

**M00B0104**  
**Health Professional Boards and Commissions**  
Department of Health and Mental Hygiene

***Operating Budget Data***

(\$ in Thousands)

	<u>FY 15</u> <u>Actual</u>	<u>FY 16</u> <u>Working</u>	<u>FY 17</u> <u>Allowance</u>	<u>FY 16-17</u> <u>Change</u>	<u>% Change</u> <u>Prior Year</u>
General Fund	\$391	\$476	\$492	\$16	3.4%
Deficiencies and Reductions	0	0	-1	-1	
<b>Adjusted General Fund</b>	<b>\$391</b>	<b>\$476</b>	<b>\$491</b>	<b>\$15</b>	<b>3.2%</b>
Special Fund	29,702	36,241	37,129	888	2.4%
Deficiencies and Reductions	0	0	-79	-79	
<b>Adjusted Special Fund</b>	<b>\$29,702</b>	<b>\$36,241</b>	<b>\$37,050</b>	<b>\$808</b>	<b>2.2%</b>
Reimbursable Fund	467	539	539	0	
Deficiencies and Reductions	0	0	0	0	
<b>Adjusted Reimbursable Fund</b>	<b>\$467</b>	<b>\$539</b>	<b>\$539</b>	<b>\$0</b>	<b>0.0%</b>
<b>Adjusted Grand Total</b>	<b>\$30,560</b>	<b>\$37,256</b>	<b>\$38,079</b>	<b>\$824</b>	<b>2.2%</b>

- After adjusting for a back of the bill increase in health insurance, the Governor's proposed allowance for the boards increases by approximately \$824,000 (2.2%) over the fiscal 2016 working appropriation. The majority of the increase (\$833,000) is for personnel-related expenses.

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

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*Analysis of the FY 2017 Maryland Executive Budget, 2016*

## ***Personnel Data***

	<b><u>FY 15 Actual</u></b>	<b><u>FY 16 Working</u></b>	<b><u>FY 17 Allowance</u></b>	<b><u>FY 16-17 Change</u></b>
Regular Positions	268.70	282.70	279.70	-3.00
Contractual FTEs	<u>12.38</u>	<u>15.47</u>	<u>14.40</u>	<u>-1.07</u>
<b>Total Personnel</b>	<b>281.08</b>	<b>298.17</b>	<b>294.10</b>	<b>-4.07</b>

### ***Vacancy Data: Regular Positions***

Turnover and Necessary Vacancies, Excluding New Positions	15.36	5.49%
Positions and Percentage Vacant as of 12/31/15	34.10	12.06%

- The fiscal 2017 allowance includes a decrease of 3.0 regular positions. Of these, 2.0 positions are being transferred from the Board of Nursing to the Department of Information Technology, while 1.0 position is being abolished within the Board of Dental Examiners.
- The decrease of 1.07 contractual full-time equivalents (FTE) is a combination of a 2.16 FTE decrease across numerous boards combined with an increase of 1.09 FTE for the Board of Physicians.

## ***Analysis in Brief***

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### **Major Trends**

***Most Boards Are Able to Meet Processing Goals for Licensees:*** In fiscal 2015, all but three of the boards met their goals for processing licenses in a timely manner. The total number of licenses issued in fiscal 2015 range from 92,877 by the Board of Nursing to 10 by the Board of Residential Child Care Program Professionals.

***Complaint Processing:*** In fiscal 2015, four of the boards were unable to process complaints according to their respective target timeframes. Three of these boards (Pharmacy, Dental Examiners, and Social Work) were also unable to process complaints within their respective timeframes in fiscal 2014.

### **Issues**

***Sunset Evaluation for the State Board of Environmental Health Specialists:*** During the 2015 interim, the Department of Legislative Services (DLS) completed a full sunset evaluation of the State Board of Environmental Health Specialists (BEHS). DLS recommends that statute should be amended to repeal BEHS and the requirement for a State license. Instead, statute should require individuals practicing the duties of an environmental health specialist in the State to obtain and maintain a Registered Environmental Health Specialist/Registered Sanitarian credential issued by the National Environmental Health Association.

