

**M00A01.04**  
**Health Occupation Boards**  
**Department of Health and Mental Hygiene**

***Operating Budget Data***

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(\$ in Thousands)

	<u>FY 2002</u> <u>Actual</u>	<u>FY 2003</u> <u>Approp.</u>	<u>FY 2004</u> <u>Allowance</u>	<u>FY 03 - 04</u> <u>Change</u>	<u>FY 03 - 04</u> <u>% Change</u>
General Funds	\$158	\$159	\$169	\$10	6.2%
Contingent & Back of Bill Reductions	0	0	-1	0	290.6%
<b>Adjusted General Funds</b>	<b>\$158</b>	<b>\$159</b>	<b>\$168</b>	<b>\$9</b>	<b>6.0%</b>
Special Funds	16,174	17,762	18,659	896	5.0%
Contingent & Back of Bill Reductions	0	-13	-91	-78	587.8%
<b>Adjusted Special Funds</b>	<b>\$16,174</b>	<b>\$17,749</b>	<b>\$18,568</b>	<b>\$819</b>	<b>4.6%</b>
Reimbursable Funds	204	202	234	33	16.2%
Contingent & Back of Bill Reductions	0	0	-2	-2	0.0%
<b>Adjusted Reimbursable Funds</b>	<b>\$204</b>	<b>\$202</b>	<b>\$233</b>	<b>\$31</b>	<b>15.5%</b>
<b>Adjusted Grand Total</b>	<b>\$16,536</b>	<b>\$18,109</b>	<b>\$18,969</b>	<b>\$859</b>	<b>4.7%</b>

- The fiscal 2004 allowance provides \$258,000 for 12 new contractual positions.
- The fiscal 2004 allowance provides a \$148,000 increase for Attorney General costs.

***Personnel Data***

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	<u>FY 02</u> <u>Actual</u>	<u>FY 03</u> <u>Working</u>	<u>FY 04</u> <u>Allowance</u>	<u>Change</u>
Regular Positions	199.00	186.50	182.50	(4.00)
Contractual FTEs	15.63	24.03	35.76	11.73
<b>Total Personnel</b>	<b>214.63</b>	<b>210.53</b>	<b>218.26</b>	<b>7.73</b>

***Vacancy Data: Regular Positions***

Budgeted Turnover: FY 04	4.62	2.53%
Positions Vacant as of 12/31/02	12.00	6.43%

- The fiscal 2004 allowance deletes four regular positions.

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

For further information contact: Brian Baugus

Phone: (410) 946-5530

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- The fiscal 2004 allowance provides a net of 11.73 new contractual positions.

## ***Analysis in Brief***

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### **Major Trends**

***Complaint Resolution:*** Certain boards take a disproportionately long time to resolve complaints.

### **Issues**

***Fund Balances:*** Some boards have fund balances significantly in excess of their target amounts.

***Sunset Reviews:*** The Boards of Social Work Examiners and Electrologists underwent full sunset reviews in 2002, and the Boards of Acupuncture and Dietetic Practice underwent preliminary reviews.

### **Recommended Actions**

1. Concur with Governor's allowance.

### **Updates**

***Auricular Detoxification:*** Chapter 317, Acts of 2001 established a pilot program allowing acupuncturists to practice auricular detoxification.

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## ***Operating Budget Analysis***

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### **Program Description**

Under the Office of the Secretary of the Department of Health and Mental Hygiene (DHMH), there are 17 boards 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 addition to the boards, there is the Commission of Kidney Disease, which monitors the compliance of dialysis facilities with federal and State regulations.

In general, each board has the following goals:

- Protect the public by insuring that practicing health professionals are properly credentialed and licensed; and
- Investigate complaints.

### **Performance Analysis: Managing for Results**

Since each of the 17 boards and the commission provide a Managing for Results (MFR) report, it is not feasible to present details for each. Significant data from the various submissions are presented below.

***Licensing:*** The MFR reports that most of the boards license over 90% of applicants whose application is approved and nearly 100% of all licensees that apply for renewal receive it. The MFR does not report how many applications are rejected for most of the boards.

