M00F
Public Health Administration
Maryland Department of Health

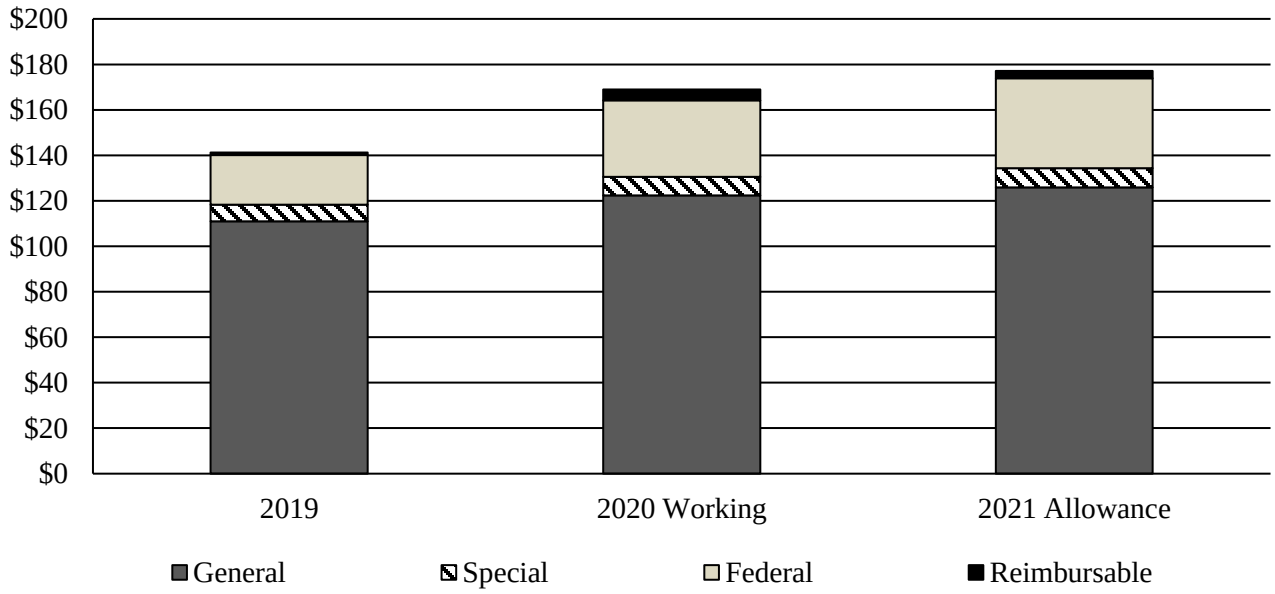
Program Description

The Maryland Department of Health (MDH) Public Health Administration (PHA) includes the Deputy Secretary for Public Health Services, Office of Population Health Improvement, Core Public Health Services (funding for the local health departments (LHD)), the Office of the Chief Medical Examiner (OCME), the Office of Preparedness and Response, the Office of Provider Engagement and Regulation (including the Prescription Drug Monitoring Program), and the Laboratories Administration.

Key goals of PHA are to provide timely death investigation, provide autopsy reports on all medical examiner cases where further investigation is deemed advisable, improve Maryland's ability to maintain operational readiness to respond to public health emergencies, improve the prescribing and dispensing of controlled dangerous substances, and promote quality and reliability of laboratory test results to support public health and environmental programs.

Operating Budget Summary

Fiscal 2021 Budget Increases by $8.1 Million or 4.8% to $177.1 Million
($ in Millions)



Note: Numbers may not sum due to rounding. The fiscal 2020 appropriation includes deficiencies, planned reversions, and general salary increases. The fiscal 2021 allowance includes contingent reductions and general salary increases.

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Fiscal 2020

Proposed Deficiency

The allowance includes a deficiency appropriation of $1.0 million in general funds for the Project Management Office of the Maryland Primary Care Program. Personnel costs in PHA also increase by $110,890 for a 1% general salary increase effective January 1, 2020. There is an additional $673,404 in general funds budgeted for fiscal 2020 general salary increases for LHD employees that will be distributed through the Core Public Health Services program.

