totals \$5,316 in general funds.

Proposed Budget

As shown in **Exhibit 3**, the fiscal 2015 allowance increases by \$1.5 million (4.6%) over the fiscal 2014 working appropriation. Because the boards (except for the State Board of Nursing Home Administrators and the State Board of Child Care Program Professionals) are almost completely funded with special funds, special fund increases total \$1.4 million. General funds increase by \$4,000, while reimbursable funds increase by \$35,000.

Exhibit 3
Proposed Budget
DHMH – Health Professional Boards and Commission
(\$ in Thousands)

How Much It Grows:	General Fund	Special Fund	Reimb. Fund	Total
2014 Working Appropriation	\$382	\$31,018	\$483	\$31,883
2015 Allowance	<u>386</u>	<u>32,434</u>	<u>518</u>	<u>33,337</u>
Amount Change	\$4	\$1,416	\$35	\$1,454
Percent Change	1.0%	4.6%	7.1%	4.6%

Where It Goes:

Personnel Expenses

Annualized salary increase for fiscal 2014 cost-of-living adjustment and increments	\$593
New positions.....	489
Increments and other compensation.....	117
Retirement contributions.....	70
Other fringe benefit adjustments.....	-63
Employee and retiree health insurance.....	-396

Other Changes

Software acquisition at the Board of Dental Examiners	266
Office of the Attorney General legal services.....	248
Printing costs for the Board of Pharmacy	101
Other adjustments.....	29

Total **\$1,454**

Note: The fiscal 2014 working appropriation reflects negative deficiencies and contingent reductions. The fiscal 2015 allowance reflects back of the bill and contingent reductions. Numbers may not sum to total due to rounding.

Cost Containment

There is one across-the-board reduction and one contingent reduction reflected in the Governor’s spending plan for the fiscal 2015 allowance. This affects funding for employee and retiree health insurance and retirement reinvestment. These actions are fully explained in the analyses of DBM – Personnel and SRA. The boards’ share of the reductions totals of \$248,203 (all funds).

Personnel

Personnel expenditures increase by \$1.5 million in fiscal 2015, primarily due the annualized salary increase for fiscal 2014 cost-of-living adjustments (COLA) and increments (\$593,000) and the addition of several new positions (\$489,000). The Board of Pharmacy receives 6 new positions due to expanded workload and to implement Chapter 397 of 2013, which required the board to issue permits to sterile compounding pharmacies. The Board of Morticians receives 1 new position to implement Chapters 614 and 615 of 2012, which required the board to issue permits to mortuary transport services. Additionally, DBM abolished 3 long-term vacancies and approved 3 contractual conversions in the Board of Physicians.

Increments and other compensation increase by \$117,000, while retirement contributions increase by \$70,000. These increases are offset by decreases in employee and retiree health insurance (\$396,000), and other fringe benefit adjustments (\$63,000).

Operating Expenses

The fiscal 2015 allowance includes additional funding for software acquisition at the Board of Dental Examiners (\$266,000), legal services from the Office of the Attorney General (\$248,000), and printing costs for the Board of Pharmacy (\$101,000). Other adjustments increase the budget by \$29,000.

Issues

1. Board of Physicians Major Information Technology Project

The DHMH administration budget includes \$211,000 (all special funds) to support planning by the Board of Physicians for the development of a new integrated information technology (IT) system for medical licensure and investigation. As noted in the board’s 2011 sunset evaluation (as well as in a report prepared by an independent consultant), the board’s licensing and investigatory needs have exceeded its current software capabilities. A draft request for proposals to solicit a project manager has been completed and is currently under review by DoIT.