### **Recommended Actions**

	<b><u>Funds</u></b>
1. Reduce funding for grants within the Medical Cannabis Commission.	\$ 500,000
<b>Total Reductions</b>	<b>\$ 500,000</b>

### **Updates**

***Report on Health Board Fund Balances:*** The 2015 *Joint Chairmen's Report* requested the Department of Health and Mental Hygiene and the boards to perform an individual financial analysis on the current fee structure and to submit a report on how current licensing fee levels, for each health professional board and commission, relate to the corresponding expenditures and fund balances. This report was submitted on December 2, 2015.

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***Analysis of the FY 2017 Maryland Executive Budget, 2016***

**M00B0104**  
**Health Professional Boards and Commissions**  
**Department of Health and Mental Hygiene**

## ***Operating Budget Analysis***

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### **Program Description**

Within the Department of Health and Mental Hygiene (DHMH), there are 21 boards (including two commissions) that regulate health professionals. These boards license and certify health professionals, resolve consumer complaints, and assist in establishing parameters for each profession through regulation.

In general, each board has the following goals to:

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

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

#### **1. Most Boards Are Able to Meet Processing Goals for Licensees**

The first goal of the boards is to protect the public by ensuring that licensees are properly credentialed. Each board has different procedures for issuing initial and renewal licenses. Some renew every two years, while others stagger renewals so that they are completed at a continual pace throughout the year. **Exhibit 1** shows the number of initial and renewal licenses processed by each board in fiscal 2014 and 2015. The total number of licenses issued in fiscal 2015 range from 92,877 by the Board of Nursing to 10 by the Board of Residential Child Care Program Professionals.

The boards generally aim to process 100% of new licenses within 10 days of receipt of a complete application. Similarly, the boards aim to process 100% of licensure renewals within 5 days. All but three of the boards met their respective targets in fiscal 2015 for issuing licenses in a timely manner. Both the Board of Morticians and Board of Pharmacy fell just short of their goal for issuing licenses within a timely manner, issuing 98% and 94%, respectively. Similarly, the Board of Physicians missed its goal of completing 95% of initial licenses within 10 days for allied health applications (90%), but it did meet the same goal for physician applications.

**Exhibit 1**  
**Number of Licenses Processed**  
**Fiscal 2014-2015**

<b><u>Board/Commission</u></b>	<b><u>2014</u></b>	<b><u>2015</u></b>
Nurses*	91,467	92,877
Physicians*	21,271	30,023
Pharmacy*	13,088	10,902
Social Work*	6,447	6,058
Dental Examiners*	4,619	4,750
Chiropractic and Massage Therapy Examiners*	1,475	4,572
Physical Therapy Examiners*	4,026	4,122
Occupational Therapists	3,907	4,103
Professional Counselors and Therapists*	2,635	3,904
AUD/HAD/SLP*	4,166	2,544
Psychologists*	1,547	1,436
Morticians*	557	1,339
Dietetic Practice*	829	914
Acupuncture*	513	524
Podiatric	488	490
Environmental Health Specialists	21	479
Optometry*	564	420
Nursing Home Administrators	253	274
Kidney Disease	123	127
Residential Child Care Program Professionals	104	10

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

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

Source: Department of Health and Mental Hygiene

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## **2. Complaint Processing**

The other primary goal of the boards is to protect the public and promote the delivery of quality health care by receiving and resolving complaints lodged against licensees in a timely manner. Of the 21 boards, 4 were unable to process complaints within their respective timeframes, as shown in

**Exhibit 2.** The chart shows the total number of complaints, the goals that the boards have for timely complaint resolution, and the percentage of complaints that were processed according to their goals. Three of these boards (Pharmacy, Dental, and Social Work) fell short in the processing of complaints last year as well, while the drop for the Board of Nursing marks a sharp decline from fiscal 2014 when 90% of complaints were resolved within the respective timeframe.

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**Exhibit 2**  
**Complaints Not Processed in a Timely Manner**  
**Fiscal 2015**

<u>Board/Commission</u>	<u>Complaints Investigated</u>	<u>Goal</u>	<u>2015</u>
Nursing	2,629	90% in 270 days	79%
Pharmacy	323	100% in 180 days	90%
Dental	274	100% in 180 days	99%
Social Work	63	100% in 180 days	95%

Source: Department of Health and Mental Hygiene

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## **Fiscal 2016 Actions**

### **Cost Containment**

The fiscal 2016 budget contained an across-the-board general reduction for all State agencies, which resulted in a 0.6% across-the-board general fund reduction for DHMH totaling \$27,215,000. Of this total amount, the Board of Nursing Home Administrators and the Board of Residential Child Care Program Professionals were assigned a cost containment decrease of \$5,786 and \$4,214 in general funds, respectively. The reduction for the Board of Nursing Home Administrators included an out-of-state conference, office supplies, and other operating costs while the reduction for the Board of Residential Child Care Program Professionals included office equipment, supplies, and required the board to shift software maintenance costs into fiscal 2017.