Reorganization of Overdose and Addiction Prevention Efforts

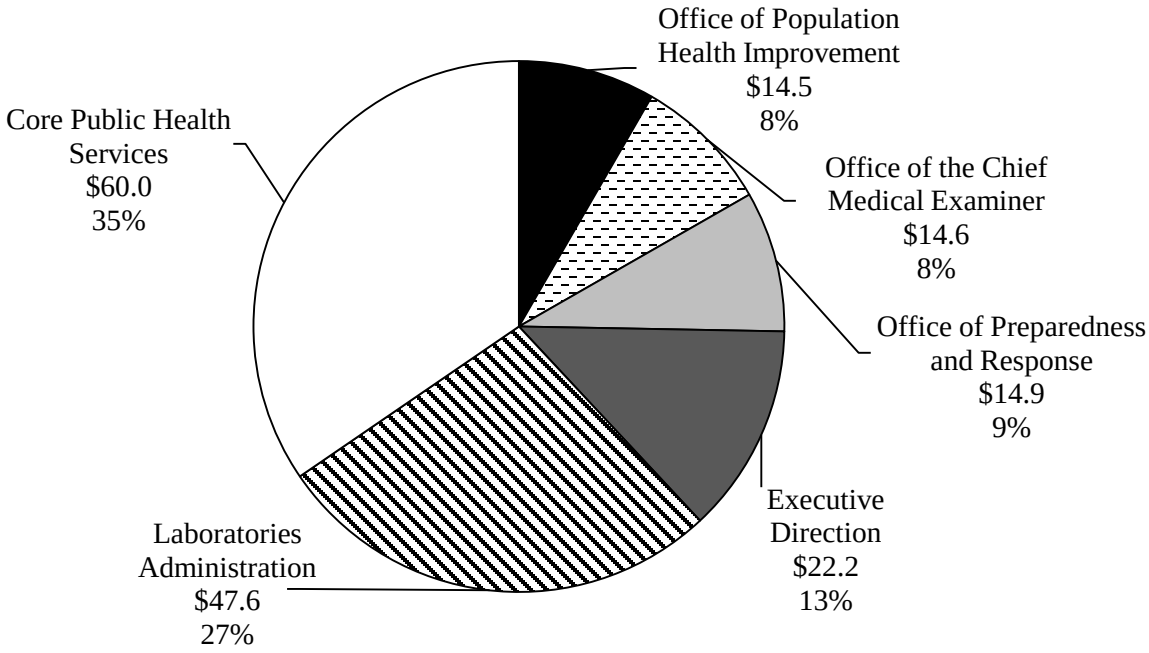
Effective February 4, 2019, MDH realigned its harm reduction, data analysis, and prevention programs related to the opioid crisis from the Behavioral Health Administration (BHA) to Public Health Services. The department's treatment and recovery programs related to the opioid crisis remain under BHA. MDH reports that the reorganization supports the department's goal of driving down overdose deaths by consolidating and strengthening the Public Health Services' prevention, early intervention, harm reduction, and surveillance efforts while allowing BHA to focus on its primary goals of behavioral health treatment and recovery.

This new structure was not reflected in the budget until a fiscal 2020 amendment transferred $1.5 million in general funds, $250,992 in special funds, and $11.1 million in federal funds to PHA. Additional funding for harm reduction and tobacco enforcement programs were also transferred to the Prevention and Health Promotion Administration through this amendment. Of the general funds moved to PHA, $1.1 million supports the Prescription Drug Monitoring Program, which merged with the Office of Controlled Substances Administration under a new Office of Provider Engagement and Regulation as part of the reorganization. Most of the federal funds transferred to PHA ($9.2 million) are from the Substance Abuse Prevention and Treatment Block Grant for prevention programs now administered by the Office of Population Health Improvement.

Fiscal 2021 Overview of Agency Spending

PHA's fiscal 2021 allowance totals $173.8 million before accounting for statewide general salary increases budgeted under the Department of Budget and Management for LHD employees (to be distributed through Core Public Health Services) and for PHA employees. **Exhibit 1** shows PHA expenditures by program. The mandated formula funding for LHDs budgeted under Core Public Health Services makes up the largest share of PHA spending, $60.0 million, or 35%. The Laboratories Administration is the second largest program, accounting for $47.6 million, or 27%, of fiscal 2021 spending.

Exhibit 1
Overview of Agency Spending by Program
Fiscal 2021 Allowance
($ in Millions)