The board had previously estimated total costs for an off-the-shelf IT system to be less than \$1 million. However, the board (which has experienced significant personnel changes at the management level in the past year) has recently advised that a custom-developed system would better suit the board’s needs. The board advises that the development of such a system would cost approximately \$2 million. **The board should brief the committees on the status of its efforts to recruit a project manager, as well as on the relative merits and costs of a custom IT system in comparison with an off-the-shelf product.**

2. Preliminary Sunset Evaluation for the Board of Audiology, Hearing Aid Dispensers, and Speech-Language Pathologists

The Board of Audiology, Hearing Aid Dispensers, and Speech-Language pathologists underwent a preliminary sunset evaluation in the 2013 interim. The Department of Legislative Services (DLS) recommended waiving the board from full evaluation and enacting legislation to extend the termination date for the board by 10 years to July 1, 2026.

Report Summary

DLS found that the board has fulfilled its licensing and disciplinary responsibilities through efficient and timely licensing and complaint resolution processes. Despite increases to its workload in recent years, the board has been able to issue licenses in a timely manner. (On average, the board issues a license within three business days of receipt of a complete application.) DLS further noted that, although the number of complaints received by the board annually has doubled since fiscal 2008, that number remains low relative to the total number of individuals regulated by the board. Despite the growing number of complaints, the board has recently reduced the amount of time it takes to resolve complaints from an average of 131 calendar days in fiscal 2012 to 63 days in fiscal 2013.

DLS also identified, as a policy issue for consideration, a need for more supervised experience opportunities for applicants. Chapter 391 of 2007 established a license to assist in the practice of speech-language pathology that authorized an individual who meets specified qualifications to work under the direct supervision of a licensed speech-language pathologist. Chapter 391 defined “direct supervision” to mean onsite and personal oversight by a licensed speech-language pathologist who

assumes responsibility for another individual's conduct. Regulations require an applicant for a license to assist in the practice of speech-language pathology to complete a delegation agreement for each supervising speech-language pathologist. In addition, regulations require an applicant to have completed a period of at least nine months of supervised practice.

Currently, there are only 52 active full licensees and 6 active limited licensees. The board indicates that these numbers are low because potential candidates for a license cannot find employers who are willing to perform the supervisory role. Employers have expressed their reluctance to employ individuals who are not yet licensed by the board. The board is reviewing a proposal that would authorize issuance of a certificate of eligibility for a license to assist in the practice of speech-language pathology to an individual who has met all the qualifications for licensure with the exception of the completion of the nine months of supervised practice. The certificate of eligibility would serve as proof of the qualifications of an individual to work under the supervision of a licensed speech-language pathologist and allow an applicant to demonstrate to potential employers and supervisors that the applicant meets the licensure requirements other than supervised experience. DLS recommended that the board continue to work with relevant stakeholders on how to amend current regulations and statutes to address the need for more supervised opportunities for applicants to assist in the practice of speech-language pathology. **The board should comment on its efforts to address this need.**

Recommended Actions

1. Concur with Governor's allowance.

Updates

1. Child Support Enforcement Administration Audit – Electronic Data Exchanges

Budget bill language in the fiscal 2014 operating budget bill restricted special funds of the boards' respective appropriations pending a report from the Department of Human Resources (DHR) that an operational exchange of data between the boards and DHR has begun for the purpose of license suspension in cases where licensees are delinquent on child support payments. Because the electronic data exchanges have begun as required, those funds have been released.

Background

In September 2011, the Office of Legislative Audits (OLA) released a fiscal compliance audit for DHR Child Support Enforcement Administration (CSEA) that contained 11 findings, including 5 findings repeated from the previous report. Despite demonstrating improvements over previous audit reports, the audit contained several findings of concern to the General Assembly, including CSEA's failure to effectively use enforcement tools such as suspensions of professional licenses. Consequently, budget bill language was added to the fiscal 2013 budget bill (Chapter 148 of 2012) withholding \$100,000 of the general fund appropriation for the administrative expenses of the State offices of CSEA until DHR completed all actions planned to resolve its audit findings. However, when DHR submitted the required status reports in November 2012, certain required actions remained incomplete – including DHR's establishment of electronic data exchanges with all licensing agencies within DHMH.

