M00F
Public Health Administration
Maryland Department of Health

Executive Summary

The Maryland Department of Health Public Health Administration (PHA) includes the Office of Population Health Improvement, Core Public Health Services (funding for the local health departments), the Office of the Chief Medical Examiner (OCME), the Office of Preparedness and Response (OPR), and the Laboratories Administration. The Deputy Secretary for Public Health Services is responsible for policy formulation and program implementation affecting the health of Marylanders.

Operating Budget Data

($ in Thousands)

	FY 18 Actual	FY 19 Working	FY 20 Allowance	FY 19-20 Change	% Change Prior Year
General Fund	$107,207	$109,481	$113,758	$4,277	3.9%
Adjustments	0	1,934	5,714	3,780	
Adjusted General Fund	**$107,207**	**$111,415**	**$119,472**	**$8,057**	**7.2%**
Special Fund	6,972	7,508	7,790	282	3.8%
Adjustments	0	18	67	49	
Adjusted Special Fund	**$6,972**	**$7,525**	**$7,857**	**$332**	**4.4%**
Federal Fund	28,332	22,318	22,426	108	0.5%
Adjustments	0	34	132	98	
Adjusted Federal Fund	**$28,332**	**$22,352**	**$22,558**	**$206**	**0.9%**
Reimbursable Fund	1,007	1,212	4,728	3,516	290.2%
Adjustments	0	0	0	0	
Adjusted Reimbursable Fund	**$1,007**	**$1,212**	**$4,728**	**$3,516**	**290.2%**
Adjusted Grand Total	**$143,518**	**$142,504**	**$154,614**	**$12,110**	**8.5%**

Note: The fiscal 2019 appropriation includes deficiencies, a one-time $500 bonus, and general salary increases. The fiscal 2020 allowance includes general salary increases.

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

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- Approximately 60% ($7.3 million) of the increase in PHA in fiscal 2020 is in the area of personnel, largely due to the statewide employee compensation adjustments ($5.7 million) and a net increase of 19 positions ($1.1 million).

- The majority of the reimbursable funds increase ($3.2 million) is for the Program Management Office of the Maryland Primary Care Program. However, these funds and the related 4 positions and 2 contractual full-time equivalents (FTE) will be transferred to the Health Services Cost Review Commission at the start of the fiscal year.

- The fiscal 2020 allowance also increases by $2.7 million for the Core Public Health Services funding formula.

Personnel Data

	FY 18 Actual	FY 19 Working	FY 20 Allowance	FY 19-20 Change
Regular Positions	388.00	391.00	410.00	19.00
Contractual FTEs	27.15	27.30	36.60	9.30
Total Personnel	**415.15**	**418.30**	**446.60**	**28.30**
Vacancy Data: Regular Positions				
Turnover and Necessary Vacancies, Excluding New Positions		32.88	8.54%	
Positions and Percentage Vacant as of 12/31/18		47.50	12.15%	

- The fiscal 2020 allowance increases by a net of 19 positions. The majority of these additional positions (13) result from the conversion of employees previously funded through agreements with the University of Maryland Baltimore County Maryland Institute for Policy Analysis and Research (MIPAR) into State positions. Three additional positions result from contractual conversions. The remaining net increase of 3 positions is due to position transfers within the department.

- Of the 13 conversions of MIPAR employees, 12 are within the Laboratories Administration, undertaking activities including newborn screenings, testing and activities related to regional antibiotic resistance surveillance and other infectious disease threats, and testing and other activities related to biological or chemical terrorism threats.

- Despite the contractual conversions, the fiscal 2020 allowance also includes an increase of 9.3 FTEs. The majority of the increase is in Executive Direction including a net increase of 3 FTEs in the Office of Controlled Substances Administration (OCSA) and 1.5 in the Division of Vital Records. These additional FTEs provide administrative assistance, technical support, and inspection/investigation functions in OCSA. The remaining increases occur in the Laboratories Administration (a net increase of 3 FTEs) for administrative assistance and laboratory-related work and OPR (0.8 FTE).

Key Observations

- ***OCME Accreditation on Provisional Status:*** Due to a violation of workload ratios, the OCME accreditation was placed on provisional status in May 2018. To reduce the workload of medical examiners while attempting to fill vacant positions, OCME began using per diem pathologists. The work of these per diem pathologists is expected to reduce the workload of medical examiners to a level that would remove the violation of the accreditation standards. A full accreditation review is expected in calendar 2019.

Operating Budget Recommended Actions

1. Adopt committee narrative requesting information on accreditation status and staffing.

M00F
Public Health Administration
Maryland Department of Health

Operating Budget Analysis

Program Description

The Maryland Department of Health (MDH) Public Health Administration (PHA) analysis includes the Deputy Secretary of Public Health as well as several offices and administrations related to public health services. The Deputy Secretary of Public Health is responsible for policy formulation and program implementation impacting the health of Marylanders. The key goals of PHA are to:

- provide timely death investigation with sensitivity and balance toward family members;
- provide State's Attorneys with autopsy reports on all medical examiner cases where further investigation is deemed advisable;
- improve Maryland's ability to maintain operational readiness to respond to public health emergencies by achieving the planning and operations standards set forth by the Center for Disease Control and Prevention (CDC) Medical Countermeasure Operational Readiness Review Guidance;
- improve availability and utilization of Maryland Responds volunteers for State and local public health emergencies;
- adopt cutting edge scientific technology to improve the quality and reliability of public health laboratory practice for prevention of disease and promotion of health; and
- promote quality and reliability of laboratory test results to support public health, environmental, and bleeding time/clotting time programs.

Office of Population Health Improvement

The Office of Population Health Improvement (OPHI) is responsible for maintaining and improving the health of Marylanders by assuring access to, and quality of, primary care services and school health programs and by supporting local health systems. OPHI collaborates with the Maryland State Department of Education to assure the physical and psychological health of school-aged children, seeks public health accreditation of State and local health departments, identifies areas where there are insufficient numbers of providers and works to recruit and retain health professionals, and promotes relevant State and national health policies. The office also supports local health departments (LHD) through the Core Public Health Services program.

Office of the Chief Medical Examiner

The Office of the Chief Medical Examiner (OCME) is responsible for investigating violent and suspicious deaths or deaths unattended by a physician; keeping reports of all investigated deaths; performing autopsies when necessary and, in all cases, determining the cause and manner of death; completing death certificates; furnishing the State's Attorneys records related to every death for which further investigation is deemed advisable in the judgement of the medical examiner; and making records available to the courts and family of the deceased. OCME also investigates deaths in State funded or operated facilities and all deaths of firefighters.

Office of Preparedness and Response

The Office of Preparedness and Response (OPR) oversees programs to enhance the preparedness activities for the State and local jurisdictions. OPR is primarily federally funded through (1) CDC Public Health Emergency Preparedness Cooperative Agreement; (2) CDC Cities Readiness Initiative; and (3) the U.S. Department of Health and Human Services Hospital Preparedness Program.

Laboratories Administration

The Laboratories Administration assists MDH in protecting Marylanders against the spread of communicable and infectious diseases by identifying the cause of disease outbreaks, conducting laboratory-based disease surveillance, and laboratory monitoring of the emergence and reemergence of infectious disease agents in the State. The Laboratories Administration is also responsible for screening newborns for hereditary metabolic diseases and supporting enforcement and surveillance programs of MDH, LHDs, other State agencies, and federal agencies to protect public health. MDH has regional laboratories in Salisbury and Cumberland, in addition to the central laboratory in Baltimore.