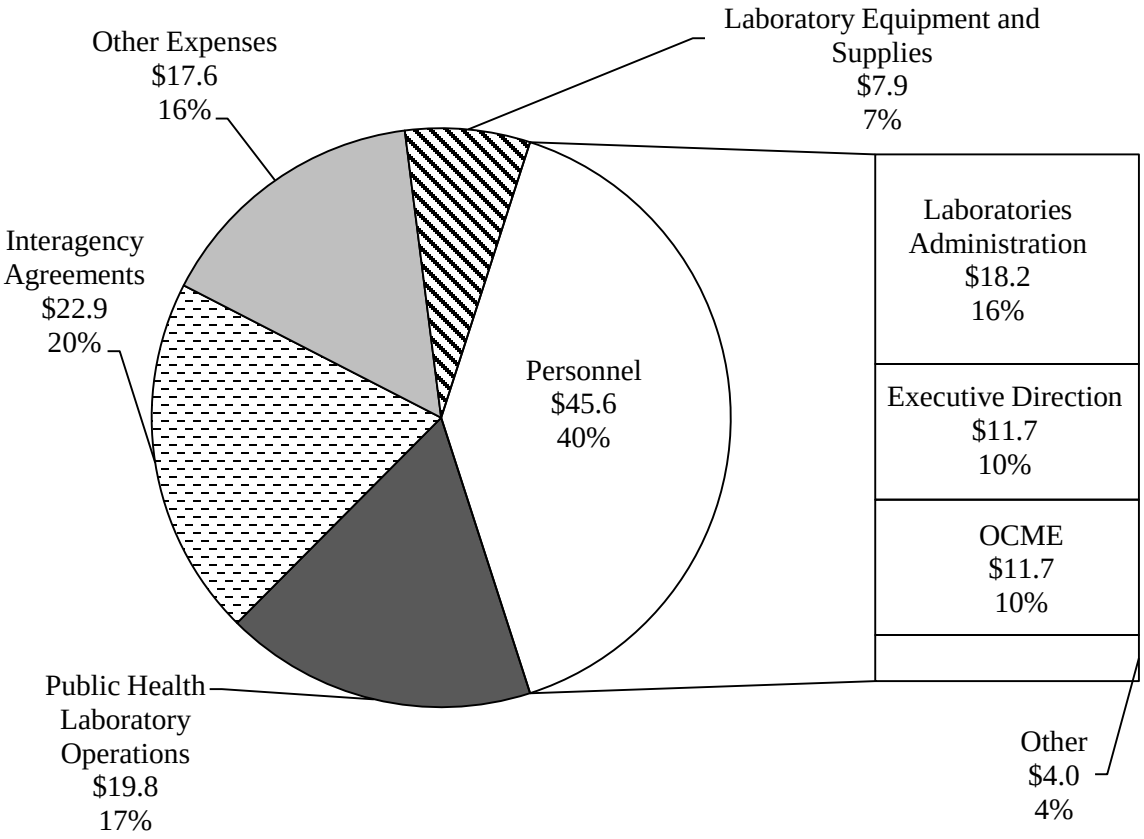
Total Expenditures = $173.8 Million

Note: Numbers may not sum to total due to rounding. Excludes centrally budgeted general salary increases for local health department employees and Public Health Administration employees.

Source: Governor's Fiscal 2021 Budget Books

When excluding Core Public Health Services funding, regular and contractual personnel expenditures account for 40% of PHA spending in fiscal 2021, as seen in **Exhibit 2**. The Laboratories Administration is the largest driver of personnel spending as it accounts for 201 of PHA's 417 authorized regular positions. Outside of personnel, interagency agreements are the next largest category of spending, 20% of total expenditures. In fiscal 2021, spending for interagency agreements primarily includes federal funding distributed to LHDs for public health preparedness and substance use disorder prevention activities. The PHA budget includes $19.8 million to operate the central Public Health Laboratory in Baltimore City, including $14.0 million for payments on the principal and interest of bonds used to finance the acquisition, construction, and equipping of the facility.

Exhibit 2
Spending by Activity, Excluding Core Public Health Services Funding
Fiscal 2021 Allowance
($ in Millions)



OCME: Office of the Chief Medical Examiner

Note: Numbers may not sum to total due to rounding. Excludes centrally budgeted general salary increases for local health department employees and Public Health Administration employees.

Source: Governor's Fiscal 2021 Budget Books; Department of Legislative Services

Proposed Budget Change

As shown in **Exhibit 3**, the adjusted fiscal 2021 allowance increases by $8.1 million compared to the fiscal 2020 working appropriation. The overall increase is largely due to a new federal grant from the U.S. Centers for Disease Control and Prevention budgeted for data analysis and surveillance related to drug use in the State.

Exhibit 3
Proposed Budget
MDH – Public Health Administration
($ in Thousands)

How Much It Grows:	General Fund	Special Fund	Federal Fund	Reimb. Fund	Total
Fiscal 2019 Actual	$110,919	$7,359	$21,860	$1,058	$141,196
Fiscal 2020 Working Appropriation	122,428	8,115	33,676	4,755	168,974
Fiscal 2021 Allowance	125,903	8,402	39,548	3,246	177,099
Fiscal 2020-2021 Amount Change	$3,475	$287	$5,872	-$1,509	$8,125
Fiscal 2020-2021 Percent Change	2.8%	3.5%	17.4%	-31.7%	4.8%

Where It Goes:	Change
Personnel Expenses	
2% general salary increase effective January 1, 2021, and net increase from annualization of 1% general salary increase effective January 1, 2020	$506
Retirement contribution	328
Turnover adjustments	242
Regular earnings and reclassifications	224
Other fringe benefit adjustments	116
Miscellaneous adjustments, primarily due to fiscal 2020 salaries and fringe benefits under the Office of the Chief Medical Examiner	-590
Employee and retiree health insurance	-1,014
Core Public Health Services	
Fiscal 2021 general salary increase and net increase from annualization of fiscal 2020 general salary for employees of local health departments	2,020
Funding due to formula-related increase and annualization of the fiscal 2020 general salary increase	925
Office of the Chief Medical Examiner	
Per diem pathologists to assist in reducing medical examiner caseload (see Key Observations section)	9
Paul Coverdell Forensic Science Improvement Grant program funding for laboratory equipment (reimbursable funds)	-232
Office of Preparedness and Response	
Grant to the Maryland Hospital Association to improve medical surge capabilities of 46 acute care hospitals (federal funds)	3,200
Federal grant for Ebola preparedness and response activities ending in fiscal 2020	-2,022
Fiscal 2020 Regional Healthcare Coalition emergency hospital preparedness support concluding (federal funds)	-2,500

Where It Goes:	**Change**
Other Program Changes	
Federal Overdose Data to Action grant from the U.S. Centers for Disease Control and Prevention for data analysis and surveillance related to the drug use in the State	5,542
Contractual salaries and fringe benefits, primarily due to 45.88 new positions under executive direction	1,763
Laboratory equipment and supplies	603
Contracts under the Vital Statistics Administration, including license fees for the new call center	148
Other	-57
Equipment repairs, mainly in the Laboratories Administration	-63
Prescription Drug Monitoring Program electronic infrastructure project (special funds)	-161
Quality improvement and State health improvement process activities primarily funded through the federal Preventive Health and Health Services Block grant	-364
Project Management Office of the Maryland Primary Care Program	-497
Total	**$8,125**

Note: Numbers may not sum due to rounding. The fiscal 2020 appropriation includes deficiencies, planned reversions, and general salary increases. The fiscal 2021 allowance includes contingent reductions and general salary increases.