In the 2013 session, the Joint Audit Committee – concerned about the number of repeat audit findings statewide – requested that budget bill language be added to the appropriation of each unit of State government that had four or more repeat audit findings in its most recent fiscal compliance audit. The requested language withholds funds in the administrative budgets of these agencies until corrective actions to resolve the repeat audit findings have been taken, and OLA has determined that each finding has been corrected. Because CSEA had five repeat findings in its most recent fiscal compliance audit, CSEA was subject to the requirements of the budget bill language.

Although CSEA was responsible for establishing the electronic data exchanges, participation was also required by the various health occupations boards within DHMH. Thus, \$50,000 in special funds were withheld from the appropriations of each of the special-funded health occupations boards until DHR had reported that there is an operational exchange of data between the boards and DHR. (Funds were not withheld from the State Board of Social Work Examiners, as the implementation of an exchange between that board and DHR was already in progress). Intent was also expressed that exchanges begin for the two general-funded health occupation boards, though no funds were withheld.

Status of the Exchanges

In August 2013, DHR submitted a letter indicating that it had established electronic data exchanges with 18 health occupation boards (excluding the State Board of Nursing, but including the State Board of Social Work Examiners as well as the two-general funded health occupation boards) on June 1, 2013. In September 2013, DHR submitted a letter indicating that it had established an electronic data exchange with the State Board of Nursing on August 3, 2013. Accordingly, each board's restricted special fund appropriation was released.

2. Report on Delays at the Board of Professional Counselors and Therapists

The 2013 *Joint Chairmen's Report* (JCR) directed DHMH and the Board of Professional Counselors and Therapists to identify obstacles that prevented the board from completing its annual report from 2010 through 2012, as required by the Health Occupations Article. The JCR further required DHMH to report on the board's efforts to (1) expedite the completion of its 2013 annual report; and (2) increase its transparency with its licensees and the public.

Report Summary

The board attributes its failure to timely complete its annual report in 2010 and 2011 to a number of factors, including that, during that period, the board was engaged in the hiring process for a new executive director (following the retirement of its previous, long-serving director). The board further notes that its staff resources were strained due to increased workloads associated with its development of comprehensive regulations for alcohol and drug counseling, implementation of regulations for professional counselors, expanded licensing responsibilities with regard to art therapists, and development of sanctioning guidelines. However, the board advises that these issues have since been resolved. The board's 2012 annual report was released on schedule (in March 2013), and the board's 2013 is on schedule to be released on March 2014.

DHMH advises that the department is working with the board to improve its transparency with the public and with the board's licensees. Specifically, the department advises that, on December 6, 2013, the board and the Maryland Addictions Directors Council (MADC) held a retreat to identify – and propose changes to eliminate – barriers to the hiring of qualified staff by alcohol and drug programs. DHMH advises that the objective of the retreat was to identify the focus for continued collaboration between the board, MADC, and other stakeholders on these issues.

Additionally, the department advises that it is working with the board to identify an independent consultant to evaluate the issues and concerns that have been voiced by stakeholders (including issues that were raised at the retreat). The consultant will also provide the department with recommendations to improve board processes. DHMH advises that its goal is to have recommendations for any proposed statutory changes in time for the 2015 legislative session.

Current and Prior Year Budgets

DHMH – Health Professional Boards and Commission (\$ in Thousands)

	<u>General Fund</u>	<u>Special Fund</u>	<u>Federal Fund</u>	<u>Reimb. Fund</u>	<u>Total</u>
Fiscal 2013					
Legislative Appropriation	\$386	\$29,314	\$0	\$470	\$30,171
Deficiency Appropriation	0	1,203	0	0	1,203
Budget Amendments	-39	164	0	0	125
Reversions and Cancellations	-5	-3,754	0	-38	-3,797
Actual Expenditures	\$343	\$26,928	\$0	\$432	\$27,702
Fiscal 2014					
Legislative Appropriation	\$383	\$31,031	\$0	\$483	\$31,897
Budget Amendments	4	-13	0	0	-9
Working Appropriation	\$387	\$31,018	\$0	\$483	\$31,888

Note: The fiscal 2014 working appropriation does not include deficiencies or contingent reductions. Numbers may not sum to total due to rounding.