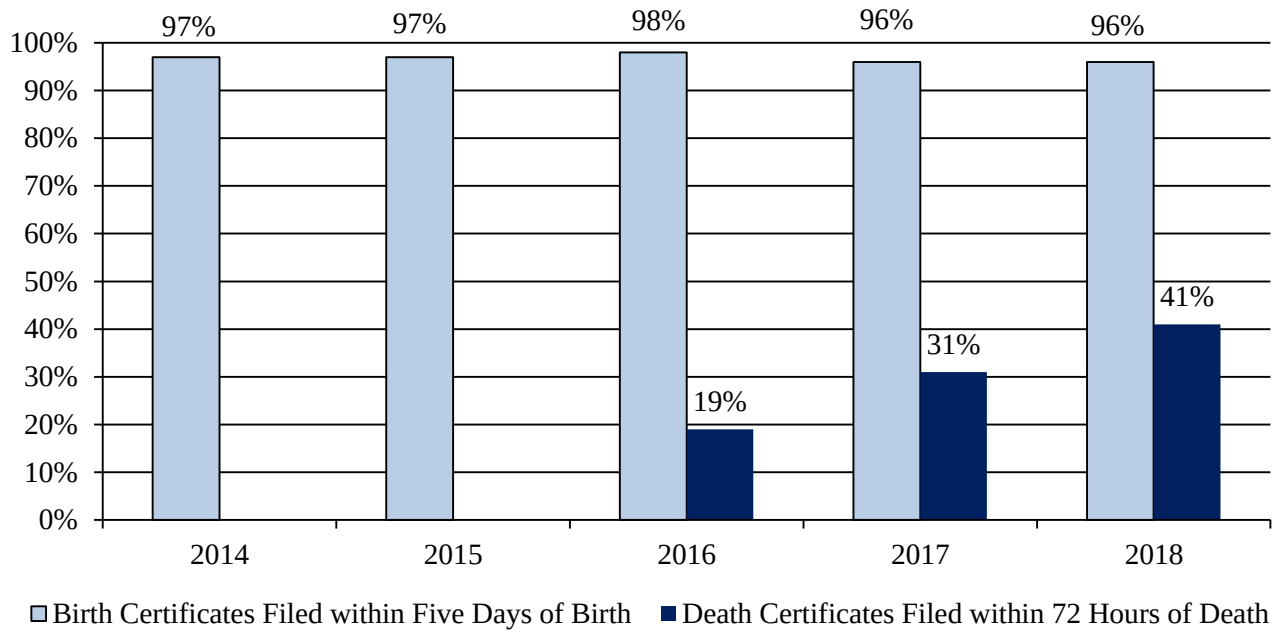
Performance Analysis: Managing for Results

1. Division of Vital Records Falls Short of Filing Timeliness Goals

The Division of Vital Records has a goal to file 97% of birth certificates within five days of the birth date and 65% of death certificates within 72 hours of death. As shown in **Exhibit 1**, in fiscal 2017 and 2018, the percentage of birth certificates filed within five days was just short of this goal (96%). MDH reports that high turnover among birth clerks at medical facilities results in occasional backlogs in filing birth certificates. The percentage of death certificates filed within 72 hours of death remained well below the goal of 65%. Data from prior to fiscal 2016 is unavailable because the department was unable to verify the accuracy of the information. During fiscal 2016, MDH switched from a paper-based to an electronic system. The Division of Health Statistics and the Division of Vital Records have undertaken efforts to increase the number of medical facilities, hospice facilities, and large medical practice groups as users of the electronic system. To participate, these groups must sign a contract and receive training. Regulations have also been modified to require medical facilities submitting at least

10 death records per year to submit the death certificates electronically. The ongoing efforts to increase electronic submission have resulted in improved timeliness of submissions.

Exhibit 1
Timely Filing of Birth and Death Certificates
Division of Vital Records
Fiscal 2014-2018



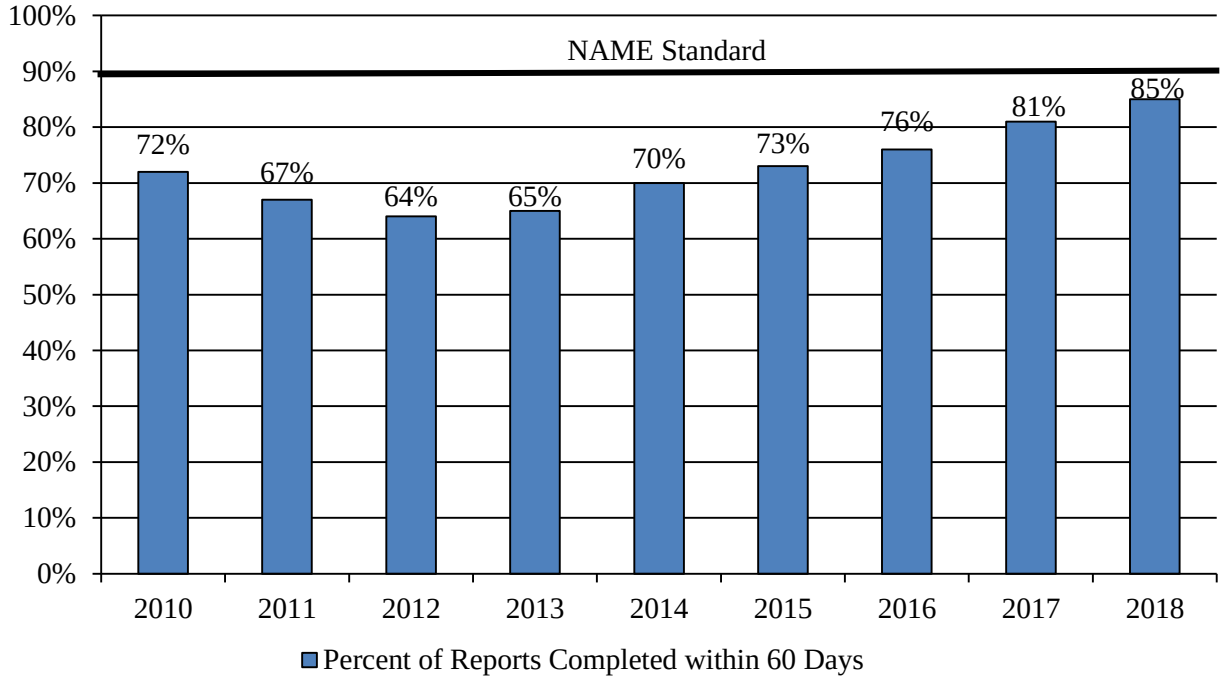
Source: Maryland Department of Health; Department of Budget and Management

2. OCME Improves in Report Submission Timeliness but Fails to Meet Standard

OCME has a goal of completing and forwarding autopsy reports to the State's Attorney's Office within 60 working days following an investigation. The accrediting organization for medical examiners offices has two standards related to the timeliness of completing reports: (1) that 90% of reports are completed within 60 calendar days of the autopsy; and (2) 90% of reports are completed within 90 calendar days of the autopsy. Failing to meet the first standard is a violation of the accreditation standards but is not sufficient on its own to lose full accreditation, while failing to meet the second would be sufficient. As part of its Managing for Results (MFR) submission), MDH reports OCME's performance relative to only the first standard (60 days).

As shown in **Exhibit 2**, OCME has failed to meet the report timeliness standard in any year between fiscal 2010 and 2018. OCME did exceed the standard in fiscal 2009. While OCME failed to meet the standard in fiscal 2018, performance continued to improve in the timeliness of report completion. OCME attributes the improved timeliness in fiscal 2018 to using an outside transcription service. Since fiscal 2012, timeliness has improved by 21 percentage points. OCME notes that the office has maintained performance above the 90% in the 90-day threshold.