Maryland Primary Care Program

The fiscal 2021 allowance reflects a net reduction of $497,245 for the Project Management Office of the Maryland Primary Care Program. Although the Health Services Cost Review Commission (HSCRC) generally oversees implementation of this program, the operating costs that appear in the State budget are included in PHA Executive Direction. Total general fund support for the program includes $1.0 million proposed as a fiscal 2020 deficiency and $1.0 million budgeted in the allowance.

In fiscal 2020, the remaining $3.2 million in operating costs appear as reimbursable funds from the Health Regulatory Commissions. Integrated Care Network special funds under the Health Regulatory Commissions would have covered the reimbursable funds but were instead used on Medicaid provider reimbursement payments due to an action in the Budget Reconciliation and Financing Act (BRFA) of 2019. In a response to the 2019 *Joint Chairmen's Report* (JCR), HSCRC and the Maryland Health Care Commission (MHCC) indicated that they would consider allocating funds from each of their respective budgets as a stop-gap to fund the program in fiscal 2020. However, MDH indicates that HSCRC and MHCC have only identified $500,000 in special funds in each respective budget to support $1.0 million of the reimbursable funds budgeted in fiscal 2020. Total funding for the program still appears as $4.2 million in the fiscal 2020 working appropriation when including the general fund deficiency and total reimbursable fund allocation. Actual available fiscal 2020 funding is closer to $2.0 million.

Total funding for the Maryland Primary Care Program in the fiscal 2021 allowance is $3.7 million. In addition to $1.0 million in general funds, the fiscal 2021 allowance includes $747,283 in federal funds (mainly from the Medicaid program) and $2.0 million in reimbursable funds for the project

management office. Again, MDH reports that HSCRC and MHCC have only identified a total of $1.0 million in special funds to cover the reimbursable funds budgeted. Therefore, planned spending for the program in fiscal 2021 actually totals $2.7 million, showing a $747,283 increase from fiscal 2020. Further discussion of the program's outcomes and implications for the State's Total Cost of Care Model can be found in the MDH Health Regulatory Commissions analysis.

In coordination with a BRFA recommendation (found under the MDH Health Professional Boards and Commissions analysis) to transfer special fund balance from the Maryland Board of Physicians to replace general funds supporting the Maryland Primary Care Program, the Department of Legislative Services (DLS) recommends a contingent reduction of $1.0 million in general funds in fiscal 2021.

Core Public Health Services

Section 2-302 of the Health-General Article mandates funding for Core Public Health Services. The formula adjustment factor is calculated by combining an inflation factor with a population growth factor. Statute mandates that for fiscal 2019 and each subsequent fiscal year, the formula adjustment factor is applied to the amount of funding for the preceding fiscal year. This statute was most recently amended through a provision in the BRFA of 2018 clarifying which years should be used for both the inflation and population growth adjustment.

The formula, as currently written in statute, does not account for ongoing expenditures related to annual general salary increases, salary increments, or additional health insurance expenditures. Because the formula does not specify whether the base number should include or exclude these costs, formula adjustments have been inconsistent between fiscal 2020 and 2021. In fiscal 2021, the administration used the fiscal 2020 legislative appropriation ($54.4 million), which includes the annualized fiscal 2019 general salary increase. However, this base number does not include funds for contractual health insurance that were budgeted under the MDH Office of the Secretary in fiscal 2020. Had the administration used its methodology from prior years, the base would have excluded the general salary increase and only included $51.7 million representing the fiscal 2019 base amount plus the formula increase budgeted in fiscal 2020.

Due to the inconsistencies in recent years in how the inflation and population growth adjustments have been applied along with the inconsistencies in how the base has been calculated for Core Public Health Services, DLS recommends adding a provision to the BRFA of 2020 to simplify the statute related to funding for Core Public Health Services. DLS recommends amending the statute so that future funding is based on the legislative appropriation from the prior year inflated by the projected General Fund revenue growth rate in the proposed budget year. DLS also recommends that the statute specify that the growth factor should be applied only to total State operating funds budgeted under the Core Public Health Services program.

Personnel Data

	FY 19 Actual	FY 20 Working	FY 21 Allowance	FY 20-21 Change
Regular Positions	393.00	422.00	417.00	-5.00
Contractual FTEs	53.81	36.85	86.93	50.08
Total Personnel	**446.81**	**458.85**	**503.93**	**45.08**

Vacancy Data: Regular Positions

Turnover and Necessary Vacancies, Excluding New Positions	30.52	7.32%
Positions and Percentage Vacant as of 12/31/19	53.00	12.56%
Vacancies Above Turnover	22.48	

- The fiscal 2021 allowance reflects a net decrease of 5 regular positions due to 14 abolished positions partially offset by 1 new laboratory scientist position and 8 position transfers within MDH.

- Of the 14 abolished positions, 5 positions were vacant for over a year. The remaining 9 vacant positions were primarily abolished due to the federal grant supporting the PINS ending.