Additionally, on September 15, 2015, the Administration proposed numerous fee reductions through regulations. Of these reductions, one fee within the boards was reduced, which is the Examination Equivalency Review fee by the Board of Acupuncture. This fee was reduced, from \$500 to \$250. However, this fee reduction is estimated to have no impact upon the board's special fund because this service is rarely used.

## Proposed Budget

As shown in **Exhibit 3**, the fiscal 2017 allowance increases by approximately \$824,000 (2.2%) over the fiscal 2016 working appropriation net of back of the bill reductions. Special funds make up the majority of the increase (\$808,000) since the boards (except for the State Board of Examiners of Nursing Home Administrators and the State Board of Residential Child Care Program Professionals) are almost completely funded with special funds.

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

<b>How Much It Grows:</b>	<b>General Fund</b>	<b>Special Fund</b>	<b>Reimb. Fund</b>	<b>Total</b>
Fiscal 2015 Actual	\$391	\$29,702	\$467	\$30,560
Fiscal 2016 Working Appropriation	476	36,241	539	37,256
Fiscal 2017 Allowance	<u>491</u>	<u>37,050</u>	<u>539</u>	<u>38,079</u>
Fiscal 2016-2017 Amount Change	\$15	\$808	\$0	\$824
Fiscal 2016-2017 Percent Change	3.2%	2.2%		2.2%

#### Where It Goes:

##### Personnel Expenses

Employee and retiree health insurance .....	\$430
Retirement contributions.....	416
Regular earnings and other compensation .....	336
Social Security and other fringe benefit adjustments.....	9
Turnover adjustments .....	-83
Abolished/transferred positions (3.0 FTE) .....	-276

##### Board of Physicians

Criminal background check rap back services.....	344
Contractual health insurance.....	11
Travel.....	6
Contractual positions .....	-63

##### Board of Nursing

Contractual positions .....	111
Per diems .....	65
Investigator training conference .....	27
Printing costs .....	-45
Telecommunications.....	-111
Imaging software upgrades.....	-494



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### **Where It Goes:**

#### **Other Changes**

Board of Pharmacy new licensing system .....	568
Medical Cannabis Commission grants.....	500
Board of Pharmacy law books .....	106
Contractual health insurance.....	44
Travel expenses.....	43
Board of Dental Examiners technical fees.....	36
Other .....	31
Contractual positions .....	-107
Board of Dental Examiners new licensing system .....	-319
Medical Cannabis Commission one-time expenses.....	-762
<b>Total</b>	<b>\$824</b>

DHMH: Department of Health and Mental Hygiene

FTE: full-time equivalent

Note: The fiscal 2016 working appropriation does not include deficiencies or reversions. Numbers may not sum to total due to rounding.

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### **Across-the-board Reductions**

The fiscal 2017 budget bill includes an across-the-board reduction for employee health insurance, based on a revised estimate of the amount of funding needed. For DHMH the amount of these reductions is \$1,424,451 in general funds, \$132,440 in special funds, and \$251,138 in federal funds across the entire department, of which \$80,189 is in the Health Professional Boards and Commissions (\$1,104 general funds, \$79,085 special funds). There is an additional across-the-board reduction to abolish positions statewide, but the amounts have not been allocated by agency.

### **Personnel**

Personnel expenditures increase by approximately \$833,000 net of the back of the bill reduction. Consistent with other State agencies, the largest changes are for employee and retiree health insurance (\$430,000) and retirement contributions (\$416,000). There is also a large increase in regular earnings and other compensation (\$336,000), mainly due to salary enhancements at two of the boards. The Natalie M. LaPrade Medical Cannabis Commission budget includes approximately \$175,000 for salary reclassifications, mostly due to the fact that positions hired within the last year were hired above the base salary for that position. The Board of Physicians budget also includes salary increases totaling \$133,000, mainly due to promotions and other increases in compensation.