Fiscal 2013

The budget for the boards closed at \$27.7 million in fiscal 2013, \$2.5 million below the original legislative appropriation. The boards are primarily funded with special funds from licensing and regulatory fees, with the exception of the State Board of Examiners of Nursing Home Administrators and the State Board of Residential Child Care Administrators (which are both funded with general funds).

Budget amendments over the course of fiscal 2013 increased the budget of the boards by approximately \$125,000. The fiscal 2013 budget included centrally budgeted funds for the 2013 COLA for State employees, resulting in the transfer of \$147,445 in special funds to the boards. In addition, one amendment increased the special fund appropriation for the boards by \$16,739. This reflects a \$35,415 increase in funding for the Board of Environmental Health Specialists and consists of unappropriated special fund revenues from licensure fees. A portion of these funds (\$18,676) is paid to the Board of Social Work Examiners for shared salary costs for a program coordinator and other administrative expenses. This increase is offset by an \$18,676 decrease in funds for the Board of Social Work Examiners to account for funds from the Board of Environmental Health Specialists. Finally, general funds decreased by \$38,799 to realign funds within DHMH from programs with general fund surpluses to those with deficits.

At the end of 2013, approximately \$3.8 million in special funds, \$38,000 in reimbursable funds, and \$5,000 in general funds were cancelled due to reduced expenditures by the boards, primarily due to increased vacancies. Other decreased expenditures are attributable to lower than budgeted expenditures for an emergency generator for the Board of Nursing, litigation expenses, and software and software maintenance.

Fiscal 2014

The fiscal 2014 working appropriation is \$31.9 million. To date, budget amendments have reduced the fiscal 2014 legislative appropriation by \$8,693. The fiscal 2014 budget included centrally budgeted funds for the 2014 COLA and salary increment increase for State employees, which resulted in the transfer of funds to the boards (\$4,324 in general funds and \$323,349 in special funds). In addition, special funds increased by \$22,634 (representing unappropriated special fund revenue from fee collections) to realign the SRA administrative fee and DoIT services allocation appropriations within DHMH. Finally, special funds decreased by \$359,000 due to a transfer of funds from the Maryland Board of Physicians to DoIT for the board's new integrated medical license and investigation IT system, which has been designated as a major IT development project.

Major Information Technology Projects

Department of Health and Mental Hygiene – Administration Maryland Board of Physicians Integrated Software System

Project Status¹	Planning.	New/Ongoing Project:	New.					
Project Description:	Development of a new, more fully integrated medical licensure and investigation software system to replace the board's existing systems.							
Project Business Goals:	Correction of deficiencies in the board's existing software system and improvement of board's efficiency.							
Estimated Total Project Cost¹:	n/a.	Estimated Planning Project Cost¹:	\$929,000					
Project Start Date:	September 2013.	Projected Completion Date:	Requirement analysis to be completed by November 2014. Project completion date to be determined.					
Schedule Status:	A draft request for proposals has been completed and is currently under review by the Department of Information Technology (DoIT).							
Cost Status:	Fiscal 2015 funding included in the Department of Health and Mental Hygiene administration budget.							
Scope Status:	n/a.							
Project Management Oversight Status:	DoIT project oversight is now in place.							
Identifiable Risks:	Moderate identifiable risks are the large scale of the project and the need to familiarize staff with a new system.							
Additional Comments:	Shortcomings of the board's outdated software systems were noted in the 2011 Sunset Evaluation of the board, as well as in a report prepared by an independent consultant, pointing to the need for the replacement of the board's existing systems.							
Fiscal Year Funding (\$ in Thousands)	Prior Years	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	Balance to Complete	Total
Personnel Services	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
Professional and Outside Services	347.0	570.0	0.0	0.0	0.0	0.0	0.0	917.0
Other Expenditures	12.0	0.0	0.0	0.0	0.0	0.0	0.0	12.0
Total Funding	\$359.0	\$570.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$929.0

¹ In calendar 2011, a two-step approval process was adopted. Initially, an agency submits a Project Planning Request. After the requirements analysis has been completed and a project has completed all of the planning required through Phase Four of the Systems Development Lifecycle (Requirements Analysis), including a baseline budget and schedule, the agency may submit a Project Implementation Request and begin designing and developing the project when the request is approved. For planning projects, costs are estimated through planning phases. Implementation projects are required to have total development costs.

