

M00F05
Office of the Chief Medical Examiner
Department of Health and Mental Hygiene

Operating Budget Data

(\$ in Thousands)

	<u>FY 07</u> <u>Actual</u>	<u>FY 08</u> <u>Working</u>	<u>FY 09</u> <u>Allowance</u>	<u>FY 08-09</u> <u>Change</u>	<u>% Change</u> <u>Prior Year</u>
General Fund	\$8,610	\$8,617	\$9,281	\$664	7.7%
Federal Fund	174	181	196	15	8.2%
Reimbursable Fund	<u>104</u>	<u>97</u>	<u>112</u>	<u>15</u>	<u>16.0%</u>
Total Funds	\$8,888	\$8,895	\$9,589	\$694	7.8%

- The fiscal 2009 allowance is \$0.7 million, or 7.8%, higher than the fiscal 2008 working appropriation. The increase is due in large part to health insurance and long-term Other Post Employment Benefits liability funding, which account for \$0.4 million of the total increase.
- Excluding the health insurance and long-term Other Post Employment Benefits liability costs, the proposed budget increases by \$0.3 million, or 3.4%, over the fiscal 2008 working appropriation.

Personnel Data

	<u>FY 07</u> <u>Actual</u>	<u>FY 08</u> <u>Working</u>	<u>FY 09</u> <u>Allowance</u>	<u>FY 08-09</u> <u>Change</u>
Regular Positions	76.00	80.00	80.00	0.00
Contractual FTEs	<u>7.13</u>	<u>6.75</u>	<u>6.05</u>	<u>-0.70</u>
Total Personnel	83.13	86.75	86.05	-0.70

Vacancy Data: Regular Positions

Turnover, Excluding New Positions	2.39	2.99%
Positions Vacant as of 12/31/07	9.50	11.88%

- The fiscal 2009 allowance decreases contractual positions by 0.7 full-time equivalent at the Office of the Chief Medical Examiner (OCME).

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

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- The projected fiscal 2009 turnover rate of 2.99% is 8.89 percentage points lower than the current vacancy rate of 11.88%. To achieve the proposed turnover rate in fiscal 2009, it will be necessary to maintain 2.39 vacancies. Currently, the department has 9.50 vacancies, as of January 1, 2008.

Analysis in Brief

Major Trends

The Number of Autopsies and External Examinations Continue to Rise: Although the per capita autopsy rate is consistent with the national average, the number of investigated deaths continues to rise in Maryland. Since fiscal 2001, the number of deaths investigated has risen 36%, going from 7,661 in fiscal 2001 to 10,428 in fiscal 2007.

Issues

Accreditation by the National Association of Medical Examiners Is in Jeopardy: Phase II violations incurred by OCME concerning building space and medical examiner workload threaten the office's accreditation status. The next accreditation test is scheduled for December 2008. OCME must show significant improvements in both areas in order to maintain accreditation.

Recommended Actions

1. Concur with Governor's allowance.

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Operating Budget Analysis

Program Description

The mission of the Office of Chief Medical Examiner is to:

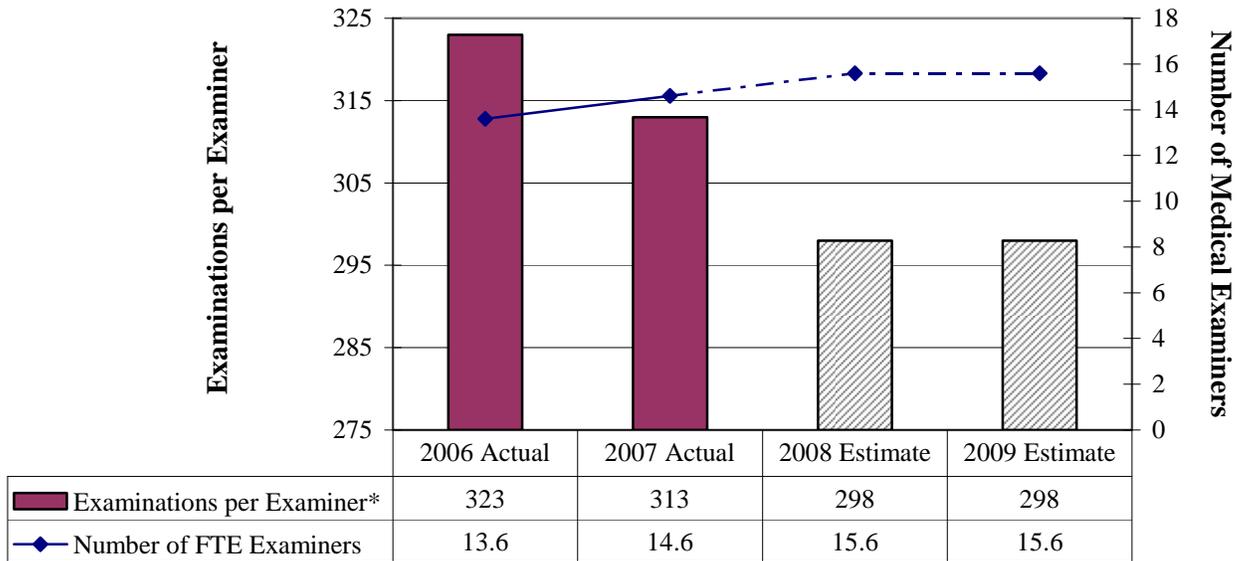
- provide competent, professional, thorough, and objective death investigations in cases mandated in Maryland statute that assist State's Attorneys, courts, law enforcement agencies, and families;
- strengthen partnerships between federal, State, and local governments through training and education of health, legal, and law enforcement professionals;
- support research programs directed at increasing knowledge of the pathology of disease; and
- protect and promote the health of the public by assisting in the development of programs to prevent injury and death.

Performance Analysis: Managing for Results

The Office of the Chief Medical Examiner (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.

In fiscal 2007, OCME changed the reporting techniques to better reflect the caseload facing pathologists. The agency now reports the total number of examinations rather than only autopsies performed. This change was precipitated by a change in the allowable caseload as identified by the National Association of Medical Examiners (NAME), which now includes external examinations in the total number of allowable autopsies per examiner. **Exhibit 1** reflects the new reporting structure and shows the ratio of cases examined per examiner as well as the number of full-time equivalent (FTE) medical examiners in the office. In fiscal 2006, there were 13.6 FTE medical examiners, each performing 323 external examinations and autopsies. In fiscal 2007, an additional examiner was added, and the average examinations and autopsies dropped to 313 per examiner. At the beginning of fiscal 2008, there were 15.6 medical examiners. Although 1 position has been vacated in fiscal 2008, recruitment is currently underway to fill that spot. Even with the addition of new medical examiners, Maryland still far exceeds the national average of autopsies per pathologist, according to NAME.

Exhibit 1
FTE Medical Examiners and the Ratio of Autopsies per Examiner
Fiscal 2006-2009