One of the collective goals of the health boards is the protection of the public. While the MFR report concentrates on licensing activity and complaint resolution, it is not entirely clear that these measures adequately report the boards' effectiveness in protecting public safety. Licensing and complaint resolution are important but are more process focused and do not really provide safety measures. Licensed medical practitioners make mistakes and do occasionally cause harm. Does Maryland have fewer medical safety issues than other states? Is it safer than the national average? Measures that accurately report how much safer Maryland is due to the actions of the boards would be very useful in assessing their mission performance. **DHMH should comment on the possibility of developing MFR measures that include comparable national and regional data as well as measures that report on the boards tangible contributions to public safety.**

***Complaint Investigations:*** Most boards are meeting their "days to resolve" goal for complaint investigation; however, for three boards the goal is to resolve a complaint within 180 days. While some of these cases are technical and not easily resolved, 180 days should be more than ample time to resolve most complaints for these three boards, especially considering that they do not handle many cases per year.

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Several other boards handle many more cases in less time. **Exhibit 1** presents the details.

**Exhibit 1**

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**Number of Cases Per Year for Selected Health Boards**

<u>Board</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004 (est.)</u>
Acupuncture	9	10	9	10
Dietetic Practice	6	4	4	4
Professional Counselors and Therapists	13	10	16	22

Source: Governor's Budget Books

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These three boards will handle 36 cases combined in fiscal 2004 and anticipate that it will take up to 180 days per case to resolve while the Board of Dental Examiners will handle 290 cases in fiscal 2004 at 180 days per case. Even when adjusting for the fact that the Board of Dental Examiners has more staff, it is still far more efficient than the boards listed in Exhibit 1. Dental examiners will handle 41 cases per staff member while Professional Counselors will handle 5.5.

**DHMH should comment on what appears to be a wide range of acceptable results for complaint resolution between the boards and assure the committees that each board has aggressive complaint resolution goals.**

Two boards indicate that they expect to improve their timeliness in complaint resolution. The Boards of Chiropractic Examiners and Occupational Therapy Examiners indicate they expect improvement over fiscal 2003 regarding how much time is required to resolve a complaint.

**DHMH should comment on the feasibility of these goals given that there are no additional resources provided in the allowance.**

## **Fiscal 2003 Actions**

### **Impact of Cost Containment**

Fiscal 2003 cost containment reflects the reversion of appropriations to support free transit ridership for State employees, contingent upon enactment of a provision in the Budget Reconciliation and Financing Act of 2003. This is about \$13,000 for the health boards.

## Governor's Proposed Budget

The fiscal 2004 allowance provides an \$859,000 increase (4.75%) over the fiscal 2003 working appropriation. **Exhibit 2** details the Governor's allowance.

### Impact of Cost Containment

The fiscal 2004 allowance reflects the elimination of the appropriation for matching employee deferred compensation contributions up to \$600, contingent upon enactment of a provision in the Budget Reconciliation and Financing Act of 2003. This is about \$94,000 for the health boards.

## Exhibit 2

### Governor's Proposed Budget Health Occupations Boards (\$ in Thousands)

	<u>FY 2002</u> <u>Actual</u>	<u>FY 2003</u> <u>Approp.</u>	<u>FY 2004</u> <u>Allowance</u>	<u>FY 03 - 04</u> <u>Change</u>	<u>FY 03 - 04</u> <u>% Change</u>
General Funds	\$158	\$159	\$169	\$10	6.2%
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<b>Adjusted General Funds</b>	<b>\$158</b>	<b>\$159</b>	<b>\$168</b>	<b>\$9</b>	<b>6.0%</b>
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#### Where It Goes:

##### Personnel Expenses

Employee and retiree health insurance .....	\$318
Turnover adjustments .....	138
Deletion of 4 regular positions .....	-152
Workers' compensation premium assessment .....	-111