Exhibit 2
Autopsy Reports Completed within 60 days
Fiscal 2010-2018



NAME: National Association of Medical Examiners

Source: Maryland Department of Health; Department of Budget and Management; Governor's Fiscal 2013-2016, 2019, and 2020 Budget Books

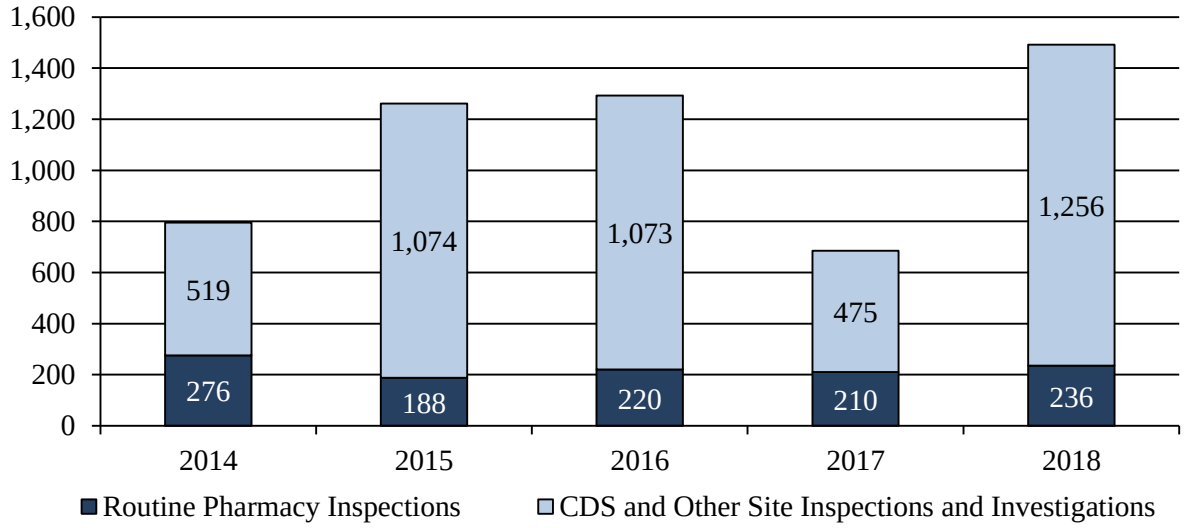
3. Office of Controlled Substances Administration Inspections Increase

The Office of Controlled Substances Administration (OCSA) registers practitioners and establishments to legally manufacture, distribute, dispense, or otherwise handle controlled dangerous substances (CDS) in Maryland. The federal Controlled Substances Act of 1970 (CSA) authorizes federal regulation of the manufacture, importation, possession, and distribution of certain drugs. Under

the CSA, various drugs are listed on Schedules I through V and generally involve drugs that have a high potential for abuse. Schedule I drugs have no acceptable medical use in the United States, and prescriptions may not be written for these substances. Morphine and amphetamines (such as Adderall) are examples of Schedule II drugs; anabolic steroids and hydrocodone are examples of Schedule III drugs; and benzodiazepines (such as Valium and Xanax) are Schedule IV drugs. Schedule V drugs include cough suppressants containing small amounts of codeine and the prescription drug Lyrica (an anticonvulsant and pain modulator).

Exhibit 3 shows the number of CDS inspections at pharmacies and other sites. The number of routine pharmacy inspections held relatively steady in fiscal 2017. However, in that year, the number of other site inspections and investigations decreased by 55.7% and at 475 was the lowest in more than five years. OCSA indicated that the lower number of inspections that year was due to changes in staffing following the separation of the office from the Laboratories Administration. This change resulted in additional administrative functions and, as a result, staff was reassigned from inspector roles to these administrative functions. In fiscal 2018, OCSA hired staff to replace the reassigned inspector positions and other inspector positions were filled. In addition, in fiscal 2018, the number of special investigations increased due to a major case that required investigations at over 200 pharmacies. As a result of these factors, in fiscal 2018, the number of CDS and other site inspections and investigations more than doubled from fiscal 2017 and exceeded the fiscal 2015 and 2016 levels. Routine pharmacy inspections also increased in fiscal 2018 but remained below the level in fiscal 2014.

Exhibit 3
Office of Controlled Substances Administration Inspections
Fiscal 2014-2018



CDS: controlled dangerous substances

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

The fiscal 2020 allowance includes new contractual full-time equivalents (FTE) to serve in inspection and investigation roles. This increased support should only further the ability of OCSA to perform inspections and conduct investigations. Consistent with this, OCSA anticipates performing an additional 25 CDS and other site inspections and 25 additional special investigations in fiscal 2020 compared to estimated levels in fiscal 2019.

Fiscal 2019 Actions

Proposed Deficiency

There are two statewide deficiency appropriations related to employee compensations. PHA's share of these actions is:

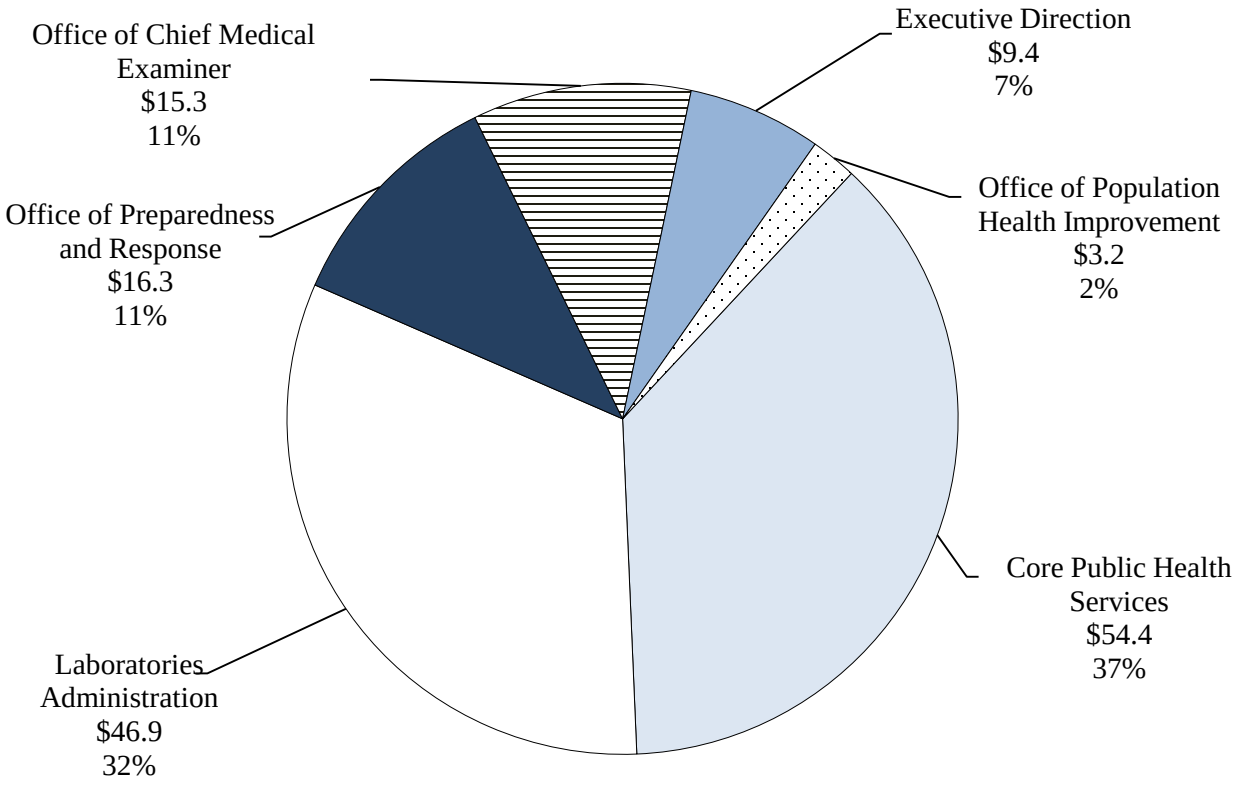
- $1.8 million for a one-time bonus of $500; and
- $203,404 for a 0.5% general salary increase effective April 1, 2019.

Fiscal 2020 Allowance

Overview of Agency Spending

PHA's fiscal 2020 allowance totals $148.7 million before accounting for the statewide employee compensation adjustments. However, $3.2 million of funding for the Maryland Primary Care Program is expected to be transferred to the Health Services Cost Review Commission (HSCRC) at the beginning of the fiscal year. Excluding that amount, the fiscal 2020 allowance of PHA totals $145.5 million. **Exhibit 4** compares the spending in PHA by program. As shown in this exhibit, the largest program is Core Public Health Services, $54.4 million, which represents the mandated formula funding for LHD. Laboratories Administration is the second largest program, 32% of fiscal 2020 spending.

