MR.00
Health Regulatory Commissions
Department of Health and Mental Hygiene

Operating Budget Data

($ in Thousands)

	FY 00 Actual	FY 01 Working	FY 02 Allowance	Change	% Change Prior Year
Special Fund	$47,400	$48,759	$50,330	$1,570	3.2%
Total Funds	**$47,400**	**$48,759**	**$50,330**	**$1,570**	**3.2%**

- The Maryland Health Care Commission (MHCC) and the Health Services Cost Review Commission (HSCRC) have requested $318,000 for 6.6 new positions.
- The HSCRC has requested an additional $815,000 for the Uncompensated Care Fund.

Personnel Data

	FY 00 Actual	FY 01 Working	FY 02 Allowance	Change
Regular Positions	98.10	98.10	104.70	6.60
Contractual FTEs	2.00	2.00	0.00	(2.00)
Total Personnel	**100.10**	**100.10**	**104.70**	**4.60**
Vacancy Data: Regular				
Budgeted Turnover: FY 02	5.91	5.64%		
Positions Vacant as of 12/31/00	10.30	10.50%		

- MHCC has requested six new regular positions for workload increases. Since two of the positions are contractual conversions, the number of contractual positions decreases.
- HSCRC has requested 0.6 new positions to pair with a 0.4 vacant position. The new position will assist with the reform of the hospital rate setting system.
- The actual vacancy rate should approach the budgeted rate since MHCC reports that three vacant positions will be filled in February 2001.

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

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Analysis in Brief

Issues

MHCC and HSCRC Approach Statutory Cap on Fees: Both commissions have little room for budget growth because they are approaching the cap on statutory fees. Addressing the issue will require either reducing expenditures or raising the caps through legislation. **The Department of Legislative Services (DLS) recommends the commissions brief the committee on this issue.**

The Commissions Need to Reduce Fund Balances: Both commissions have excess fund balances that should be returned to those entities which pay their fees. **DLS recommends budget bill language that requires the commissions to reduce the fund balance in fiscal 2002.**

MHCC and HSCRC Recommend Against Merger: As mandated by legislation, the commissions examined the possibility of a merger. In a recent report, the commissions recommended against such a merger. **DLS recommends the commissions discuss the drawbacks to the potential merger.**

Recommended Actions

		Funds	Positions
1.	Add language that expresses the General Assembly's intent that the excess fund balance of MHCC be returned to health care providers by the health occupation boards.		
2.	Add language that requires the health regulatory commissions to reduce their fund balances in fiscal 2002.		
3.	Delete new position for Electronic Health Network Certification because the MHCC can absorb current workload.	$ 48,967	1.0
4.	Delete new position for State Health Plan because MHCC's workload is declining in this area.	$ 48,967	1.0
5.	Reduce funding for consultants on acute inpatient data to slow the growth in expenses. This reduction still allows MHCC to contract for new data projects.	$ 75,000	
6.	Reduce consulting costs for HSCRC because new positions should reduce the need for these expenditures.	$ 100,000	
7.	Delete appropriation for Uncompensated Care Grants because the program will not be implemented in fiscal 2002.	$ 400,000	
	Total Reductions	**$ 672,934**	**2.0**

Updates

HSCRC Implements Plan to Slow Growth in Hospital Rates: To slow the growth in hospital rates, the HSCRC implemented a new plan in fiscal 2000. The methodology in this plan is a departure from the previous mechanism by which the HSCRC regulated rates.

***The Department of Legislative Services Recommends Extending Sunset Dates in Preliminary Sunset Reviews*:** DLS recommends extending the commissions' sunset dates by five years instead of the traditional ten years because of the pace of change in the health care industry.

MR.00

Health Regulatory Commissions

Department of Health and Mental Hygiene

Operating Budget Analysis

Program Description

The two regulatory commissions within the Office of the Deputy Secretary for Health Care Financing, form the foundation of Maryland's health care regulatory system.

The Health Services Cost Review Commission (HSCRC) was established in 1971 at a time when costs for health care services were rising rapidly and hospital solvency was an important issue. HSCRC is responsible for setting hospital rates. Inherent in this task is the development of incentives for hospitals to provide quality care to everyone, regardless of insurance status. Responsibilities include:

- administration of a Medicaid and Medicare-waivered all-payor system;
- review and approval of hospital rates;
- guarantee of access for the uninsured through administration of an uncompensated care fund; and
- collection of data on hospital utilization.