However, these increases are partially offset by the transfer of 2 positions from the Board of Nursing to the Department of Information Technology (DoIT) as well as the abolition of 1 position from the Board of Dental Examiners. Both the position transfers and abolition are due to the

consolidation plan being executed by DoIT. These actions decrease the allowance for the boards by approximately \$276,000.

## **Board of Physicians**

Major nonpersonnel changes within the Board of Physicians include an increase of \$344,000 for rap back services as part of the new criminal history records checks that are required by statute. Rap back services provide notification to the board if additional information is reported, concerning an individual, after the initial criminal history records check. The largest decrease is for contractual positions, at \$63,000. While the full-time equivalent (FTE) count for the board increases by 1.09, the current working appropriation is funded for a total of 6.30 FTEs while only accounting for 4.41 FTEs. The fiscal 2017 FTE count is 5.50, which is below the amount funded in fiscal 2016 but above the official FTE count.

Not contained within this budget, but worth noting, is the Board of Physicians integrated software system, which is a major information technology project contained within the DHMH – Administration budget. In prior years, the expectation was that the project would be completed in fiscal 2017. However, due to delays in hiring a project manager, the project has been delayed once again. A project manager was hired in June 2015, and a formal Request for Proposals is being prepared. Given these developments, the project now appears to be on pace to be completed in fiscal 2018. Funding for fiscal 2017 is at \$274,000 to continue planning, with the majority of the funding, \$1.1 million, planned for fiscal 2018 when the project will be completed. More information on this project can be found in **Appendix 2**.

## **Board of Nursing**

The largest increase in the Board of Nursing is for additional contractual positions, at \$111,000. Again, this is due to a funding level in the working appropriation that is different than the actual FTE count within the board. While the FTE count is 3.0 in both the working appropriation and the allowance, the working appropriation is only funded for 1.0 FTE. Thus, the increase in funds support an additional 2.0 FTEs.

There are also some large decreases within the Board of Nursing, including \$494,000 in lower software costs that were for upgrades in fiscal 2016 as well as \$111,000 in lower telecommunications costs.

## **Other Changes**

There are numerous large increases and decreases across the other health professional boards and commissions. The largest increase is for a new licensing system for the Board of Pharmacy, at \$568,000. Other large increases include \$500,000 in new grants to be distributed by the Medical Cannabis Commission as well as \$106,000 for law books for new licensees at the Board of Pharmacy. However, these increases are offset by the expiration of other one-time spending from fiscal 2016

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including a new licensing system for the Board of Dental Examiners (\$319,000), and the start-up costs associated with the first year of operations for the Medical Cannabis Commission (\$762,000).

There is also a decrease in contractual position costs of approximately \$107,000 due to a decrease of 2.16 FTEs. These positions come from the Board of Examiners of Professional Counselors, the Board of Chiropractic and Massage Therapy Examiners, and the Board of Physical Therapy Examiners. However, there is an expectation that these positions will be restored at a later time.

## ***Issues***

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### **1. Sunset Evaluation for the State Board of Environmental Health Specialists**

The State Board of Environmental Health Specialists (BEHS) underwent a full sunset evaluation in the 2015 interim. The Department of Legislative Services (DLS) recommends that statute should be amended to repeal BEHS and the requirement for a State license. Instead, statute should require individuals practicing the duties of an environmental health specialist in the State to obtain and maintain a Registered Environmental Health Specialist/Registered Sanitarian (REHS/RS) credential, issued by the National Environmental Health Association (NEHA).

#### **Report Summary**

DLS found that, while BEHS generally complies with its statutory mandate and credentialing of environmental health specialists continues to be appropriate to protect public health, a State-administered licensing program is no longer necessary. Furthermore, while the board adequately fulfills its licensing role, the need for the board's enforcement role remains nominal, and the board continues to face serious administrative challenges despite a shift from the Department of the Environment to DHMH. As such, it does not appear that licensees are realizing additional benefits beyond the basic licensing services provided by the board.