- There is a net increase of 50.08 contractual full-time equivalent (FTE), mainly under Executive Direction. The fiscal 2021 allowance includes 17 new FTEs under the Project Management Office of the Maryland Primary Care Program to implement the program and provide technical assistance. An additional 10 FTEs are budgeted under the Division of Vital Records to implement the new call center and customer relationship management system. Finally, PHA adds 19 federally funded FTEs for data analysis and surveillance supporting substance use disorder prevention activities.

- As of December 31, 2019, PHA had 22.48 more vacancies than needed to meet budgeted turnover. This count does not include the chief medical examiner position that was vacated on January 1, 2020, due to the chief medical examiner retiring. More information regarding vacant medical examiner positions in OCME can be found in the Key Observations section.

Key Observations

1. OCME Accreditation on Provisional Status, New Medical Examiner Vacancies Cause Concern

OCME is required by statute to investigate all violent or suspicious deaths including all deaths unattended by a physician. If the cause of death cannot be established during the initial investigation, a pathologist must perform an autopsy on the deceased. The National Academy of Medical Examiners (NAME) is the accrediting organization of medical examiner offices. Although OCME can continue to operate without accreditation, being accredited provides benefits including an endorsement of the quality of the office, verification of adherence to peer-reviewed standards, increased credibility of courtroom testimony, and enhanced attraction and retention of professional staff. Accreditation improves the public's trust that the office is performing its work in a proper environment and limits questions about the validity of medical examiners' findings at trials.

During a NAME inspection, facilities are judged against Phase I and Phase II standards that represent the minimum standards for an adequate medicolegal system. Phase I standards are not considered by NAME to be absolutely essential requirements, so these violations 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, and violations may seriously impact the quality of work and adversely affect the health and safety of the public or staff. To maintain full accreditation, an office may have no more than 15 Phase I violations and no Phase II violations. Provisional accreditation may also be awarded for a 12-month period if an office is found to have fewer than 25 Phase I violations and fewer than 5 Phase II violations. If awarded provisional accreditation, an office must address deficiencies that prevented it from achieving full accreditation.

2019 Provisional Accreditation

Following a July 2019 NAME inspection that resulted in five Phase I violations and one Phase II violation, OCME was granted a one-year provisional accreditation that expires May 14, 2020. The NAME inspector found that OCME's facility in Baltimore City had a structural defect in the roof, causing a water leak and flooding on the fourth floor of the building. This was considered a Phase II violation because the flooding was in a carpeted corridor, and, as a result, the warped carpet presented a physical hazard and risk for serious injury to OCME employees. OCME indicates that a building envelope test has been completed to investigate the leak issue and that roofing work is expected to start in May 2020. The Department of General Services will cover the cost to repair the roof with facilities renewal funding in the capital budget.

If OCME shows sufficient progress in correcting the Phase II violation, it could be eligible for full accreditation when the provisional accreditation status expires on May 14, 2020, or earlier. If the Phase II violation is not fully corrected by May 14, 2020, NAME allows organizations to apply for up to four 12-month extensions of provisional status if a good faith effort has been made to resolve the issue. Although OCME is taking steps to correct the Phase II violation related to the roof, the recent vacancies caused by the chief medical examiner retiring and a deputy medical examiner moving to a

different state cause concern that OCME will receive another Phase II violation for not meeting caseload ratio standards.

Caseload Ratio Standards

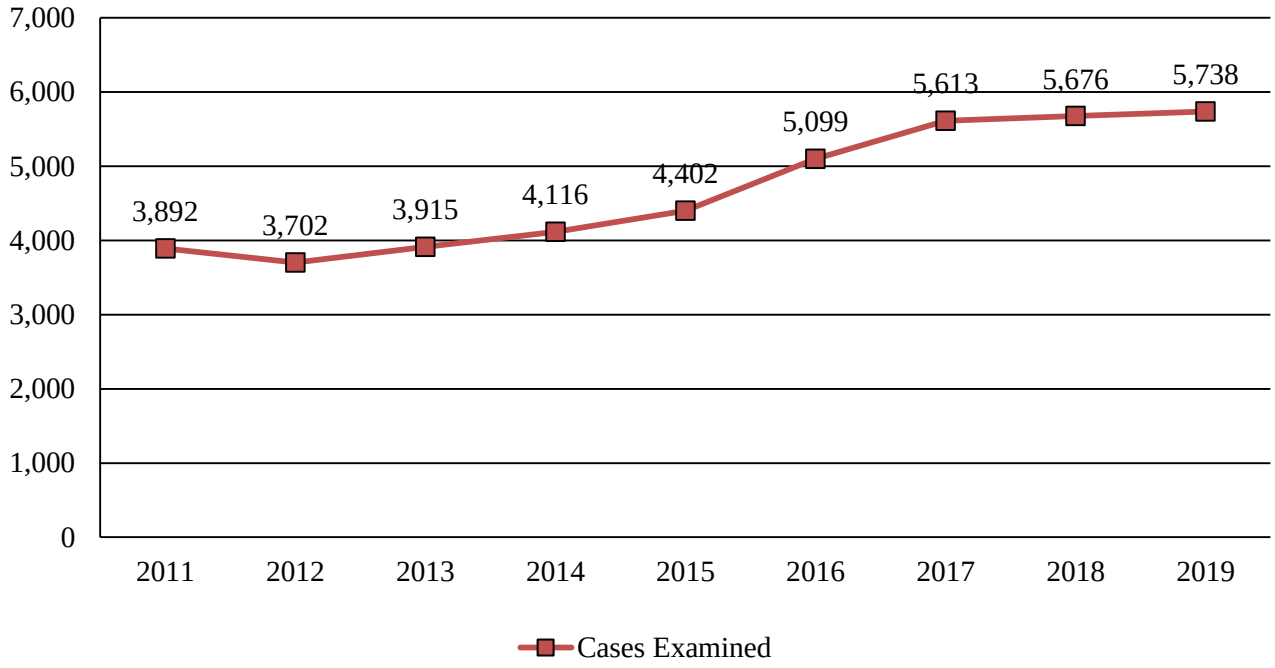
A Phase I violation related to caseload occurs if the size of the medical staff is insufficient to ensure that no autopsy physician is required to perform more than 250 autopsies per year. A Phase II violation occurs if an autopsy physician is required to perform more than 325 autopsies per year. OCME's accreditation was placed on provisional status in May 2018 due to a Phase II violation of the caseload ratio standard. A combination of increasing numbers of autopsies along with vacant medical examiner positions contributed to OCME's caseload violation.