Mandated by statute, the Health Care Access and Cost Commission (HCACC) merged with the Health Resources Planning Commission (HRPC) to form the Maryland Health Care Commission (MHCC). This new commission is responsible for the following:

- development and implementation the of State Health Plan;
- management of the Certificate of Need process;
- development of cost-containment strategies;
- establishment of a basic benefit package for the small group health insurance market;
- establishment of a medical care database;
- development of a payment system for health care services;
- establishment of electronic clearinghouses for claim submission and exchange of payment information; and
- development of a system to compare health maintenance organizations on quality and performance.

Governor's Proposed Budget

The fiscal 2002 allowance increases by $1.57 million or 3.2% over the fiscal 2001 working appropriation, as shown in **Exhibit 1**. Since the commissions are entirely supported by provider fees, the whole increase is in special funds. The respective increases for the two commissions are discussed on the following page.

Exhibit 1

Governor's Proposed Budget
Health Regulatory Commissions
($ in Thousands)

How Much It Grows:	Special Fund	Total
2000 Working Appropriation	$48,759	$48,759
2001 Governor's Allowance	50,330	50,330
Amount Change	$1,570	$1,570
Percent Change	3.2%	3.2%

Where It Goes:		
Personnel Expenses	**$662**	
New positions (6 positions for MHCC and 0.6 positions for HSCRC)		$319
Increments and other compensation		260
General salary increase		112
Employee and retiree health insurance		85
Other fringe benefit adjustments		38
Turnover adjustments		(103)
Retirement contribution rate reduction		(49)
Other Operating Expenses	**$908**	
Increase in Uncompensated Care Fund through which the HSCRC reimburses hospitals with high rates of uncompensated care		$815
MHCC consulting services, including mapping of hospital utilization data		125
Reduction in contractual personnel expenses because of contractual conversions		(49)
Miscellaneous operating expenses		17
Total		**$1,570**

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

Maryland Health Care Commission

MHCC's allowance includes a $0.4 million or 5% increase, as demonstrated by **Exhibit 2.** Most of this increase is the result of the following six new positions:

Exhibit 2

Budget Trends
Health Regulatory Commissions
($ in Thousands)

	FY 2000 Actual	FY 2001 Working Approp	FY 2002 Allowance	% Change FY 00 - 01	% Change FY 01 - 02
Maryland Health Care Commission	$7,311	$7,787	$8,206	7%	5%
Health Services Cost Review Commission					
Operating	2,971	2,988	3,324	1%	11%
Uncompensated Care Fund	37,118	37,984	38,800	2%	2%
Subtotal	40,089	40,972	42,124	2%	3%
Total Regulatory Commissions	**$47,400**	**$48,759**	**$50,330**	**3%**	**3%**

Note: The increase in the operating budgets for MHHC and HSCRC are predominately driven by higher salary and consulting expenses, except for a $400,000 increase in the HSCRC in fiscal 2001 for the uncompensated care program.

Source: Department of Health and Mental Hygiene.

- **Positions Related to Legislation (3 positions):** These positions will support the implementation of legislative mandates pertaining to nursing home report cards, hospital and ambulatory surgical facilities report card, and electronic health network (EHN) accreditation. **The Department of Legislative Services (DLS) concurs with the immediate need for the positions for the nursing home report card and the hospital and ambulatory surgical facilities report card. However, DLS advises that the addition of the analyst for EHN accreditation can be deferred. Most of the work to prepare for accreditation has been done up-front. It remains to be seen if there will be a significant increase in workload for site visits and complaint resolution;**

- **Position Related to the State Health Plan (1 position):** The position will support the expansion of the mental health component of the State Health Plan. **DLS recommends deleting the position because the commission can expand the plan with existing resources because there has been a reduction in the Certificate of Need workload;** and

- **Contractual Positions (2 positions):** The positions provide administrative support for three assistant attorneys general as well as health facility surveys. These positions were previously budgeted as contractual personnel. Thus, the increase for these positions is offset by a decrease in contractual costs.