Exhibit 4
Spending by Program
Fiscal 2020 Allowance
($ in Millions)

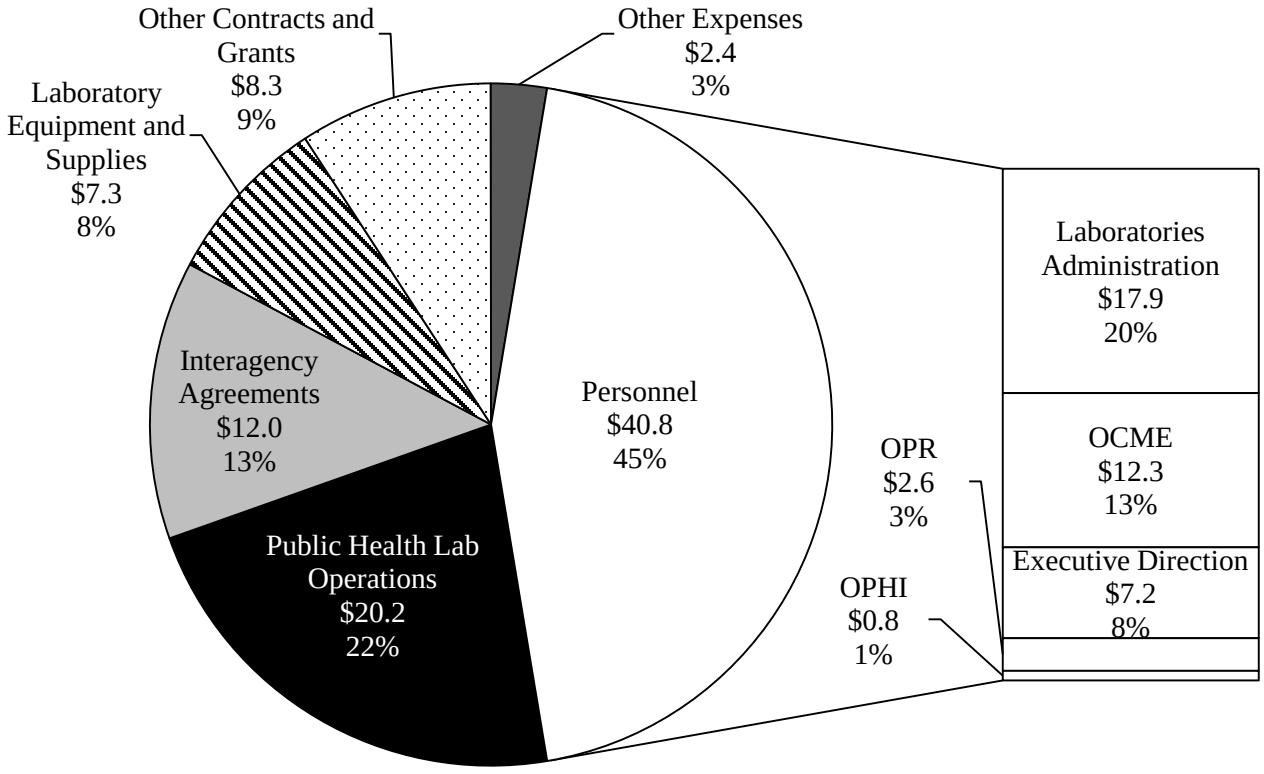


Note: Numbers may not sum due to rounding. Spending excludes statewide employee compensation adjustments and spending for the Maryland Primary Care Program.

Source: Governor's Fiscal 2020 Budget Books; Department of Legislative Services

As shown in **Exhibit 5**, excluding the Core Public Health Services funding, personnel-related spending accounts for 45% of the fiscal 2020 spending in PHA. PHA's personnel spending includes funding for per diem pathologists and fees for county forensic investigators/deputy medical examiners in OCME ($1 million) in addition to regular positions (406) and contractual FTEs (34.6). The Laboratories Administration accounts for slightly less than half of the personnel in PHA and approximately 44% of the personnel spending. Outside of personnel, the largest category of spending in PHA is for the operations of the Public Health Laboratory, which includes approximately $14 million for payments on the principal and interest of bonds used to finance the acquisition, construction, and equipping of the facility.

Exhibit 5
Spending by Activity, Excluding Core Public Health Services Funding
Fiscal 2020 Allowance
($ in Millions)



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

Note: Numbers may not sum due to rounding. Spending excludes statewide employee compensation adjustments and spending for the Maryland Primary Care Program that is expected to be transferred to the Health Services Cost Review Commission.

Source: Governor's Fiscal 2020 Budget Books; Department of Legislative Services

Proposed Budget Change

As shown in **Exhibit 6**, the fiscal 2020 allowance of PHA increases by $12.1 million, or 8.5%, compared to the fiscal 2019 working appropriation after accounting for statewide employee compensation adjustments. General funds increase by $8.1 million, primarily for personnel and Core Public Health Services funding. The reimbursable fund increase of $3.5 million largely reflects the

Maryland Primary Care Program funds ($3.2 million) that appear in the fiscal 2019 budget of HSCRC, and are expected to be transferred to HSCRC in fiscal 2020 with the associated 4 positions and 2 contractual FTEs.

Exhibit 6
Proposed Budget
MDH – Public Health Administration
($ in Thousands)

How Much It Grows:	General Fund	Special Fund	Federal Fund	Reimb. Fund	Total
Fiscal 2018 Actual	$107,207	$6,972	$28,332	$1,007	$143,518
Fiscal 2019 Working Appropriation	111,415	7,525	22,352	1,212	142,504
Fiscal 2020 Allowance	119,472	7,857	22,558	4,728	154,614
Fiscal 2019-2020 Amount Change	$8,057	$332	$206	$3,516	$12,110
Fiscal 2019-2020 Percent Change	7.2%	4.4%	0.9%	290.2%	8.5%

Where It Goes:

Personnel Expenses

Fiscal 2020 general salary increase and annualization of the additional 0.5% fiscal 2019 general salary increase	$5,710
Employee and retiree health insurance	1,789
Net increase of 19 positions, including 13 resulting from MIPAR contract conversions, 3 contractual full-time equivalent conversions, and 3 from transfers within the department	1,098
Regular earnings due to the annualization of the fiscal 2019 general salary increase	603
Retirement contributions	446
Turnover expectancy increases from 6.9% to 8.3% for existing positions	-571
One-time bonus in fiscal 2019	-1,782
Other fringe benefit adjustments	18

Core Public Health Services

Funding due to formula-related increase and annualization of the fiscal 2019 general salary increase	2,686

Office of the Chief Medical Examiner

Per diem pathologists to assist in reducing medical examiner caseloads (technical adjustment as this program began in fiscal 2019 but that is not yet reflected in the fiscal 2019 working appropriation) (see Issue 1)	204
Reimbursement of deputy medical examiners and county forensic investigators due to a fee increase	186

Where It Goes:

Office of Preparedness and Response	
Distribution of funds for the purchase of personal protective gear for Ebola assessment and treatment facilities in the final year of federal grant	655
Travel for a planned statewide full-scale Ebola preparedness exercise (federal funds)	115
Emergency preparedness funds for local health departments (federal funds)	-160
Planned new contract for Hospital Preparedness Program, including administrative functions, more than offset by a grant to the Maryland Hospital Association and contracts with MIPAR and two county offices for same purposes (federal funds)	-324
Laboratory Services	
Supplies related to four new newborn and childhood screening tests	250
Repair and maintenance contracts for laboratory equipment following the end of manufacturers warranties and extended services agreements for equipment purchased with the opening of the Public Health Laboratory	244
Laboratory supplies due to the end of a federal grant	-118
Supplies for the microbiology laboratory based on recent experience	-281
Other Program Changes	
Nonpersonnel spending for Maryland Primary Care Program funded in HSCRC in fiscal 2019 (funds will be transferred to HSCRC for fiscal 2020)	2,810
Contractual employee payroll due to a net increase of 7.3 contractual full-time equivalents for the Office of Controlled Substances Administration, Laboratories Administration, Division of Vital Records, and Office of Preparedness and Response	403
Staffing adjustments for 2 MIPAR agreements in the Office of Population Health Improvement	156
Fees for the Controlled Dangerous Substances online payment system based on experience	-102
Department of Budget and Management paid telecommunications due to a statewide change in allocation of activities and Department of Information Technology services allocation	-110
Rent primarily to better align with recent experience for the Public Health Laboratory	-569
End of 6 MIPAR contracts (2 in Office of Preparedness and Response, 3 in Laboratory Services, 1 in the Office of Population Health Improvement), which are largely being insourced with new regular positions	-1,168
Other expenses	-78
Total	**$12,110**

HSCRC: Health Services Cost Review Commission
MDH: Maryland Department of Health
MIPAR: Maryland Institute for Policy Analysis and Research

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

Personnel Changes and Maryland Institute for Policy Analysis and Research

The fiscal 2020 allowance includes a number of adjustments to personnel and contractual services related to the insourcing of some interagency agreements with the University of Maryland Baltimore County Maryland Institute for Policy Analysis and Research (MIPAR) to State positions. MDH has funded a number of positions through these contracts in PHA as well as other areas of the department. The fiscal 2020 allowance adds 13 positions to PHA related to the end of 5 MIPAR contracts in OPR and Laboratories Administration. The fiscal 2020 allowance decreases spending for these interagency agreements by approximately $991,300 due to this transition. This decrease more than offsets the increase of $748,440 for these positions. A sixth contract with MIPAR is also eliminated in the fiscal 2020 allowance of PHA, a decrease of $177,109. However, new positions are not added to replace the work performed by the 1.75 FTEs previously funded under this agreement. A portion of the work was redistributed to other staff, while the remainder is no longer supported by the budget. Insourcing the MIPAR contracts allows the department to increase indirect federal cost recoveries on the new positions, resulting in general fund savings.

The fiscal 2020 allowance also funds three contractual conversions, at an increase of $149,066. There is no net decrease in contractual employee payroll associated with these conversions because more contractual FTEs were added in the two programs with the conversions than were lost. The remaining increases in positions occur from transfers within the department, a net increase of 3 positions in PHA.

Contractual Employee Payroll

The fiscal 2020 allowance includes funding ($403,441) for a net 7.3 new contractual FTE, excluding FTEs associated with the Maryland Primary Care Program. Major changes include:

- a net increase of 3.0 FTE in OCSA to support inspections, health policy, and management of the inspection database;

- a net increase of 3.0 FTE in the Laboratories Administration for performing laboratory work, administrative assistance for the Newborn Screening Division, and receiving and expediting laboratory results; and

- an increase of 1.5 FTE in the Division of Vital Records for administrative assistance and information technology support.

Issues

1. OCME Accreditation on Provisional Status Due to Caseload Ratios

OCME is required to investigate all violent or suspicious deaths, including all deaths unattended by a physician. If the cause of death cannot be established during the initial investigation, a pathologist must perform an autopsy on the deceased. The National Association of Medical Examiners (NAME) is the accrediting organization of medical examiners offices.

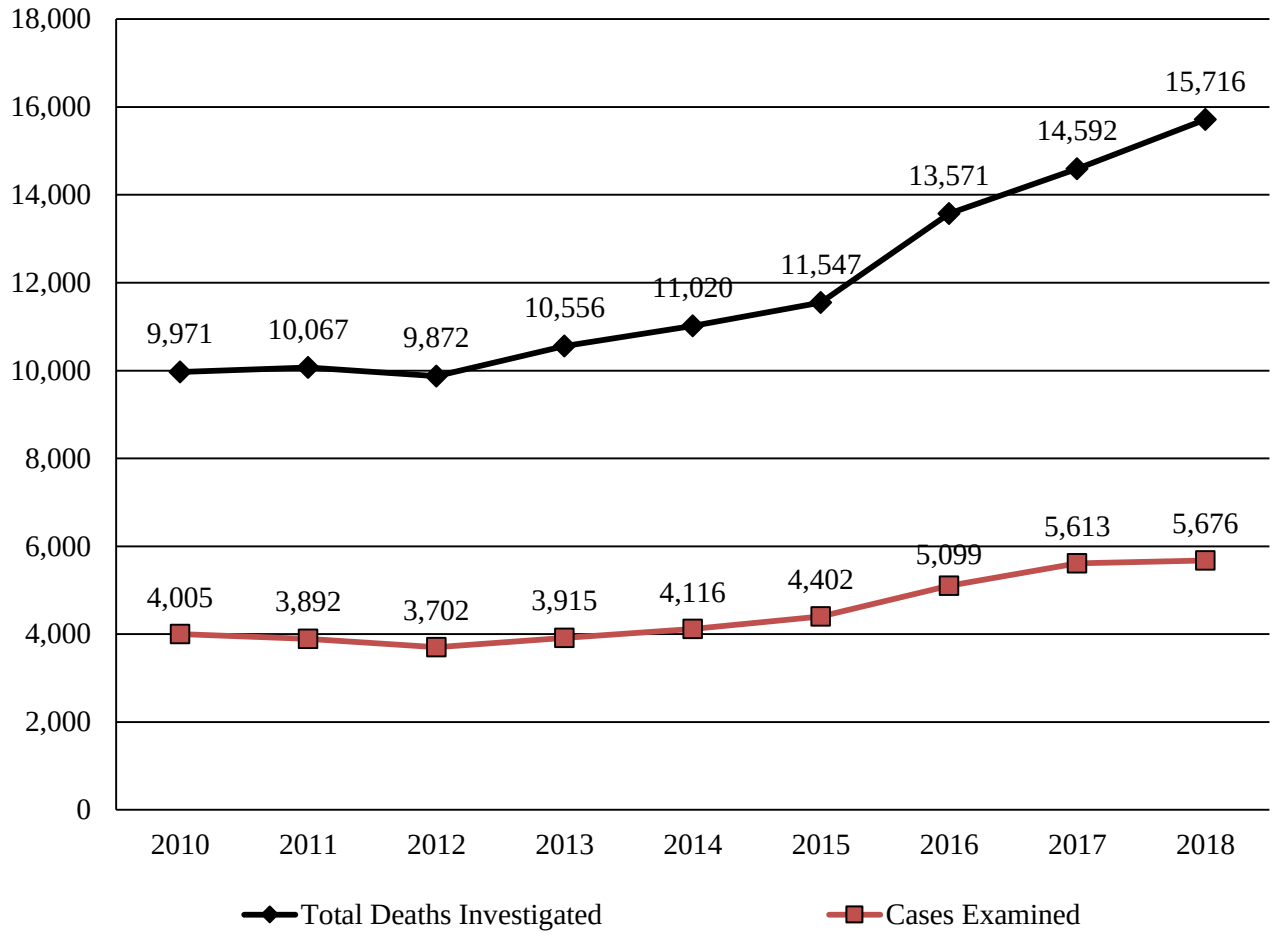
During a NAME inspection, facilities are judged against two standards – Phase I and Phase II. Phase I standards are not considered by NAME to be absolutely essential requirements. Violations in these areas will not directly or seriously affect the quality of work or significantly endanger the welfare of the public or staff. Phase II standards are considered by NAME to be essential requirements. Violations in these areas may seriously impact the quality of work and adversely affect the health and safety of the public or staff. To maintain full accreditation, an office may have no more than 15 Phase I violations and no Phase II violations. Provisional accreditation may also be awarded for a 12-month period if an office is found to have fewer than 25 Phase I violations and fewer than 5 Phase II violations. If awarded provisional accreditation, an office must address deficiencies that prevented it from achieving full accreditation. Accreditation provides trust that the office is performing its work in a proper environment, which provides trust in the work by the public and limits questions about the validity about its work at trials.