Caseload Trends

Not all deaths require a full autopsy (which could involve an internal and external examination), with some cases involving only an external examination. However, NAME accounts for all investigations as part of the calculation of its caseload standards, recognizing that external examinations add to the workload of medical examiners. NAME states that three to five external examinations (depending on the complexity) are considered equivalent to one complete autopsy. For example, NAME would consider 200 full autopsies plus 150 external examinations to equate to 250 autopsies.

Exhibit 4 displays the number of cases examined including external examination equivalents to autopsies. While the number of cases increased very slightly by 62, or 1.1%, in fiscal 2019, the rate of growth has slowed dramatically since fiscal 2016 and 2017 when the number of cases increased by 15.8% and 10.1%, respectively. This trend contributed to OCME not receiving a Phase II caseload ratio violation in its July 2019 inspection. Although the number of cases examined has leveled off, likely related to a reduction in fatal overdoses, there remains a concern that persistently high homicide rates in the State will continue to cause OCME's caseload to increase. Homicide cases are often more complex than other autopsies and can require medical examiners to provide court testimony, limiting the time they have to examine other cases.

Exhibit 4
Cases Examined by OCME
Fiscal 2011-2019



OCME: Office of the Chief Medical Examiner

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

Medical Examiner Staffing

The NAME caseload ratio accounts only for individuals able to complete examinations. Due to this calculation, vacant medical examiner positions are excluded. As of January 2020, OCME reported 2.5 vacant medical examiner positions out of 19.5 authorized positions. At the time of the July 2019 NAME inspection, OCME had a net increase of 0.5 FTE medical examiners. Due to long-term vacancies and a national shortage of forensic pathologists, OCME also developed a program to allow for per diem pathologists to assist in completing examinations, which reduces the caseload ratios. These individuals must be board certified in forensic pathology. In a response to the 2019 JCR, OCME outlined some benefits of the per diem program including:

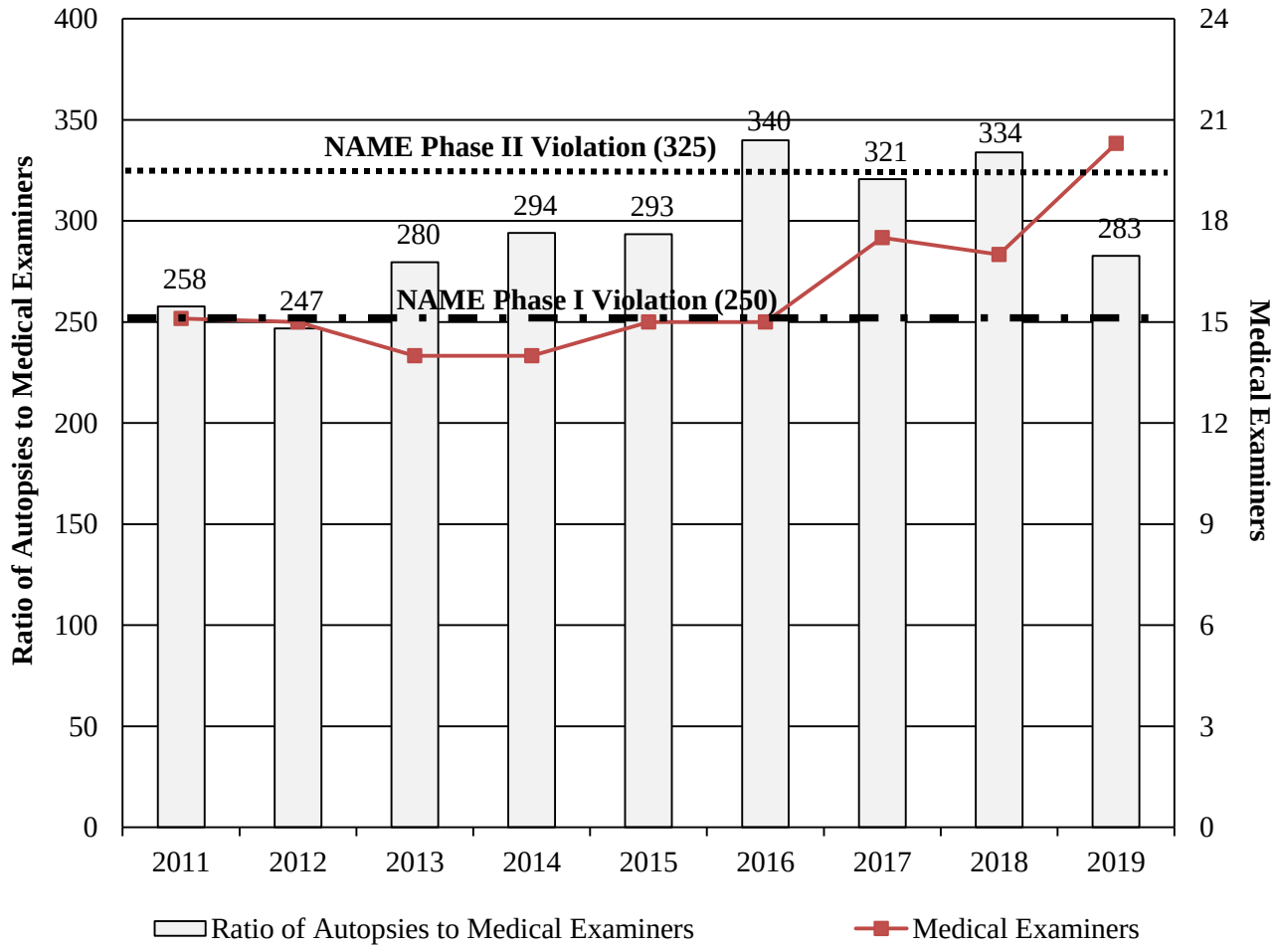
- flexibility as workload increases or decreases;
- recruitment and outreach through the 10 per diem pathologists who have become familiar with OCME;