In addition to new personnel, MHCC is requesting an additional $125,000 for consulting contracts related to examining hospital data from Maryland and adjacent states. These additional funds represent a 250% increase over the $50,000 budgeted for similar purposes in fiscal 2001. **DLS advises that it is not clear that MHCC will require such a significant increase, especially in light of the declining number of certificate of need applications. Therefore, DLS recommends slowing the rate of growth by eliminating $75,000 of the increase.**

Health Services Cost Review Commission

The HSCRC's operating allowance increases by $0.3 million or 11%. This increase is the result of the following expenses:

- **New Position:** The commission is requesting an additional 0.6 position to pair with a 0.4 vacant position. The new associate director of research and methodology will assist the commission with the redesigned rate system. This position is justified because of the need to examine rates in outpatient hospital settings. **Since the new position should reduce the commission's reliance on outside consultants, DLS recommends reducing funds for consultants by $100,000;** and

- **Uncompensated Care Fund:** Most of the commission's increase is the result of an additional $815,000 for the Uncompensated Care Fund. From fees collected from all hospitals, the commission reimburses those hospitals that have high rates of uncompensated care. The additional reimbursements help make those hospitals competitive in pricing. Since the Uncompensated Care Fund is essentially a pass-through, it is excluded from spending affordability limits. The fiscal 2002 increase is justified by higher actual expenditures in fiscal 2001.

- **Uncompensated Care Grants:** The allowance includes level funding of $400,000 for uncompensated care grants. Once awarded, the grants will support innovative programs that reduce the rate of uncompensated care. For example, a grant could fund a program that reduced emergency room visits through more accessible acute care. Collecting funds to support the program might impact the status of Maryland's rate setting waiver from the Health Care Financing Administration. Hospital rates could rise as a result of the fees collected to support the program. Given this potential effect, the commission has not implemented the program, although its been funded since fiscal 2000. **Therefore, DLS recommends eliminating the appropriation for this program. The reduction of $400,000 counts towards the spending affordability limit. The commission can always bring in funding with a budget amendment if the grant program is established.**

Performance Analysis: Managing for Results

The commissions' Managing for Results (MFR) plans demonstrate their expertise in strategic planning. As shown in **Exhibit 3**, the commissions have selected measures that demonstrate their impact on the regulatory environment in health care. For example, MHCC's measures reflect the heightened interest in mandated health benefits as well as the decline of certificate of need activities. HSCRC's measures highlight the commission's success in keeping the growth in Maryland hospital rates below the national trend.

Exhibit 3

Program Measurement Data
Health Regulatory Commissions
Fiscal 1999 through 2002

	Actual 1999	Actual 2000	Est. 2001	Est. 2002	Ann. Chg. 99-00	Ann. Chg. 00-02
MHCC						
# of mandated health benefit estimates	n/a	9	15	15	n/a	29%
% of small employers offering health insurance	40%	48%	50%	51%	20%	3%
# of EHN's certified	6	8	10	10	33%	12%
# of Certificate of Need applications	60	45	52	52	-25%	7%
# of determination of coverage letters	237	108	172	172	-54%	26%
HSCRC						
Growth in Maryland hospital rates	1.9%	0.2%	2.5%	2.5%	-89%	254%
Growth in national hospital rates	2.5%	2.5%	2.5%	2.5%	0%	0%
# of charge per case performance targets	41	46	46	46	12%	0%

Source: Department of Health and Mental Hygiene

Issues

1. MHCC and HSCRC Approach Statutory Cap on Fees

Defining the Problem

MHCC and HSCRC are limited by a statutory cap, which they are approaching in fiscal 2002. There is not a consensus on whether the cap limits fee collections or budgeted expenses. If the cap is on fee collections, the problem is not as immediate because the commissions can draw down on their fund balances. As shown in **Exhibit 4**, MHCC plans to collect $7.7 million in fees, while the HSCRC plans to collect $3.4 million. If the commissions relied more heavily on their fund balances, they would be significantly under the cap for fee collections (see the discussion of fund balances in the next issue).

If the cap is on budgeted expenses, the commissions will face a problem much sooner. In fiscal 2002, MHCC's allowance is $50,000 below the cap, while the HSCRC is $200,000 short of its limit.

DLS recommends that DHMH clarify whether the cap is on fees or budgeted expenses.