NAME provides caseload standards that would lead to a Phase I or Phase II violation. A Phase I violation related to caseload is that the medical staff is of insufficient size to ensure that no autopsy physician is required to perform more than 250 autopsies per year. A Phase II violation is for greater than 325 autopsies per year.

Caseload Increases

As shown in **Exhibit 7**, the number of deaths investigated has increased in nearly every year since fiscal 2010. However, the rate of increase accelerated beginning in fiscal 2016. In fiscal 2016, the number of deaths investigated was 17.5% higher than the prior year. In the two years since, the number of deaths investigated has increased by more than 7% in each year. Not all deaths investigated require a full autopsy (which could involve an internal and external examination), with some cases involving only an external examination. However, NAME accounts for all investigations as part of the calculation of its caseload standards, recognizing that external examinations add to the workload of medical examiners. NAME states that three to five external examinations (depending on the complexity) are considered to be the equivalent of one complete autopsy. For example, NAME indicates 200 full autopsies plus 150 external examinations would equate to 250 autopsies.

Exhibit 7
Deaths Investigated and Cases Examined
Fiscal 2010-2018



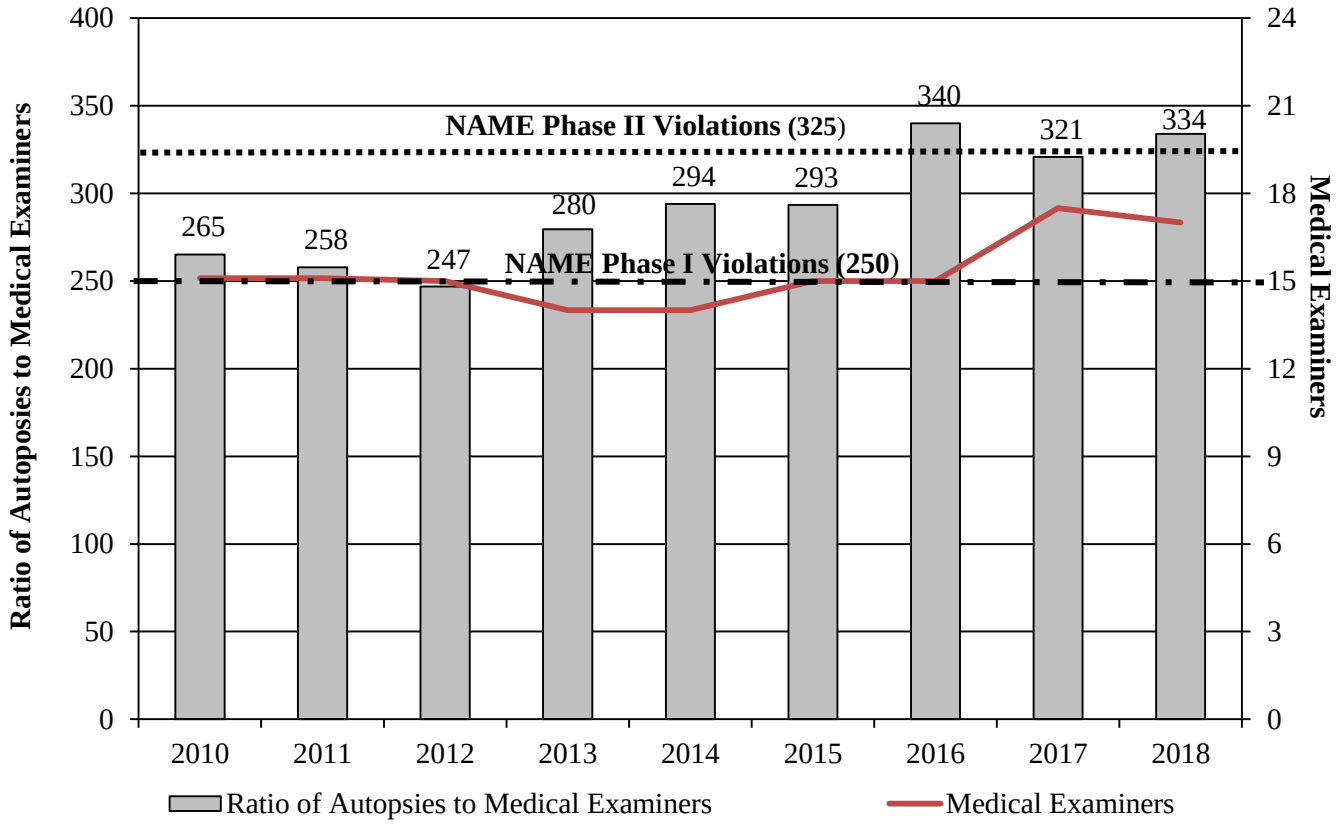
Source: Maryland Department of Health; Department of Budget and Management; Governor's Fiscal 2012-2016, 2019, and 2020 Budget Books

Cases examined, used to calculate the formal caseload ratio, include both the full autopsies and external examination equivalents of autopsies. As shown in Exhibit 7, the number of cases examined has increased substantially between fiscal 2015 and 2018. The overall rate of growth is slower than total investigations, 28.9%, or 1,274 cases, in part, because of how external examinations are included in this calculation.

Caseload Ratio

The NAME standard accounts only for individuals able to complete the examinations. As a result, vacant positions are excluded from the calculation of the caseload ratio. **Exhibit 8** provides the actual caseload ratio between fiscal 2010 and 2018. As shown in this exhibit, OCME has experienced at least a Phase I violation of the caseload standards in each of these years, except fiscal 2012. However, more seriously, OCME had Phase II violations of these caseload standards in two of the last three years.