- a new resource in the event of a mass fatality event; and

- extra weekend capacity.

Exhibit 5 shows the actual caseload ratio between fiscal 2011 and 2019. For every 250 cases performed collectively by the per diem pathologists, OCME counts the equivalent of 1 FTE. Due to the additional 0.5 FTE pathologist and 4.3 FTEs in per diem pathologists added in fiscal 2019, OCME was successful in meeting the NAME's Phase II standard and showed substantial improvement in its caseload ratio.

Exhibit 5
Medical Examiner Caseloads
Fiscal 2011-2019



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

To implement the per diem program, OCME paid $850 for each of the 1,085 cases examined, totaling $922,250 in general funds in fiscal 2019. Although there was no funding budgeted specifically for this program in fiscal 2019, OCME used vacant medical examiner salaries to cover the expenditures. Funding dedicated for per diem pathology services in the fiscal 2020 working appropriation is already insufficient as only $204,000 was budgeted, and OCME reports that 335 cases have already been completed from July 2019 to November 2019 (totaling $284,750). The fiscal 2021 allowance essentially level funds the per diem services at the fiscal 2020 level. Based on fiscal 2019 actual spending and fiscal 2020 spending year to date, the fiscal 2021 allowance underfunds per diem pathology services, which could require a deficiency if OCME fills the 2.5 vacant FTEs and still requires per diem services.

Recent vacancies created by the chief medical examiner retiring and a deputy medical examiner leaving the State will require higher per diem usage in order to meet NAME caseload standards before the OCME review in May 2020. Additional assistance in meeting the caseload ratio could be achieved by filling vacant positions, though this has proved to be difficult, in part, due to concerns by candidates regarding the high workload. Three additional regular positions were provided to OCME in fiscal 2018 to assist in reducing the high caseload ratio brought on by the opioid crisis, but these positions remained unfilled for over two years. OCME also reports that the forensic pathologist shortage is an international problem and that based on the U.S. population and national autopsy rates, the current population of forensic pathologists is between 45% and 55% of the recommended need nationally.

In its 2019 JCR response, OCME detailed multiple strategies that it is using for recruitment and retention. OCME has recruited new forensic pathologists through its training program and has been approved by the American Council for Graduate Medical Education to have 2 more available training positions if necessary. However, OCME may have no more than 4 training positions by statute, so legislation would be required to expand the training program. The office also conducted outreach by sending emails through the NAME listserv, handing out fliers at major professional forensic meetings, and reaching out to graduates of the OCME pathology program. OCME does not expect to fill its 2.5 vacant FTEs until July 2020 when the next class of forensic pathologists graduates.

As part of the JCR response, OCME was asked to provide a comparison of salaries offered by OCME for board-certified medical examiners compared to medical examiner offices in other jurisdictions. **Exhibit 6** displays Maryland's minimum and maximum salaries for an assistant medical examiner compared to some of the other accredited offices included in the report. Although OCME offers the lowest minimum salary, six other medical examiner offices advertised lower maximum salaries. Compared to other pathology jobs in Maryland, OCME indicates that its maximum medical examiner salary remains lower than the average general pathologist salary in Baltimore City at $280,700. The fiscal 2021 allowance includes salary increases for certain MDH class codes as part of the annual salary review, but medical examiner positions were not among them.

Exhibit 6
Assistant Medical Examiner Salary Ranges

State	Minimum Salary	Maximum Salary
Hawaii	$201,780	$201,780
Georgia	178,337	208,232
Philadelphia, Pennsylvania	163,690	210,459
Arizona	170,560	215,238
Allentown, Pennsylvania	200,000	220,000
Illinois	187,553	222,944
Maryland	**150,810**	**249,075**
North Dakota	180,000	250,000
Idaho	225,000	250,000
New Hampshire	200,000	260,000
Alberta, Canada	248,000	289,000

Note: Salary ranges depict the offices' advertised salaries on the National Academy of Medical Examiners website.