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**Where It Goes:**

Deferred compensation .....	-68
Miscellaneous .....	-26

**Other Changes**

Addition of 11.73 contractual employees .....	258
Attorney General costs largely due to legal action against former employee.....	148
Contractual turnover expectancy reduced .....	143
System software maintenance mostly for nurses database .....	58
Per diem charges for Boards of Nursing, Pharmacy, Chiropractic, Psychology, Podiatry, and Acupuncture.....	47
Rent due to more space and higher cost per square foot for nursing board.....	22
Other .....	84

**Total** **\$859**

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

**Personnel**

The fiscal 2004 allowance provides a \$99,000 increase over the fiscal 2003 working appropriation. However, this increase is primarily due to an increase in employee and retiree health insurance costs, which increase by \$318,000. This increase is offset by a decrease of \$152,000 in salary and benefits from the abolishment of 4 regular positions. **Exhibit 3** provides the details of these four positions.

**Exhibit 3**

**Abolished Positions in the Health Boards**

<u>Program</u>	<u>Position</u>
Board of Nursing	Health Occupation Investigator
Board of Physician Quality Assurance	Legal Secretary
	Fiscal Accounts Technician
	BPQA Compliance Analyst

Source: Department of Health and Mental Hygiene

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**DHMH should be prepared to comment on the affects these deletions will have on the operations of the board.**

**Other Changes**

**Contractual Positions**

The fiscal 2004 allowance provides a \$258,000 increase – a net addition of 11.73 contractual positions. There are 14.85 new contractual employees, partially offset by a deletion of 3.12 contractual positions. The new contractual positions are detailed in **Exhibit 4**, and the deleted contractual positions are detailed in **Exhibit 5**.

**Exhibit 4**

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**Assignments for Health Board New Contractual Employees\***

<u>Program</u>	<u>Position</u>	<u>FTE</u>
Social Work Examiners	Administrative Officer	1
	Data Network Specialist I	1
	Compliance Analyst	1
	Office Services Clerk	1
	Office Secretary	1
AUD/HAD/SLP**	Office Secretary II	1
Board of Physician Quality Assurance	Office Clerk II	5
	BPQA Compliance Analyst	1
	Fiscal Accounts Technician	1
	Legal Secretary	1
	Medical Consultant	0.15
Board of Pharmacy	Administrative Specialist II	0.6
Board of Podiatric Medical Examiners	Health Occupations Investigator III	0.1

\* Some positions are already filled

\*\* Board of Audiologists, Hearing Aid Dispensers, and Speech Language Pathologists

Source: Department of Health and Mental Hygiene

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**Exhibit 5**

**Deleted Contractual Positions**

<u>Program</u>	<u>Position</u>	<u>FTE</u>
Board of Dental Examiners	Office Secretary II	1
Board of Occupational Therapy Examiners	Health Occup. Investigator III	0.1
Board of Podiatric Medical Examiners	Administrative Officer III	0.25
Commission on Kidney Disease	Administrative Officer III	0.25
Board of Nursing	Administrative Specialist I	1
Board of Physician Quality Assurance	Physician	0.5
Miscellaneous	Various	0.02

Source: Department of Health and Mental Hygiene

**Per Diem**

The per diem for board members increases by \$46,466 in the fiscal 2004 allowance. **Exhibit 6** details which boards are receiving an increase.

**Exhibit 6**

**Per Diem Changes in Fiscal 2004 Allowance**

<u>Program</u>	<u>Increase</u>	<u>Reason</u>
Board of Nursing	\$26,480	Increase from \$40 to \$100 per diem - sunset review recommendation
Board of Pharmacy	7,600	Addition of two new committees
Board of Chiropractic Examiners	4,286	Increase in meeting attendance
Board of Examiners of Psychology	4,000	Increased days of service
Board of Podiatric Medical Examiners	2,900	Increased number of hearings
Board of Acupuncture	1,200	Additional members at meetings
<b>Total</b>	<b>\$46,466</b>	

Source: Department of Health and Mental Hygiene

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**Attorney General Expenditures**

The fiscal 2004 allowance also contains a \$148,000 increase in Attorney General expenditures. This is primarily driven by a large increase in the allocated expenditures for the Board of Dental Examiners. **DHMH should be prepared to explain the reason for this increase.**

## Issues

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### 1. Fund Balances

All the health boards and the commission, with the exception of the nursing home administrators are special funded. Their primary source of funds is fees collected for licensing and certification activities. According to statute, these fees should match the operating costs of the boards.