Exhibit 4

Statutory Caps on the Commissions
($ in Millions)

Commission	Source of Funds	Fiscal 2002 Allowance	Fiscal 2002 Fee Collections	Statutory Cap on Fees
MHCC	third-party payers, health care providers, nursing homes, and hospitals	$8.2	$7.7	$8.25
HSCRC[1]	hospitals	$3.3	$3.4	$3.5

[1] Does not include Uncompensated Care Fund

Source: Department of Health and Mental Hygiene

Regardless of how the cap is defined, the commissions will soon face the following limitations:

- **Legislative Mandates:** The commissions usually fund new legislative mandates by appropriating more funding with a budget amendment. However, the commissions may be too close to their caps to fund new mandates in fiscal 2002 and beyond; and

- **Normal Growth in Expenditures:** The commissions may not be able to accommodate normal growth in expenditures. Since the allowance already includes normal growth for fiscal 2002, this problem would not begin until fiscal 2003.

Determining a Solution

Limitation on budget growth could affect the commissions' operations as early as fiscal 2002; there should be discussion on a solution during this session. The options are as follows:

- **Reducing Expenditures:** If expenditures for current programs were reduced, the commissions could accommodate new initiatives. This solution is relatively short-term, as normal growth in expenditures would probably place the budgets near the cap again in fiscal 2003; and

- **Increasing the Caps:** Increasing the caps would also provide opportunity for budget growth. Raising the caps can only be accomplished through legislation.

DLS recommends the commissions brief the committees on potential legislation.

2. The Commissions Need to Reduce the Fund Balance

Both commissions are faced with the problem of an excessive fund balance, as shown in **Exhibit 5**. These fund balances should be returned because statute stipulates that the commissions' fees should be based on direct costs. A high fund balance indicates that fees are greater than costs. **The commissions have been requested by the Legislative Policy Committee to report on their fund balances by October 1, 2001, as recommended in the preliminary sunset reviews. DLS recommends that the commissions submit this report to the budget committees as well.**

Exhibit 5

Excess Fund Balances
Health Regulatory Commissions
Fiscal 2001 and 2002 Projections
($ in Millions)

	MHCC	HSCRC
Fiscal 2000 Fund Balance	$4.0	$1.1
Fiscal 2001 Revenue Collections	5.1	3.0
Fiscal 2001 Expenses	(7.8)	(3.2)
Fiscal 2001 Balance	1.3	0.9
Fiscal 2002 Revenue Collections	7.7	3.4
Fiscal 2002 Expenses	(8.2)	(3.3)
Fiscal 2002 Fund Balance	**$0.8**	**$1.0**

Note: Does not include Uncompensated Care Fund. Fiscal 2001 expenses include a $200,000 budget amendment that has not been processed.

Source: Department of Health and Mental Hygiene

MHCC

As demonstrated in Exhibit 5, MHCC has made progress in reducing its fund balance. At the end of fiscal 2000, the commission posted a balance of almost $4 million. The commission projects that this balance will fall to $1.3 million by the end of fiscal 2001. The commission was able to reduce the fund balance through the following measures:

- **Lowering Fees to Users:** MHCC returned the fund balance by lowering its revenue collections. The commission accomplished this goal by reducing its fees for third-party payers, health occupation boards, nursing homes, and hospitals; and

- **Using the Fund Balance to Support Budget Growth:** MHCC drew down upon the fund balance to cover increases in the fiscal 2001 budget. This means that MHCC has delayed raising fees to cover these costs.

In fiscal 2002, MHCC plans to lower once again its revenue collections by reducing fees. However, the reduction will only apply to the health occupation boards that did not renew all of their licensees in fiscal 2001. These boards are on a biennial renewal cycle, so they will include the reduction in their fiscal 2002 renewals.

DLS recommends budget bill language that requires the commission to continue returning the excess fund balance. DLS also recommends budget bill language that states the General Assembly's intent that the excess fund balance be returned to health care providers by the health occupation boards through lower fees, as is stated by fiscal 2001 budget bill language.

HSCRC

By the end of fiscal 2002, HSCRC will have an estimated fund balance of $1 million. The commission advises that the actual amount will be lower because fines levied on hospitals for late reporting and other violations were incorrectly deposited into the commission's special fund. These fines, estimated at $100,000, should have been credited to the general fund. After correcting this problem the commission plans to begin returning the fund balance over a five-year period beginning in fiscal 2003. **DLS recommends the General Assembly require the commission to take a more aggressive approach by adding budget bill language that requires the commission to lower its fund balance in fiscal 2002.**

3. MHCC and HSCRC Recommend Against Merger

The General Assembly mandated in Chapter 702, Acts of 1999 that MHCC and HSCRC study the feasability of a merger. Such a merger would come on the heels of the consolidation of the Health Care Access and Cost Commission (HCACC) and the Maryland Health Resources Planning Commission (HRPC). However, MHCC and HSCRC recommended against a merger for the following reasons:

- **No Duplication of Functions:** MHCC and HSCRC do not have duplicative responsibilities. In the areas in which there are shared interests, the commissions demonstrate a high degree of coordination;

- **Costs Do Not Outweigh Benefits:** Savings from consolidating MHCC and HSCRC would not be significant. The commissions estimated that the merger between HCACC and HRPC only produced an annual savings of $100,000. This level of savings does not justify the disruption that would occur if MHCC and HSCRC were merged; and

- **Burden on Commissioners:** Commissioners should have a reasonable workload, given that they are volunteers. Since the merger would likely increase the commissioners' responsibilities, the commissions could have difficulty in recruiting and retaining board members.

DLS recommends that the commissions comment upon the recent recommendation not to merge the commissions.

Recommended Actions

1. Add the following language:

   It is the intent of the General Assembly that the excess fund balance of the Maryland Health Care Commission be returned to health care providers by the health occupation boards through lower fees.

   Explanation: Part of the excess fund balance of the Maryland Health Care Commission has been generated by fees levied on health care providers through the health occupation boards. Therefore, it is the intent of the General Assembly that the health occupation boards lower fees when the Maryland Health Care commission returns the excess fund balance.

2. Add the following language:

   The Health Regulatory Commissions shall reduce their fund balances to a reasonable level in fiscal 2002 by lowering user fees.

   Explanation: The Maryland Health Care Commission and the Health Services Cost Review Commission are projecting excess fund balances in fiscal 2001. Therefore, the commissions should lower user fees to reduce the fund to a reasonable level in fiscal 2002.

		Amount Reduction		Position Reduction
3.	Delete new position for Electronic Health Network Certification because the MHCC can absorb current workload.	$ 48,967	SF	1.0
4.	Delete new position for State Health Plan because MHCC's workload is declining in this area.	$ 48,967	SF	1.0
5.	Reduce funding for consultants on acute inpatient data to slow the growth in expenses. This reduction still allows MHCC to contract for new data projects.	$ 75,000	SF	
6.	Reduce consulting costs for HSCRC because new positions should reduce the need for these expenditures.	$ 100,000	SF	
7.	Delete appropriation for Uncompensated Care Grants because the program will not be implemented in fiscal 2002. It is the intent of the General Assembly that these funds be restored with a budget amendment if HSCRC implements the program earlier than expected.	$ 400,000	SF	
	Total Special Fund Reductions	**$ 672,934**		**2.0**

Updates

1. HSCRC Implements Plan to Slow Growth in Hospital Rates

Under the rate setting system, the HSCRC sets limits on the growth in Maryland's hospital rates. As a result, the commission had been able to keep Maryland's growth below the national rate until the mid-1990s. However, Maryland's growth rates have sometimes exceeded the national rates in the last half of the decade because managed care has slowed the growth in other states. This trend may impact the status of Maryland's waiver from the Health Care Financing Administration upon which the rate setting system is based.

To slow the growth in hospital rates, the HSCRC implemented a new plan in fiscal 2000. The methodology in this plan is a departure from the previous mechanism by which the HSCRC regulated rates. In the past, the HSCRC has regulated rates by evaluating the cost of seven groups of hospital services on a quarterly basis. If the rates for any group rose too quickly, the hospital was required to reduce those rates in the next quarter. Under the new plan, hospitals are required only to hit a target for total cost per case at any point in time. This requirement poses a more immediate constraint because there is not the quarterly time lag in adjusting rates as in the previous system. The commission reports that the new methodology has already slowed growth in hospital rates.

2. DLS Recommends Extending Sunset Date in Preliminary Sunset Reviews

This past interim, DLS conducted evaluations of MHCC and HSCRC. The Maryland Program Evaluation Act requires DLS to evaluate the agencies specified in statute every ten years. This activity is commonly known as sunset reviews because the agencies subject to review are automatically terminated unless legislative action is taken to reauthorize them. Approved by the Legislative Policy Committee, the preliminary reviews of the commissions recommended:

- extending the sunset dates by five years. This recommendation is different than the traditional recommendation of ten years because of the pace of change in the health care industry;
- requiring a report on the commissions' fund balances by October 2001; and
- requiring a report on the status of HSCRC's waiver from the Health Care Financing Administration by October 2001.