**Object/Fund Difference Report
DHMH – Health Professional Boards and Commission**

<u>Object/Fund</u>	<u>FY 13 Actual</u>	<u>FY 14 Working Appropriation</u>	<u>FY 15 Allowance</u>	<u>FY 14 - FY 15 Amount Change</u>	<u>Percent Change</u>
Positions					
01 Regular	257.20	265.70	272.70	7.00	2.6%
02 Contractual	13.69	11.58	10.32	-1.26	-10.9%
Total Positions	270.89	277.28	283.02	5.74	2.1%
Objects					
01 Salaries and Wages	\$ 18,462,754	\$ 20,707,681	\$ 21,760,682	\$ 1,053,001	5.1%
02 Technical and Spec. Fees	1,429,592	1,628,066	1,532,769	-95,297	-5.9%
03 Communication	507,388	634,485	641,911	7,426	1.2%
04 Travel	311,346	486,269	489,887	3,618	0.7%
07 Motor Vehicles	15,518	17,538	15,960	-1,578	-9.0%
08 Contractual Services	5,205,295	6,243,528	7,095,710	852,182	13.6%
09 Supplies and Materials	281,133	310,073	296,074	-13,999	-4.5%
10 Equipment – Replacement	68,065	88,240	120,242	32,002	36.3%
11 Equipment – Additional	99,535	136,715	122,788	-13,927	-10.2%
12 Grants, Subsidies, and Contributions	0	24,000	24,000	0	0%
13 Fixed Charges	1,321,730	1,611,707	1,485,590	-126,117	-7.8%
Total Objects	\$ 27,702,356	\$ 31,888,302	\$ 33,585,613	\$ 1,697,311	5.3%
Funds					
01 General Fund	\$ 342,657	\$ 387,469	\$ 388,458	\$ 989	0.3%
03 Special Fund	26,928,047	31,017,783	32,679,603	1,661,820	5.4%
09 Reimbursable Fund	431,652	483,050	517,552	34,502	7.1%
Total Funds	\$ 27,702,356	\$ 31,888,302	\$ 33,585,613	\$ 1,697,311	5.3%

Note: The fiscal 2014 appropriation does not include deficiencies. The fiscal 2015 allowance does not include contingent reductions.

Fiscal Summary
DHMH – Health Professional Boards and Commission

<u>Program/Unit</u>	<u>FY 13 Actual</u>	<u>FY 14 Wrk Approp</u>	<u>FY 15 Allowance</u>	<u>Change</u>	<u>FY 14 - FY 15 % Change</u>
04 Health Professional Boards and Commission	\$ 12,754,281	\$ 14,039,565	\$ 15,428,301	\$ 1,388,736	9.9%
05 Board of Nursing	6,983,233	8,575,634	8,808,779	233,145	2.7%
06 Maryland Board of Physicians	7,964,842	9,273,103	9,348,533	75,430	0.8%
Total Expenditures	\$ 27,702,356	\$ 31,888,302	\$ 33,585,613	\$ 1,697,311	5.3%
General Fund	\$ 342,657	\$ 387,469	\$ 388,458	\$ 989	0.3%
Special Fund	26,928,047	31,017,783	32,679,603	1,661,820	5.4%
Total Appropriations	\$ 27,270,704	\$ 31,405,252	\$ 33,068,061	\$ 1,662,809	5.3%
Reimbursable Fund	\$ 431,652	\$ 483,050	\$ 517,552	\$ 34,502	7.1%
Total Funds	\$ 27,702,356	\$ 31,888,302	\$ 33,585,613	\$ 1,697,311	5.3%

Note: The fiscal 2014 appropriation does not include deficiencies. The fiscal 2015 allowance does not include contingent reductions.