The boards and the commission have set target fund balance levels based on a percentage of their annual expenditures. Boards with smaller budgets maintain larger fund balances because they have less ability to absorb unexpected expenses. The target fund balance and the expected fiscal 2003 year-end fund balances for each board and the commission are detailed in **Exhibit 7**.

### Exhibit 7

#### Health Boards Fund Balances

<u>Board</u>	<u>2003 Rev.</u>	<u>2003 Exp.</u>	<u>2003 Fund Bal.</u>	<u>Target Fund Bal.</u>	<u>Excess Fund Bal.</u>
BPQA	\$6,576,166	\$6,097,206	\$2,172,366	\$1,219,441	\$952,925
Nursing	4,455,876	4,489,032	739,134	897,806	-158,672
Acupuncture	157,200	192,764	92,642	57,829	34,813
Dietetic Practice	118,500	124,209	3,675	37,263	-33,588
Pro. Counselors	394,800	341,069	127,324	102,321	25,003
Chiropractic Examiners	620,000	560,986	266,905	140,247	126,659
Dental Examiners	1,500,000	1,415,882	261,240	353,971	-92,731
Electrologists*	35,000	33,834	15,938	6,767	9,171
Morticians	284,478	356,138	26,263	106,841	-80,578
Occupational Therapists	91,517	303,836	7,040	75,959	-68,919
Optometry	415,000	222,992	271,306	55,748	215,558
Pharmacy	1,393,660	1,114,134	516,788	222,827	293,961
Physical Therapists	808,975	678,871	658,298	169,718	488,580
Podiatry*	194,685	200,983	63,839	60,295	3,544
Examiner Psychologists	467,650	481,058	222,606	120,265	102,342
Social Workers	1,029,300	669,358	603,725	167,340	436,386
AUD/HAD/SLP	77,000	268,817	93,756	67,204	26,552
Kidney Commission*	122,168	185,821	211,804	55,746	156,058
<b>Totals</b>				<b>\$3,917,586</b>	<b>\$2,437,063</b>

Note: All boards are on a biennial licensing cycle excepts those marked "\*" which are on an annual cycle.

BPQA = Board of Physicians Quality Assurance

Source: Department of Health and Mental Hygiene

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While five boards are expected to have fund balances below their targets, as Exhibit 7 shows, the boards are expected to end fiscal 2003 with a collective excess fund balance of \$2.4 million. **Exhibit 8** presents the boards that, based on a two-year (fiscal 2001-2002) average, have had their revenues equal to or exceed of their expenditures over that time period and, therefore, have a history of being financially sound.

**Exhibit 8**

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**Financially Sound Boards**  
(\$ in Thousands)

<u>Board</u>	<u>Avg. Revenue (2001-2002)</u>	<u>Avg. Expenditures (2001-2002)</u>	<u>Expected Fiscal 2003 Excess Fund Balance</u>
Pro. Counselors	\$386	\$294	\$25
Physical Therapists	612	569	489
Podiatry	185	184	4
Social Workers	731	606	436
Kidney Commission	164	92	156
BPQA	6,949	5,802	953
<b>Total Fund Balance</b>			<b>\$2,063</b>

Source: Department of Health and Mental Hygiene

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**DLS recommends that the General Assembly include language in the 2003 Budget Reconciliation and Financing Act that transfers the excess fund balances as shown in Exhibit 8 to the general fund. DHMH should be prepared to comment on the affect of this potential transfer.**

**DLS also notes that the Board of Physician Quality Assurance sunsets July 1, 2003. While it is expected that the board will be renewed as recommended in the 2002 sunset report, if it is not, DLS recommends that language be included in the 2003 Budget Reconciliation and Financing Act that transfers BPQA's entire fund balance to the general fund.**

## **2. Sunset Reviews**

The Board of Social Work and the Board of Electrologists underwent full sunset evaluations during the 2002 interim. Below are the major recommendations for each.