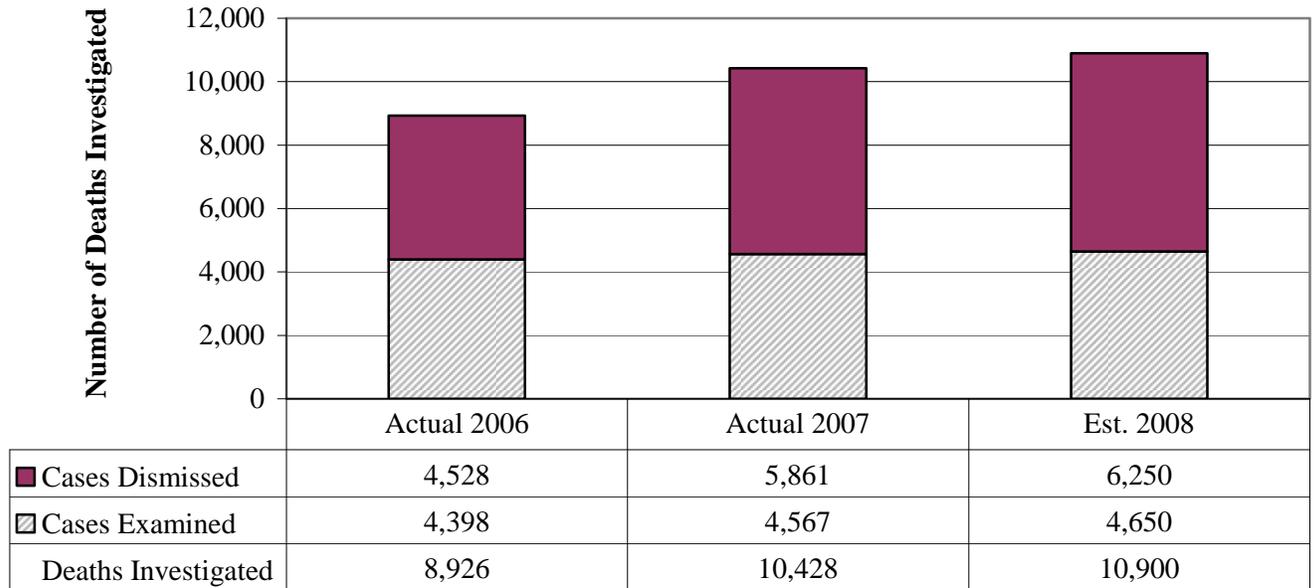
FTE: Full-time Equivalent

*Examinations per examiner include external examinations and autopsies.

Source: Department of Health and Mental Hygiene

The number of deaths investigated and the number of cases examined continues to rise as shown in **Exhibit 2**. In fiscal 2007, the number of examinations increased by 169 cases to 4,567 as compared to 4,398 cases in fiscal 2006. The data indicates a trend of increasing death investigations, reflecting continued population growth. Although the rate of investigated deaths is increasing each year, Maryland’s per capita autopsy rate continues to be consistent with national averages, according to NAME.

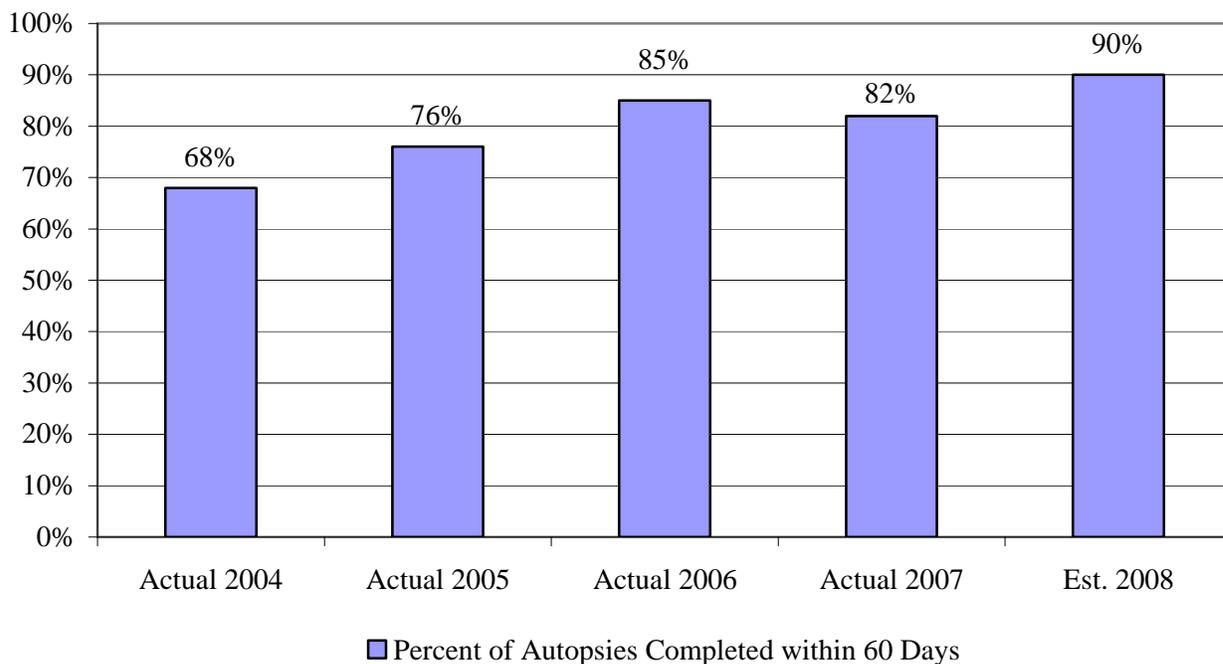
Exhibit 2
Deaths Investigated by the Office of the Chief Medical Examiner
Fiscal 2006-2008