This is even more apparent when the current licensing procedure is compared to the process of obtaining the REHS/RS credential issued by NEHA. This credential is recognized throughout the country and is already held by many Maryland environmental health specialists. The education and training standards required to obtain the NEHA REHS/RS credential are similar to the current stringent requirements to obtain a State license, and although the initial cost of obtaining the REHS/RS credential is higher than the cost of obtaining a State license under current law, NEHA offers more online services and discounts for members on study and resource materials. This, along with other benefits including reciprocity credentialing of current State licensees and other streamlined benefits of NEHA membership, makes required credentialing for environmental health specialists an appropriate alternative.

Other DLS recommendations regarding the repeal of BEHS in lieu of requiring environmental health specialists to obtain the REHS/RS credential include that:

- statute should be amended to apply the current list of statutory exemptions to licensure to the requirement that environmental health specialists obtain and maintain a NEHA REHS/RS credential;
- all currently issued and valid State licenses held on termination of the board remain in effect until their printed expiration date;

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- DHMH should work with NEHA to secure a window of opportunity to allow individuals who hold a State license to obtain the appropriate credential; and
- statute be amended to continue to allow for a training period to provide time for any individuals joining the field and working towards the credential to complete that task.

Should the General Assembly decide to maintain BEHS, DLS also made additional recommendations including that continuing education unit regulations be improved, the website be overhauled, more useful education tools be provided, and the termination date be extended by 10 years while enhancing the board's annual reporting requirement to incorporate its plans to increase special fund revenues and improve the continuing education process.

In conducting the evaluation, DLS sent out surveys to both the members of the Maryland Conference of Local Environmental Health Directors and to the environmental health specialists and specialists-in-training that are regulated by the board. DLS received responses from the health departments in 21 counties, 311 of the total 528 licensed specialists, and 19 of the 84 specialists-in-training.

Legislation has been introduced this session (SB 200 and HB 497) that would implement the DLS recommendations.

## ***Recommended Actions***

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	<b><u>Amount Reduction</u></b>
1. Reduce funding for grants within the Medical Cannabis Commission. These grants were requested in order to leverage additional research funds. However, the availability of these matching funds is in doubt, making this funding no longer necessary for the operation of the commission.	\$ 500,000 SF
<b>Total Special Fund Reductions</b>	<b>\$ 500,000</b>

## ***Updates***

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### **1. Report on Health Board Fund Balances**

Based on concerns about various fee levels and their relation to the fund balances of each of the boards, the 2015 *Joint Chairmen's Report* requested DHMH and the boards to perform an individual financial analysis on the current fee structure and to submit a report on how current licensing fee levels for each health professional board and commission relate to the corresponding expenditures and fund balances. DHMH submitted this report on December 2, 2015.

In the report, DHMH reiterates that each of the boards has a recommended fund balance level target between 20% and 30%. These levels are necessary since unexpected expenditures, such as legal expenses, can severely limit the ability of the boards to function since, by law, no other State money is available to the boards in the case of an emergency or unanticipated expense. Based on these recommended levels, boards undertake three- to five-year projections of expected revenues and expenditures and try to maintain a fund balance of around that level throughout the projection. DHMH further reports that when fund balances drop below the target, boards are directed to first reduce expenditures. Only in the event that cost reduction efforts are not enough for a board to meet the recommended target are fee increases considered.

The report also provides the revenue and spending projections, as well as fund balances, for each board from the fiscal 2014 actual through 2019 projected. Of the 18 boards, only 1 board (Acupuncture) met the 20% to 30% fund balance target for fiscal 2015, while for fiscal 2016 and 2017, 3 (Chiropractic and Massage Therapy Examiners, Nursing, and the State Commission on Kidney Disease) and 1 (Examiners in Optometry) board, respectively, are projected to meet the target. By the end of fiscal 2017, 8 boards are projected to be below the 20% target (Environmental Health Specialists, Morticians and Funeral Directors, Nursing, Physicians, Podiatric Medical Examiners, Examiners of Psychologists, Examiners for Audiologists/Hearing Aid Dispensers/Speech Language Pathologists, and the State Commission on Kidney Disease).