Exhibit 8
Medical Examiner Caseloads
Fiscal 2010-2018

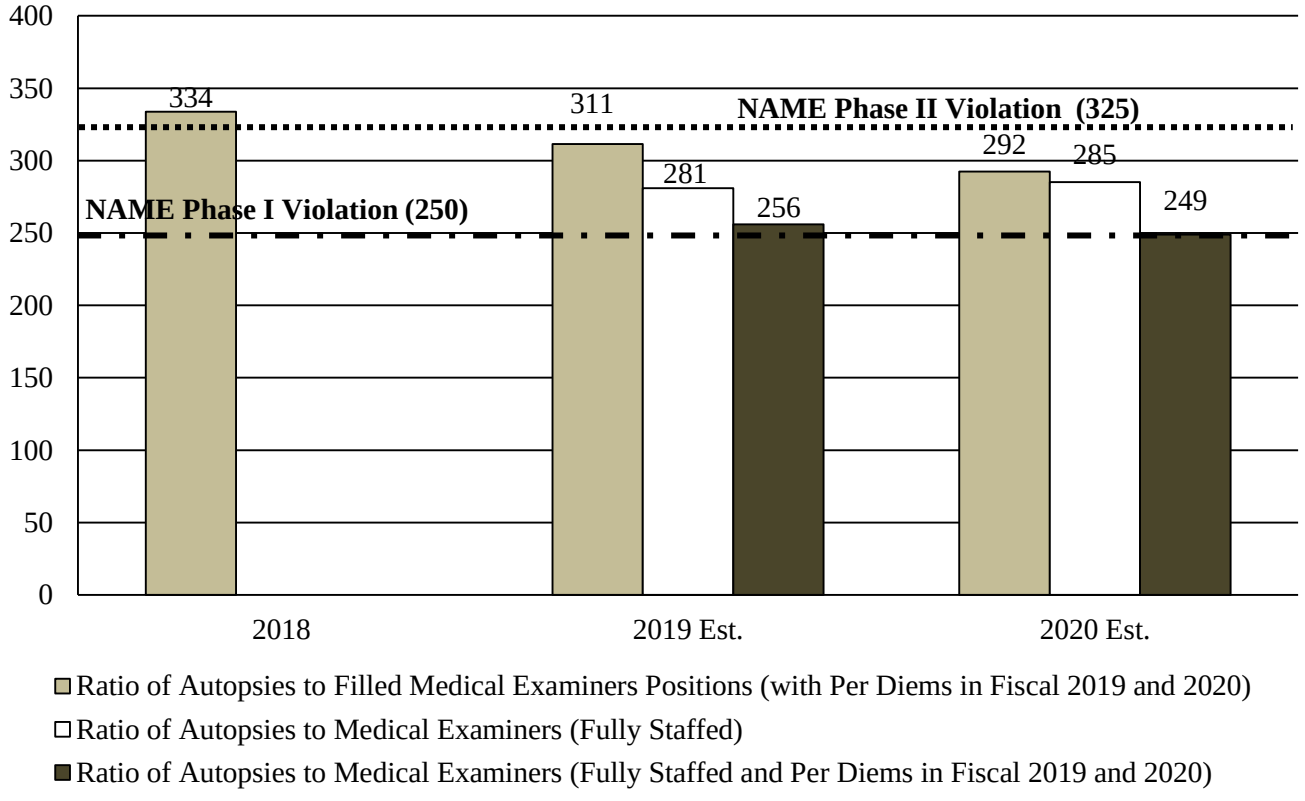


Source: Maryland Department of Health; Department of Budget and Management; Governor's Fiscal 2012-2016, 2019, and 2020 Budget Books

Based on filled positions, OCME anticipates a Phase II violation in fiscal 2019 as well. However, OCME has developed a program to allow for per diem pathologists to assist in completing examinations, which reduces the caseload ratios. These individuals must be board certified in forensic pathology. OCME explains that these individuals work with the assigned medical examiner on the

weekend. OCME expects that these individuals will complete 3 to 4 cases each day. When fully operational, OCME anticipates that these per diem pathologists will account for an additional 3 FTEs toward the caseload standard. In fiscal 2019, because the program is still in development, OCME estimates that the per diems will account for 2 FTEs. In fiscal 2019, excluding the per diems, OCME anticipated a caseload ratio of 349. If, however, OCME is successful in the per diems in that year accounting for 2 FTEs, the caseload ratio would be reduced to 311, as shown in **Exhibit 9**. At this level, OCME would no longer be experiencing a Phase II violation of the caseload ratio.

Exhibit 9
Medical Examiner Caseloads – Fully Staffed
Fiscal 2018-2020 Est.



Note: Fiscal 2018 caseload ratio is based on actual filled positions and cases examined. Fiscal 2019 and 2020 are estimated cases examined plus estimated staffing levels. Assumes the use of 2 full-time equivalent per diem pathologists in fiscal 2019 and 3 in fiscal 2020. Fully staffed level assumes all authorized positions, including resident fellows, and a part-time military paid medical examiner are filled. This would require filling 3.5 vacant assistant medical examiner positions and retaining all of the current staff.

Source: Maryland Department of Health; Department of Budget and Management; Department of Legislative Services; Governor's Fiscal 2019 and 2020 Budget Books

OCME indicates that the level of funding provided in the fiscal 2020 allowance for this purpose ($204,000) does not provide enough support to eliminate the Phase I violation. In fiscal 2020, if 18 authorized positions are filled as anticipated in the MFR submission and per diem usage is equivalent to 3 FTEs, the caseload ratio would be 292. This level would put OCME safely below the Phase II violation level but remain substantially above the Phase I level.

Additional assistance in meeting the caseload ratio could be achieved by filling vacant positions. Three regular positions were provided to OCME in fiscal 2018 to assist in reducing the caseload ratio but have never been filled. OCME reports that the difficulty in filling these positions is, in part, due to concerns by the candidates regarding the high workload. As shown in Exhibit 9, filling these positions alone would not resolve the Phase I violation. However, if all authorized positions were filled and OCME uses per diems for the equivalent of 3 positions, the caseload ratios would decrease to just below the Phase I violation level in fiscal 2020.

Impact of Violation of Caseload Ratio

Due to the Phase II violation of the caseload ratio standard, OCME's accreditation was placed in provisional status in May 2018. The provisional accreditation extends for 12 months, though NAME allows for up to four 12-month extensions of this status, if a good faith effort has been made to resolve the issue. If accreditation is lost, OCME could not apply for accreditation again for six months. OCME could apply to have the provisional status removed at any time after the deficiency has been corrected. OCME also notes that its current accreditation cycle expires in May 2019, requiring a full review. OCME did not expect to eliminate the violation prior to the use of the per diem pathologists, and its resolution of the violation in fiscal 2019 will depend on the use of per diems and the actual number of cases examined. As shown in Exhibit 9, if OCME meets the expectation of using per diems at the equivalent of 2 FTEs or more in fiscal 2019, at the current caseload estimate, OCME could resolve the Phase II violation and regain full accreditation. However, OCME remains concerned about the long-term sustainability of its accreditation status without filling the vacant positions. In addition, its existing workforce is aging with 5 medical examiners within two years of full retirement age. **The Department of Legislative Services recommends committee narrative requesting that OCME provide information on the accreditation status of the office following the accreditation review as well as an update on the status of filling vacant positions and use of per diem pathologists. The information should include competitive salary data relative to current OCME salary levels.**

Operating Budget Recommended Actions

1. Adopt the following narrative:

   Office of Chief Medical Examiner Accreditation Status and Staffing: The Office of Chief Medical Examiner's (OCME) was placed on provisional accreditation status in May 2018 due to the cases examined per medical examiner exceeding accreditation limits. Accreditation may remain in provisional status for 12 months or longer with extensions. In addition, OCME indicates that its current accreditation cycle ends in May 2019. Given the ongoing deficiency in caseload ratios, the accreditation status following the review is of concern. OCME anticipates per diem pathologists will assist in reducing caseload ratios that could increase the ability of the office to hire staff. These per diem pathologists are also expected to assist in resolving the Phase II violation and allow the office to return to full accreditation. The committees request that the Maryland Department of Health (MDH) provide:

   - an update on the accreditation status of OCME following the full review in May 2019;
   - information on the use of per diem pathologists to assist in meeting caseload standards;
   - the status of filling vacant medical examiner positions;
   - information on other efforts to increase staffing to ensure that OCME can return to or maintain full accreditation in the future; and
   - provide a comparison of salaries offered by OCME for board certified medical examiners compared to other pathology jobs available in Maryland and comparable medical examiner offices in other jurisdictions.

Information Request	**Author**	**Due Date**
Report on OCME accreditation status and staffing	MDH	October 1, 2019

Appendix 1
Current and Prior Year Budgets
MDH – Public Health Administration
($ in Thousands)

	General Fund	Special Fund	Federal Fund	Reimb. Fund	Total
Fiscal 2018					
Legislative Appropriation	$106,219	$7,489	$27,151	$713	$141,571
Deficiency/Withdrawn Appropriation	290	-41	-74	0	176
Cost Containment	-309	0	0	0	-309
Budget Amendments	1,094	0	2,933	616	4,644
Reversions and Cancellations	-87	-476	-1,678	-322	-2,564
Actual Expenditures	**$107,207**	**$6,972**	**$28,332**	**$1,007**	**$143,518**
Fiscal 2019					
Legislative Appropriation	$107,944	$7,489	$22,281	$1,212	$138,926
Budget Amendments	1,537	19	37	0	1,593
Working Appropriation	**$109,481**	**$7,508**	**$22,318**	**$1,212**	**$140,519**

MDH: Maryland Department of Health

Note: The fiscal 2019 appropriation does not include deficiencies, a one-time $500 bonus, or general salary increases. Numbers may not sum to total due to rounding.