Source: Department of Health and Mental Hygiene

Another goal of OCME is to complete and forward autopsy reports to the State’s Attorney’s office within 60 working days following the investigation. **Exhibit 3** shows the percent of autopsies completed within 60 days. That number was slowly rising between fiscal 2004 and 2006 to a high of 85% but dipped slightly in fiscal 2007 to 82%. The addition of a new office secretary position for fiscal 2008 has the potential to help the agency meet its goal of 90% of cases completed within 60 days.

Exhibit 3
Percent of Autopsies Reported within 60 Days
Fiscal 2004-2008



Source: Department of Health and Mental Hygiene

Fiscal 2008 Actions

Impact of Cost Containment

Cost containment actions approved by the Board of Public Works in August 2007 reduced the general fund appropriation by \$6,863, which resulted in decreased funding for supplies and materials.

Governor's Proposed Budget

The fiscal 2009 allowance increases funding for OCME by \$0.7 million over the fiscal 2008 working appropriation, an increase of 7.8%, as shown in **Exhibit 4**. A large part of the increase in the allowance is due to funding for health insurance and Other Post Employment Benefits (OPEB) liability, which accounts for \$0.4 million of the total increase. Excluding those costs, the Governor's allowance increases only \$0.3 million, or 3.4%, over the previous working appropriation.

Personnel

Personnel costs increase by \$0.7 million, as shown in Exhibit 4. As mentioned above, \$0.4 million of that increase is due to health insurance and OPEB liability funding. Excluding those costs, the rest of the personnel budget increases \$0.3 million. Increments account for \$0.1 million of the increase while additional salary adjustments account for \$0.1 million as well. The pay scale of medical examiners does not incorporate traditional steps as is included in other State employee pay scales. Instead, the pay scale is a continuous slope with a beginning, middle, and end or maximum pay. The additional salary adjustments included in the fiscal 2009 allowance increases the pay for 14 of 16 medical examiners at OCME. The 2 medical examiners that did not receive a pay increase are currently at the maximum level for their respective positions.

Operating Expenses

Costs and savings associated with operating expenses at OCME virtually offset each other. An increase in the reimbursement rate for body transportation services account for a \$0.1 million increase in operating expenses. The reimbursement rate was increased in fiscal 2008 in response to higher gas prices and the need to retain contractors for this service.

While the budget increases for some areas such as transportation services, the fiscal 2009 allowance for the operating budget also decreases in others such as lower fuel and utility costs (\$31,074) and lower reimbursement services (\$62,320) provided by Deputy Medical Examiners (DME) and County Forensic Investigators (CFI), as compared to the fiscal 2008 working appropriation. The 2009 allowance for reimbursement of DME and CFI is based on the fiscal 2007 actual costs plus an increase of 4.5% to reflect the growing caseload. DME and CFI are contractual employees that act as first responders at the scene of death. Of the 10,428 deaths investigated in fiscal 2007, DME and CFI determine which cases are sent to OCME for a full autopsy.