### **Board of Social Work**

Selected Recommendations:

- Legislation should be enacted to extend the termination date for the Maryland Board of Social Work Examiners to July 1, 2014.
- The board should adjust its fees in order to draw down its fund balance to a more appropriate level. The new fees should take into account the 25% average fund balance target level, future inflation, and realistic growth in expenditures.
- Statute should be amended to make it the role of the board secretary to monitor board finances. In addition, the board should require the secretary to make at least semi-annual financial reports to the board.
- Board staff should be required to meet with and provide essential financial information to the board secretary at least one month before each meeting.
- Board staff should develop a working relationship with the shared fiscal officer for the boards and commission. In addition, key board staff should be required to have training in basic fiscal accounting, forecasting, and record keeping.

### **Board of Electrologists**

Selected Recommendations

- Sunset the State Board of Electrologists as an autonomous board in the Health Occupations Boards and Commission Program of the Department of Health and Mental Hygiene.
- Create an Electrology Practice Committee within the Board of Physician Quality Assurance similar to the committees established for respiratory care practitioners and radiation oncology/therapy, medical radiation, and nuclear medicine technologists.
- The BPQA should reduce fees for electrologist licensees to the extent possible to be comparable to fees for respiratory care practitioners and radiation oncology/therapy, medical radiation, and nuclear medicine technologists.

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- If the board is not absorbed by the BPQA, then legislation should be enacted to extend the termination date for the State Board of Electrologists to July 1, 2010.
- DHMH should exercise its oversight authority to ensure that the board is able to continue operating. Specifically, DHMH should assist the board in finding ways to remain self-sufficient.

The Boards of Acupuncture and Dietetic Practice underwent preliminary reviews as well. The Department of Legislative Services recommended that the Board of Acupuncture be waived from a full evaluation and that the Board of Dietetic Practice undergo a full evaluation in 2003.

## ***Recommended Actions***

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1. Concur with Governor's allowance.

## *Updates*

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### **1. Auricular Detoxification**

Chapter 317, Acts of 2001 established a pilot program allowing acupuncturists to practice auricular detoxification. Auricular detoxification is an acupuncture technique involving the needling of the external auricle of the human ear to assist a person who is undergoing detoxification to remove addictive substances from the body and restore health. Chapter 317 sunsets September 30, 2004.

## *Current and Prior Year Budgets*

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### Current and Prior Year Budgets Health Occupational Boards (\$ in Thousands)

	<u>General Fund</u>	<u>Special Fund</u>	<u>Federal Fund</u>	<u>Reimb. Fund</u>	<u>Total</u>
<b>Fiscal 2002</b>					
Legislative Appropriation	\$158	\$16,369	\$0	\$215	\$16,742
Deficiency Appropriation	0	0	0	0	0
Budget Amendments	0	481	0	0	481
Reversions and Cancellations	0	-676	0	-11	-687
<b>Actual Expenditures</b>	<b>\$ 158</b>	<b>\$16,174</b>	<b>\$0</b>	<b>\$204</b>	<b>\$16,536</b>
<b>Fiscal 2003</b>					
Legislative Appropriation	\$159	\$17,762	\$0	\$202	\$18,123
Budget Amendments	0	0	0	0	0
Contingent and Back of the Bill Reductions	0	-13	0	0	-13
<b>Working Appropriation</b>	<b>\$ 159</b>	<b>\$17,749</b>	<b>\$0</b>	<b>\$202</b>	<b>\$18,109</b>