Fiscal 2018

The fiscal 2018 legislative appropriation of the Public Health Administration (PHA) increased by $1.9 million. This includes deficiency appropriations totaling $686,661 in general funds to create a new integrated vital records system ($486,661) and to digitize microfilm records ($200,000). Increases were offset by a reduction in Section 19 of the fiscal 2019 Budget Bill withdrawing $510,747 ($396,188 in general funds, $40,623 in special funds, and $73,936 in federal funds) due to a surplus in the health insurance account and $309,213 in general funds by a September 2017 Board of Public Works cost containment action primarily realized through savings on natural gas.

The PHA budget increased by $4.6 million through budget amendments. The appropriation for Executive Direction increased by $488,951 in general funds to increase salaries for additional positions transferred to PHA. This increase was partially offset by a general fund reduction of $186,759 because additional funds were available through the deficiency to support the integrated vital records system. Federal funds increased by $156,376 by budget amendment in Executive Direction for equipment including a gas chromatograph. Also in Executive Direction, reimbursable funds increased by $616,280. An increase of $370,000 in reimbursable funds was available for the Office of Controlled Substances Administration from funds available from the Opioid Operational Command Center primarily to support additional regular positions; full-time equivalent contractual positions; and additional vehicles, training, and related equipment. The remaining increase of $246,280 in reimbursable funds was used to initiate the Program Management Office for the Maryland Primary Care Program, primarily for salaries related to 4 positions.

In the Office of Populations Health Improvement (OPHI), federal funds increased by $494,502 primarily to cover the OPHI State loan repayment project. Federal funds also increased by $71,354 to support training activities. General funds decreased by $10,397 due to normal fluctuations in expenditures.

In the Laboratories Administration, $224,531 in general funds was added to reflect increased costs of equipment service contracts partially offset by lower communication costs. Federal funds increased by $1.5 million to cover increased expenditures for additional laboratory supplies and equipment.

In the Office of Preparedness and Response, $808,308 in federal funds was added to cover increased expenditures for local health departments (LHD) ($563,622) and upgrades to the Maryland Department of Health emergencies alert system ($244,686).

In the Office of Chief Medical Examiner, general funds increased by $578,136 for increased salary expenses.

PHA reverted $87,301 in general funds due to lower than anticipated utilities costs in the Laboratories Administration ($71,700) and savings from vacancies ($15,600). Reimbursable fund cancellations amounted to $322,387 largely due to vacancies. PHA canceled $476,178 in special funds. The majority of special fund cancellations were due to fewer laboratory tests than expected and vacancies in the newborn screening program. PHA canceled $1.7 million in federal funds. Unexpended

allocations to LHDs accounted for $1.1 million in cancellations. The remainder was due to less than projected spending in various multi-year federal grant awards.

Fiscal 2019

To date, PHA's fiscal 2019 budget has increased by $1.6 million ($1.5 million in general funds, $19,068 in special funds, and $37,207 in federal funds) for a general salary increase effective January 1, 2019, that was centrally budgeted.

Appendix 2
Audit Findings – Office of Chief Medical Examiner

Audit Period for Last Audit:	March 31, 2014 – September 6, 2017
Issue Date:	April 2018
Number of Findings:	3
Number of Repeat Findings:	1
% of Repeat Findings:	33.3%
Rating: (if applicable)	n/a

Finding 1: **The Office of the Chief Medical Examiner's (OCME) purchases of certain medical supplies were not made in accordance with State procurement laws and regulations.**

Finding 2: OCME did not independently verify mileage calculations used to compensate vendors transporting deceased individuals, and tests disclosed overpayments.

Finding 3: OCME did not periodically review employee access capabilities on its computer system, did not appropriately restrict administrative capabilities, and did not routinely generate reports of the related activity for review.

*Bold denotes item repeated in full or part from preceding audit report.

Appendix 3
Object/Fund Difference Report
MDH – Public Health Administration

Object/Fund	FY 18 Actual	FY 19 Working Appropriation	FY 20 Allowance	FY 19 - FY 20 Amount Change	Percent Change
Positions					
01 Regular	388.00	391.00	410.00	19.00	4.9%
02 Contractual	27.15	27.30	36.60	9.30	34.1%
Total Positions	**415.15**	**418.30**	**446.60**	**28.30**	**6.8%**
Objects					
01 Salaries and Wages	$ 35,190,821	$ 35,460,180	$ 38,843,912	$ 3,383,732	9.5%
02 Technical and Special Fees	1,553,196	1,522,903	2,680,294	1,157,391	76.0%
03 Communication	578,328	594,240	508,033	- 86,207	- 14.5%
04 Travel	161,762	194,501	344,879	150,378	77.3%
06 Fuel and Utilities	2,229,356	2,264,215	2,251,346	- 12,869	- 0.6%
07 Motor Vehicles	152,949	39,067	49,453	10,386	26.6%
08 Contractual Services	18,725,286	17,870,385	21,009,022	3,138,637	17.6%
09 Supplies and Materials	7,342,025	7,574,931	7,371,667	- 203,264	- 2.7%
10 Equipment – Replacement	370,056	222,616	297,232	74,616	33.5%
11 Equipment – Additional	879,404	50,566	14,150	- 36,416	- 72.0%
12 Grants, Subsidies, and Contributions	57,644,473	55,351,135	56,532,239	1,181,104	2.1%
13 Fixed Charges	18,690,192	19,373,372	18,798,477	- 574,895	- 3.0%
Total Objects	**$ 143,517,848**	**$ 140,518,111**	**$ 148,700,704**	**$ 8,182,593**	**5.8%**
Funds					
01 General Fund	$ 107,207,068	$ 109,480,838	$ 113,757,595	$ 4,276,757	3.9%
03 Special Fund	6,971,843	7,507,594	7,789,760	282,166	3.8%
05 Federal Fund	28,332,378	22,318,041	22,425,544	107,503	0.5%
09 Reimbursable Fund	1,006,559	1,211,638	4,727,805	3,516,167	290.2%
Total Funds	**$ 143,517,848**	**$ 140,518,111**	**$ 148,700,704**	**$ 8,182,593**	**5.8%**

MDH: Maryland Department of Health

Note: The fiscal 2019 appropriation does not include deficiencies, a one-time $500 bonus, or general salary increases. The fiscal 2020 allowance does not include general salary increases.

Appendix 4
Fiscal Summary
MDH – Public Health Administration

Program/Unit	FY 18 Actual	FY 19 Wrk Approp	FY 20 Allowance	Change	FY 19 - FY 20 % Change
01 Executive Direction	$ 9,677,781	$ 8,780,300	$ 12,593,183	$ 3,812,883	43.4%
01 Office of Population Health Improvement	3,295,277	3,188,839	3,219,434	30,595	1.0%
07 Core Public Health Services	53,734,324	51,699,667	54,385,345	2,685,678	5.2%
01 Post Mortem Examining Services	13,250,602	13,780,395	15,330,146	1,549,751	11.2%
01 Office of Preparedness and Response	16,659,390	16,164,758	16,315,011	150,253	0.9%
01 Laboratory Services	46,900,474	46,904,152	46,857,585	- 46,567	- 0.1%
Total Expenditures	**$ 143,517,848**	**$ 140,518,111**	**$ 148,700,704**	**$ 8,182,593**	**5.8%**
General Fund	$ 107,207,068	$ 109,480,838	$ 113,757,595	$ 4,276,757	3.9%
Special Fund	6,971,843	7,507,594	7,789,760	282,166	3.8%
Federal Fund	28,332,378	22,318,041	22,425,544	107,503	0.5%
Total Appropriations	**$ 142,511,289**	**$ 139,306,473**	**$ 143,972,899**	**$ 4,666,426**	**3.3%**
Reimbursable Fund	$ 1,006,559	$ 1,211,638	$ 4,727,805	$ 3,516,167	290.2%
Total Funds	**$ 143,517,848**	**$ 140,518,111**	**$ 148,700,704**	**$ 8,182,593**	**5.8%**

MDH: Maryland Department of Health

Note: The fiscal 2019 appropriation does not include deficiencies, a one-time $500 bonus, or general salary increases. The fiscal 2020 allowance does not include general salary increases.