Exhibit 4
Governor’s Proposed Budget
DHMH – Office of the Chief Medical Examiner
(\$ in Thousands)

How Much It Grows:	<u>General</u> <u>Fund</u>	<u>Federal</u> <u>Fund</u>	<u>Reimb.</u> <u>Fund</u>	<u>Total</u>
2008 Working Appropriation	\$8,617	\$181	\$97	\$8,895
2009 Governor’s Allowance	<u>9,281</u>	<u>196</u>	<u>112</u>	<u>9,589</u>
Amount Change	\$664	\$15	\$15	\$694
Percent Change	7.7%	8.2%	16.0%	7.8%
Where It Goes:				
Personnel Expenses				\$683
Health insurance – reduce long-term Other Post Employment Benefits liability				\$260
Employee and retiree health insurance – pay-as-you-go costs.....				156
Increments and other compensation				122
Additional salary adjustments for medical examiners				103
Fiscal 2008 Budget Section 45 – one-time hiring freeze savings				65
Turnover adjustments.....				-11
Other fringe benefit adjustments				-12
Other Changes				\$11
Body transportation services				103
Other.....				1
Fuel and utilities.....				-31
Reimburse Deputy Medical Examiners and County Forensic Investigators.....				-62
Total				\$694

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

Issues

1. Accreditation by the National Association of Medical Examiners Is in Jeopardy

The Office of Chief Medical Examiner receives accreditation through NAME. Accreditation applies to offices and systems, not individual practitioners. Accreditation is essential to any medical examiner's office because it affords the office legal authority in a court of law, and perhaps more importantly, it gives credibility to the agency to use in recruiting and retaining medical examiners.

Due to the geographic size and population of the State of Maryland, there is only one Chief Medical Examiner's office that serves the entire state and its residents. However, that is not the case in all states where total population and geographic size is much higher. In those cases, there could be multiple death investigation jurisdictions per state. There is no national standard for providing autopsy and death investigation services – some offices employ board certified pathologists while others only contract with a local physician. Maryland's OCME is one of 54 jurisdictions across the country that holds NAME accreditation. However, there are many more jurisdictions that do not meet the standards of NAME, or who have had accreditation but subsequently lost it due to lack of funding or qualified physicians. Maryland is not alone in its struggle to retain NAME accreditation.

The standards set by NAME, on which accreditation is granted, represent minimum standards for an adequate medicolegal system and emphasizes policies and procedures over professional work product. NAME accreditation is embodied in an Accreditation Checklist which is used during an inspection to evaluate whether or not the facility meets the NAME standards for accreditation. The next inspection of OCME is expected in December 2008.

During the inspection, facilities are judged against two standards – phase I and phase II. Phase I standards are considered by NAME to be not 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. Moreover, phase II violations could result in loss of accreditation.

Two phase II standards that have been a source of concern for OCME in the past include adequate work space and a reasonable pathologist workload. Phase II violations in either of these areas could lead to loss of accreditation for OCME.

Adequate Work Space

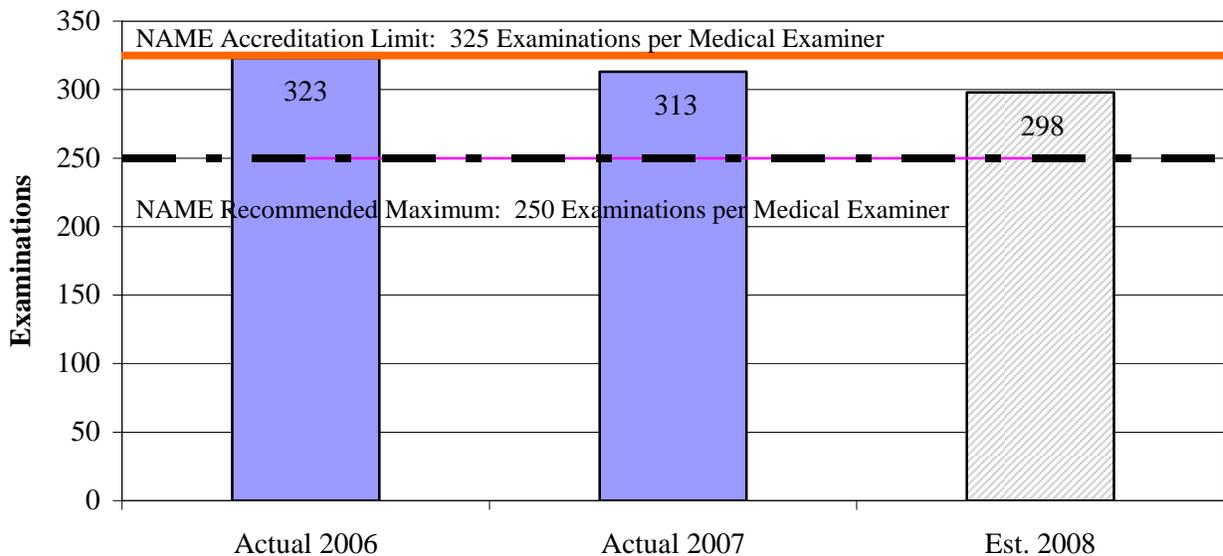
According to the NAME Accreditation Checklist, a phase II violation occurs when an office does not have sufficient space, equipment, and facilities to support the jurisdiction's medicolegal death investigations. This has been an ongoing issue with OCME as their work space is not adequate to complete the growing number of investigations performed each day. With the next accreditation