## ***Current and Prior Year Budgets***

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### **Current and Prior Year Budgets DHMH – Health Professional Boards and Commissions (\$ in Thousands)**

	<b><u>General Fund</u></b>	<b><u>Special Fund</u></b>	<b><u>Federal Fund</u></b>	<b><u>Reimb. Fund</u></b>	<b><u>Total</u></b>
<b>Fiscal 2015</b>					
Legislative Appropriation	\$385	\$32,291	\$0	\$518	\$33,194
Deficiency Appropriation	0	0	0	0	0
Cost Containment	0	0	0	0	0
Budget Amendments	7	170	0	0	177
Reversions and Cancellations	0	-2,760	0	-50	-2,810
<b>Actual Expenditures</b>	<b>\$391</b>	<b>\$29,702</b>	<b>\$0</b>	<b>\$467</b>	<b>\$30,560</b>
<b>Fiscal 2016</b>					
Legislative Appropriation	\$451	\$34,890	\$0	\$539	\$35,880
Budget Amendments	25	1,351	0	0	1,376
<b>Working Appropriation</b>	<b>\$476</b>	<b>\$36,241</b>	<b>\$0</b>	<b>\$539</b>	<b>\$37,256</b>

DHMH: Department of Health and Mental Hygiene

Note: The fiscal 2016 working appropriation does not include deficiencies or reversions. Numbers may not sum to total due to rounding.



## **Fiscal 2015**

Actual spending for the DHMH Health Professional Boards and Commissions was \$2,633,356 below the legislative appropriation. Budget amendments increased the appropriation by \$176,585 (\$170,065 in special funds and \$2,202 in general funds) for the 2015 cost-of-living adjustment and \$31,803 in general funds to realign health insurance costs across the department. The general fund increase was also partially offset by budget amendments removing \$27,485 in general funds due to higher than expected turnover.

Cancellations totaled \$2,809,941, including \$2,759,537 in special funds and \$50,404 in reimbursable funds. These cancellations were primarily due to higher than expected turnover.

## **Fiscal 2016**

To date, the working appropriation for the boards and commissions has increased by \$1,376,010, including \$1,351,219 in special funds and \$24,791 in general funds. Of this amount, the largest increase is \$1,011,523 in special funds for the Medical Cannabis Commission to replace general funds that were reduced by the General Assembly with the intent that the commission be entirely special funded. Other increases include \$339,696 in special funds and \$4,946 in general funds to offset a 2% salary reduction, and \$19,845 in general funds to realign funds related to the 2% across-the-board operating reduction, which was previously discussed.

## Major Information Technology Projects

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

<b>Project Status<sup>1</sup></b>	Planning.			<b>New/Ongoing Project:</b>	New.			
<b>Project Description:</b>	Development of a new, more fully integrated medical licensure and investigation software system to replace the board’s existing system.							
<b>Project Business Goals:</b>	Correction of deficiencies in the board’s existing software system and improvement of board’s efficiency.							
<b>Estimated Total Project Cost<sup>1</sup>:</b>	\$2,124,224			<b>Estimated Planning Project Cost<sup>1</sup>:</b>	\$223,648			
<b>Project Start Date:</b>	November 2014.			<b>Projected Completion Date:</b>	April 2018.			
<b>Schedule Status:</b>	A project manager was hired in June 2015, system concept development and planning are underway, and a Request for Proposal is being developed. Fiscal 2017 funding reflects a delay in hiring the project manager, which has pushed the schedule out one additional year.							
<b>Cost Status:</b>	Fiscal 2017 funding included in the Department of Health and Mental Hygiene – Administration budget.							
<b>Scope Status:</b>	n/a.							
<b>Project Management Oversight Status:</b>	Department of Information Technology project oversight is not in place.							
<b>Identifiable Risks:</b>	Moderate identifiable risks are the large scale of the project and the need to familiarize staff with a new system.							
<b>Additional Comments:</b>	Shortcomings of the board’s outdated software systems were noted in the 2011 Sunset Evaluation of the board, as well as in a report prepared by an independent consultant, pointing to the need for the replacement of the board’s existing systems.							
<b>Fiscal Year Funding (\$ in Thousands)</b>	<b>Prior Years</b>	<b>FY 2017</b>	<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>Balance to Complete</b>	<b>Total</b>
Personnel Services	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
Professional and Outside Services	684.0	273.6	1,105.8	0.0	0.0	0.0	0.0	2,124.2
Other Expenditures	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<b>Total Funding</b>	<b>\$684.0</b>	<b>\$273.6</b>	<b>\$1,105.8</b>	<b>\$0.0</b>	<b>\$0.0</b>	<b>\$0.0</b>	<b>\$0.0</b>	<b>\$2,124.2</b>