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

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Appendix 2

Object/Fund Difference Report  
DHMH - Health Occupation Boards

Object/Fund	FY02	FY03	FY04	FY03 - FY04	Percent Change
	<u>Actual</u>	<u>Working Appropriation</u>	<u>Allowance</u>	<u>Amount Change</u>	
<b>Positions</b>					
01 Regular	199.00	186.50	182.50	-4.00	-2.1%
02 Contractual	15.63	24.03	35.76	11.73	48.8%
<b>Total Positions</b>	<b>214.63</b>	<b>210.53</b>	<b>218.26</b>	<b>7.73</b>	<b>3.7%</b>
<b>Objects</b>					
01 Salaries and Wages	\$ 10,009,261	\$ 10,632,727	\$ 10,811,658	\$ 178,931	1.7%
02 Technical & Spec Fees	1,197,901	1,369,776	1,922,765	552,989	40.4%
03 Communication	655,441	592,472	623,001	30,529	5.2%
04 Travel	196,424	321,342	314,731	-6,611	-2.1%
07 Motor Vehicles	1,306	3,672	4,120	448	12.2%
08 Contractual Services	3,551,460	4,212,379	4,367,274	154,895	3.7%
09 Supplies & Materials	154,606	187,653	175,771	-11,882	-6.3%
10 Equip - Replacement	40,240	6,620	51,620	45,000	679.8%
11 Equip - Additional	112,354	117,734	91,962	-25,772	-21.9%
12 Grants, Subsidies, Contr	17,306	14,686	10,000	-4,686	-31.9%
13 Fixed Charges	599,812	663,784	689,010	25,226	3.8%
<b>Total Objects</b>	<b>\$ 16,536,111</b>	<b>\$ 18,122,845</b>	<b>\$ 19,061,912</b>	<b>\$ 939,067</b>	<b>5.2%</b>
<b>Funds</b>					
01 General Fund	\$ 158,017	\$ 158,782	\$ 168,616	\$ 9,834	6.2%
03 Special Fund	16,174,404	17,762,482	18,658,963	896,481	5.0%
09 Reimbursable Fund	203,690	201,581	234,333	32,752	16.2%
<b>Total Funds</b>	<b>\$ 16,536,111</b>	<b>\$ 18,122,845</b>	<b>\$ 19,061,912</b>	<b>\$ 939,067</b>	<b>5.2%</b>

Note: Fiscal 2003 appropriations and fiscal 2004 allowance do not include cost containment and contingent reductions.

Fiscal Summary						
DHMH - Health Occupation Boards						
<u>Unit/Program</u>	<u>FY02</u>	<u>FY03</u>	<u>FY03</u>	<u>FY02 - FY03</u>	<u>FY04</u>	<u>FY03 - FY04</u>
	<u>Actual</u>	<u>Legislative</u>	<u>Working</u>	<u>% Change</u>	<u>Allowance</u>	<u>% Change</u>
04 Health Professionals Boards and Commissions	\$ 7,116,463	\$ 7,536,607	\$ 7,536,607	5.9%	\$ 7,855,524	4.2%
05 Board of Nursing	3,926,531	4,489,032	4,489,032	14.3%	4,976,593	10.9%
06 Board of Physician Quality Assurance	5,493,117	6,097,206	6,097,206	11.0%	6,229,795	2.2%
<b>Total Expenditures</b>	<b>\$ 16,536,111</b>	<b>\$ 18,122,845</b>	<b>\$ 18,122,845</b>	<b>9.6%</b>	<b>\$ 19,061,912</b>	<b>5.2%</b>
General Fund	\$ 158,017	\$ 158,782	\$ 158,782	0.5%	\$ 168,616	6.2%
Special Fund	16,174,404	17,762,482	17,762,482	9.8%	18,658,963	5.0%
<b>Total Appropriations</b>	<b>\$ 16,332,421</b>	<b>\$ 17,921,264</b>	<b>\$ 17,921,264</b>	<b>9.7%</b>	<b>\$ 18,827,579</b>	<b>5.1%</b>
Reimbursable Fund	\$ 203,690	\$ 201,581	\$ 201,581	-1.0%	\$ 234,333	16.2%
<b>Total Funds</b>	<b>\$ 16,536,111</b>	<b>\$ 18,122,845</b>	<b>\$ 18,122,845</b>	<b>9.6%</b>	<b>\$ 19,061,912</b>	<b>5.2%</b>

Note: Fiscal 2003 appropriations and fiscal 2004 allowance do not include cost containment and contingent reductions.