check by NAME coming in December 2008, OCME needs to be well into the construction phase of its new building in order to pass this requirement. Currently, the planning and design phase of OCME’s new building space has been completed. Although the building is not expected to be completed by the December deadline for NAME accreditation, the construction should show sufficient evidence of good faith effort to correct the space issue currently facing OCME. In fact, the Governor included \$47.8 million in the Capital Budget Bill – SB 150, to begin construction on the new Forensic Medical Center.

Medical Examiner Workload

Another major requirement for accreditation is to maintain a certain level of examinations per pathologist, or medical examiner. NAME sets a recommended level of 250 examinations per pathologist and an absolute limit of 325 examinations per pathologist. **Exhibit 5** shows performance data for the average number of examinations per medical examiner as well as the NAME limit. The acceptable ratio of examinations per pathologists includes external examinations as well as autopsies as referenced in the section above.

Exhibit 5
Average Number of Examinations per Medical Examiner
Fiscal 2006-2008



NAME: National Association of Medical Examiners

*Examinations per examiner include external examinations and autopsies.

Source: Department of Health and Mental Hygiene; National Association of Medical Examiners

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In fiscal 2006, OCME approached the absolute limit set by NAME reaching a ratio of 323 examinations per pathologist. This number was reduced only slightly in fiscal 2007 to 313 per pathologist. A report from OCME on its preparation for accreditation, as required by the 2007 *Joint Chairmen's Report*, was due on January 1, 2008. This report has not yet been received. **The agency should update the committees on the status of this report summarizing the actions taken to ensure that the State maintains its accreditation.**

Recommended Actions

1. Concur with Governor's allowance.

Current and Prior Year Budgets

Current and Prior Year Budgets Office of the Chief Medical Examiner (\$ in Thousands)

	<u>General Fund</u>	<u>Special Fund</u>	<u>Federal Fund</u>	<u>Reimb. Fund</u>	<u>Total</u>
Fiscal 2007					
Legislative Appropriation	\$7,809	\$0	\$178	\$75	\$8,062
Deficiency Appropriation	0	0	0	0	0
Budget Amendments	801	0	0	35	836
Reversions and Cancellations	0	0	-4	-6	-10
Actual Expenditures	\$8,610	\$0	\$174	\$104	\$8,888
Fiscal 2008					
Legislative Appropriation	\$8,173	\$0	\$181	\$97	\$8,451
Cost Containment	-7	0	0	0	-7
Budget Amendments	451	0	0	0	451
Working Appropriation	\$8,617	\$0	\$181	\$97	\$8,895

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

Fiscal 2007

In fiscal 2007, the budget for the Office of the Chief Medical Examiner closed out at \$8.8 million, an increase of \$0.8 million over the original legislative appropriation.