Appendix 1

Current and Prior Year Budgets

Current and Prior Year Budgets
Health Care Regulatory Commissions
($ in Thousands)

	General Fund	Special Fund	Federal Fund	Reimb. Fund	Total
Fiscal 2000					
Legislative Appropriation	$0	$47,445	$0	$0	$47,445
Deficiency Appropriation	0	0	0	0	0
Budget Amendments	0	478	0	0	478
Reversions and Cancellations	0	(523)	0	0	(523)
Actual Expenditures	**$0**	**$47,400**	**$0**	**$0**	**$47,400**
Fiscal 2001					
Legislative Appropriation	$0	$48,091	$0	$0	$48,091
Budget Amendments	0	668	0	0	668
Working Appropriation	**$0**	**$48,759**	**$0**	**$0**	**$48,759**

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

Fiscal 2000

The special fund appropriation increased by $478,000 primarily because of consulting services for legislative mandates. The HSCRC used its $258,000 increase for rate setting consultants, office equipment, and moving expenses. The MHCC planned to use its $220,000 increase to study insurance mandates and conduct a pilot project on hospital and nursing home report cards. However, most of these funds were not spent because there were fewer insurance mandates to study and delays in implementing the report card pilot projects. These unspent funds contributed to a cancellation of $523,557. Other factors behind the cancellation include delays in position reclassifications and overbudgeting of per diems.

Fiscal 2001

The special fund appropriation has increased by $667,886 to cover the cost of unfunded positions, a study of the uninsured, and consulting services for other projects.

Object/Fund Difference Report
DHMH - Health Regulatory Commissions

Object/Fund	FY00 Actual	FY01 Working Appropriation	FY02 Allowance	FY01 - FY02 Amount	Percent Change
Positions					
01 Regular	98.10	98.10	104.70	6.60	6.7%
02 Contractual	2.00	2.00	0	(2.00)	(100.0%)
Total Positions	**100.10**	**100.10**	**104.70**	**4.60**	**4.6%**
Objects					
01 Salaries and Wages	$ 5,770,628	$ 6,446,338	$ 7,107,057	$ 660,719	10.2%
02 Technical & Spec Fees	114,742	94,979	35,780	(59,199)	(62.3%)
03 Communication	90,885	139,106	125,625	(13,481)	(9.7%)
04 Travel	114,189	98,122	108,463	10,341	10.5%
07 Motor Vehicles	13,212	2,324	2,021	(303)	(13.0%)
08 Contractual Services	40,594,974	41,395,466	42,311,488	916,022	2.2%
09 Supplies & Materials	70,754	65,762	69,065	3,303	5.0%
10 Equip - Replacement	75,823	42,472	76,047	33,575	79.1%
11 Equip - Additional	48,513	8,783	30,510	21,727	247.4%
13 Fixed Charges	506,098	466,132	463,784	(2,348)	(0.5%)
Total Objects	**$ 47,399,818**	**$ 48,759,484**	**$ 50,329,840**	**$ 1,570,356**	**3.2%**
Funds					
03 Special Fund	$ 47,399,818	$ 48,759,484	$ 50,329,840	$ 1,570,356	3.2%
Total Funds	**$ 47,399,818**	**$ 48,759,484**	**$ 50,329,840**	**$ 1,570,356**	**3.2%**

Note: Full-time and contractual positions and salaries are reflected for operating budget programs only.

Fiscal Summary
DHMH - Health Regulatory Commissions

Unit/Program	FY00 Actual	FY01 Legislative Appropriation	FY01 Working Appropriation	FY00 - FY01 % Change	FY02 Allowance	FY01 - FY02 % Change
01 Maryland Health Care Commission	$ 7,311,173	$ 7,118,630	$ 7,786,516	6.5%	$ 8,206,266	5.4%
02 Health Services Cost Review Commission	40,088,645	40,972,968	40,972,968	2.2%	42,123,574	2.8%
Total Expenditures	**$ 47,399,818**	**$ 48,091,598**	**$ 48,759,484**	**2.9%**	**$ 50,329,840**	**3.2%**
Special Fund	$ 47,399,818	$ 48,091,598	$ 48,759,484	2.9%	$ 50,329,840	3.2%
Total Appropriations	**$ 47,399,818**	**$ 48,091,598**	**$ 48,759,484**	**2.9%**	**$ 50,329,840**	**3.2%**