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

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

<u>Object/Fund</u>	<u>FY 15 Actual</u>	<u>FY 16 Working Appropriation</u>	<u>FY 17 Allowance</u>	<u>FY 16 - FY 17 Amount Change</u>	<u>Percent Change</u>
<b>Positions</b>					
01 Regular	268.70	282.70	279.70	-3.00	-1.1%
02 Contractual	12.38	15.47	14.40	-1.07	-6.9%
<b>Total Positions</b>	<b>281.08</b>	<b>298.17</b>	<b>294.10</b>	<b>-4.07</b>	<b>-1.4%</b>
<b>Objects</b>					
01 Salaries and Wages	\$ 20,092,065	\$ 22,810,146	\$ 23,723,600	\$ 913,454	4.0%
02 Technical and Spec. Fees	1,468,088	1,740,873	1,870,003	129,130	7.4%
03 Communication	462,267	628,717	540,552	-88,165	-14.0%
04 Travel	383,309	569,598	641,387	71,789	12.6%
07 Motor Vehicles	18,068	67,462	22,252	-45,210	-67.0%
08 Contractual Services	5,976,207	9,115,659	8,758,456	-357,203	-3.9%
09 Supplies and Materials	335,617	307,793	339,087	31,294	10.2%
10 Equipment – Replacement	194,085	160,056	124,594	-35,462	-22.2%
11 Equipment – Additional	125,828	337,886	97,348	-240,538	-71.2%
12 Grants, Subsidies, and Contributions	24,000	24,000	524,000	500,000	2083.3%
13 Fixed Charges	1,480,784	1,493,641	1,518,354	24,713	1.7%
<b>Total Objects</b>	<b>\$ 30,560,318</b>	<b>\$ 37,255,831</b>	<b>\$ 38,159,633</b>	<b>\$ 903,802</b>	<b>2.4%</b>
<b>Funds</b>					
01 General Fund	\$ 391,296	\$ 475,824	\$ 492,013	\$ 16,189	3.4%
03 Special Fund	29,701,874	36,241,068	37,128,639	887,571	2.4%
09 Reimbursable Fund	467,148	538,939	538,981	42	0%
<b>Total Funds</b>	<b>\$ 30,560,318</b>	<b>\$ 37,255,831</b>	<b>\$ 38,159,633</b>	<b>\$ 903,802</b>	<b>2.4%</b>

DHMH: Department of Health and Mental Hygiene

Note: The fiscal 2016 working appropriation does not include deficiencies or reversions. The fiscal 2017 allowance does not include contingent reductions.

**Fiscal Summary**  
**DHMH – Health Professional Boards and Commissions**

<u>Program/Unit</u>	<u>FY 15 Actual</u>	<u>FY 16 Wrk Approp</u>	<u>FY 17 Allowance</u>	<u>Change</u>	<u>FY 16 - FY 17 % Change</u>
04 Health Professional Boards and Commission	\$ 14,686,472	\$ 18,087,638	\$ 18,818,536	\$ 730,898	4.0%
05 Board of Nursing	7,546,215	9,654,711	9,168,107	-486,604	-5.0%
06 Maryland Board of Physicians	8,327,631	9,513,482	10,172,990	659,508	6.9%
<b>Total Expenditures</b>	<b>\$ 30,560,318</b>	<b>\$ 37,255,831</b>	<b>\$ 38,159,633</b>	<b>\$ 903,802</b>	<b>2.4%</b>
General Fund	\$ 391,296	\$ 475,824	\$ 492,013	\$ 16,189	3.4%
Special Fund	29,701,874	36,241,068	37,128,639	887,571	2.4%
<b>Total Appropriations</b>	<b>\$ 30,093,170</b>	<b>\$ 36,716,892</b>	<b>\$ 37,620,652</b>	<b>\$ 903,760</b>	<b>2.5%</b>
Reimbursable Fund	\$ 467,148	\$ 538,939	\$ 538,981	\$ 42	0%
<b>Total Funds</b>	<b>\$ 30,560,318</b>	<b>\$ 37,255,831</b>	<b>\$ 38,159,633</b>	<b>\$ 903,802</b>	<b>2.4%</b>

DHMH: Department of Health and Mental Hygeine

Note: The fiscal 2016 working appropriation does not include deficiencies or reversions. The fiscal 2017 allowance does not include contingent reductions.