Included in the increase was an additional \$92,542 in general funds to account for the statewide cost-of-living adjustment (COLA). An additional \$45,517 in general funds was appropriated for utility rate increases.

Also, an amendment realigned general funds within the Department of Health and Mental Hygiene (DHMH) so that surpluses in some program areas may be used to cover deficits in another program area. For the Office of the Chief Medical Examiner, this action resulted in a total of \$0.7 million for increased overtime (\$219,973), budgeted turnover (\$242,688), Deputy Medical Examiner reimbursements (\$60,899), body transportation services (\$91,999), equipment services contracts (\$29,323), and trash disposal (\$13,826).

Reimbursable funds increased by \$34,539 to cover the cost of medical equipment. Reimbursable funds were obtained from the Governor's Office of Crime Control and Prevention. Reimbursable funds in the amount of \$6,000 were cancelled due to lower than estimated collections from the State Highway Administration.

Federal fund appropriations in the amount of \$4,000 were cancelled due to lower than estimated collections from the Centers for Disease Control Bioterrorism Grant.

Fiscal 2008

Cost containment actions approved by the Board of Public Works reduced the general fund appropriation by \$6,863, which resulted in decreased funding for supplies and materials.

A budget amendment that reallocated funds within DHMH from program areas with a surplus to address shortfalls elsewhere in the department resulted in \$286,091 in increased general funds. Specifically, \$148,500 was added to cover the cost of salaries, fringe benefits, and health insurance for four PINs transferred to OCME. The additional positions are needed to alleviate the workload associated with the increased number of death investigations and autopsies facing the agency. The remaining amount of the budget amendment was distributed between increased body transportation fees (\$91,433), medical waste removal services (\$22,772), and supplies and materials (\$23,386).

The fiscal 2008 COLA resulted in a \$103,822 increase in general fund appropriation for salaries, wages, and fringe benefits. Lastly, general fund reallocation resulted in an increase of \$60,864 for electricity rate increases at OCME.

**Object/Fund Difference Report
DHMH – Office of the Chief Medical Examiner**

<u>Object/Fund</u>	<u>FY07 Actual</u>	<u>FY08 Working Appropriation</u>	<u>FY09 Allowance</u>	<u>FY08-FY09 Amount Change</u>	<u>Percent Change</u>
Positions					
01 Regular	76.00	80.00	80.00	0	0%
02 Contractual	7.13	6.75	6.05	-0.70	-10.4%
Total Positions	83.13	86.75	86.05	-0.70	-0.8%
Objects					
01 Salaries and Wages	\$ 6,650,021	\$ 6,476,510	\$ 7,159,397	\$ 682,887	10.5%
02 Technical and Spec. Fees	522,248	581,918	505,343	-76,575	-13.2%
03 Communication	62,060	53,552	56,140	2,588	4.8%
04 Travel	4,386	4,048	4,386	338	8.3%
06 Fuel and Utilities	313,520	344,594	313,520	-31,074	-9.0%
07 Motor Vehicles	20,112	31,209	25,938	-5,271	-16.9%
08 Contractual Services	674,408	780,280	888,787	108,507	13.9%
09 Supplies and Materials	558,584	544,748	568,078	23,330	4.3%
10 Equip. – Replacement	67,731	28,371	54,896	26,525	93.5%
11 Equip. – Additional	2,490	34,539	0	-34,539	-100.0%
13 Fixed Charges	12,644	15,002	12,418	-2,584	-17.2%
Total Objects	\$ 8,888,204	\$ 8,894,771	\$ 9,588,903	\$ 694,132	7.8%
Funds					
01 General Fund	\$ 8,610,093	\$ 8,617,200	\$ 9,281,012	\$ 663,812	7.7%
05 Federal Fund	174,225	180,985	195,886	14,901	8.2%
09 Reimbursable Fund	103,886	96,586	112,005	15,419	16.0%
Total Funds	\$ 8,888,204	\$ 8,894,771	\$ 9,588,903	\$ 694,132	7.8%

Note: The fiscal 2008 appropriation does not include deficiencies.