Source: Maryland Department of Health; National Academy of Medical Examiners

OCME should provide updates on appointing a new chief medical examiner and repairing the roof leak that caused the most recent Phase II violation. OCME should also discuss its efforts to meet the Phase II caseload ratio standard and how this will impact its accreditation status when the current provisional status expires in May 2020. DLS recommends committee narrative requesting that OCME provide information on the accreditation status of the office following NAME review and an update on the status of filling vacant positions and use of per diem pathologists.

Operating Budget Recommended Actions

1. Add the following language to the general fund appropriation:

   , provided that $1,000,000 of this appropriation made for the purpose of supporting the Maryland Primary Care Program Management Office shall be reduced contingent on the enactment of HB 152 or SB 192 authorizing the use of special fund balance from the Maryland Board of Physicians for this purpose.

   Explanation: This language adds a contingent reduction of $1.0 million in general funds for the Maryland Primary Care Program Management Office. The reduction is contingent on HB 152 or SB 192 (the Budget Reconciliation and Financing Act of 2020) authorizing the use of special fund balance from the Maryland Board of Physicians for the Maryland Primary Care Program.

2. Adopt the following narrative:

   Office of the Chief Medical Examiner Accreditation and Staffing: The Office of the Chief Medical Examiner (OCME) was placed on provisional accreditation status in May 2018 due to the cases examined per medical examiner exceeding accreditation limits. Although the office corrected this violation for the July 2019 inspection, the office was again put on provisional status due to a physical hazard caused by a leak in the roof of its facility. Recent vacancies, including the chief medical examiner position, also cause concern for the OCME accreditation status moving forward. The committees request that the Maryland Department of Health (MDH) provide:

   - an update on OCME's accreditation status following the expiration of its current provisional status in May 2020;
   - an update on the roof repair project, including project costs, funding sources, and completion date;
   - information on the use of per diem pathologists to assist in meeting caseload standards, including year-to-date expenditures;
   - the status of filling vacant medical examiner positions; and
   - information on new efforts to increase staffing to ensure that OCME can return to or maintain full accreditation in the future.

Information Request	Author	Due Date
Report on OCME accreditation and staffing	MDH	October 1, 2020

Budget Reconciliation and Financing Act Recommended Actions

1. Amend Section 2-302 of the Health-General Article to clarify the statute related to Core Public Health Services so that the total State operating funds budgeted under the Core Public Health Services program are based on the prior year legislative appropriation increased by the projected growth in general fund revenue in the upcoming fiscal year, as specified in the December report from the Board of Revenue Estimates.

Appendix 1
2019 *Joint Chairmen's Report* Responses from Agency

The 2019 *Joint Chairmen's Report* (JCR) requested that the Public Health Administration prepare one report. An electronic copy of the full JCR response can be found on the Department of Legislative Services Library website.

- ***Office of the Chief Medical Examiner (OCME) Accreditation Status and Staffing:*** In its JCR response, OCME reported that it currently has provisional accreditation from the National Academy of Medical Examiners until May 2020 due to a physical hazard resulting from a leak in the OCME facility roof. OCME also outlined recruitment and retention strategies that it is using to fill its vacant medical examiner positions, along with using per diem pathology services to handle the office's increasing caseload in the short term. Further discussion of OCME's accreditation status can be found in the Key Observation section of this analysis.

Appendix 2
Object/Fund Difference Report
MDH – Public Health Administration

Object/Fund	FY 19 Actual	FY 20 Working Appropriation	FY 21 Allowance	FY 20 - FY 21 Amount Change	Percent Change
Positions					
01 Regular	393.00	422.00	417.00	-5.00	-1.2%
02 Contractual	53.81	36.85	86.93	50.08	135.9%
Total Positions	**446.81**	**458.85**	**503.93**	**45.08**	**9.8%**
Objects					
01 Salaries and Wages	$ 34,998,162	$ 40,849,181	$ 40,153,939	-$ 695,242	-1.7%
02 Technical and Spec. Fees	3,237,073	2,652,564	5,415,097	2,762,533	104.1%
03 Communication	584,565	511,799	573,514	61,715	12.1%
04 Travel	181,935	345,843	306,582	-39,261	-11.4%
06 Fuel and Utilities	2,207,290	2,251,346	2,266,514	15,168	0.7%
07 Motor Vehicles	64,932	26,553	30,418	3,865	14.6%
08 Contractual Services	15,698,740	32,804,223	33,520,178	715,955	2.2%
09 Supplies and Materials	8,103,917	7,372,460	7,799,545	427,085	5.8%
10 Equipment – Replacement	229,877	297,232	164,431	-132,801	-44.7%
11 Equipment – Additional	648,158	14,150	334,405	320,255	2263.3%
12 Grants, Subsidies, and Contributions	56,080,785	61,266,269	64,415,526	3,149,257	5.1%
13 Fixed Charges	19,015,543	18,798,477	18,808,337	9,860	0.1%
14 Land and Structures	144,797	0	0	0	0.0%
Total Objects	**$ 141,195,774**	**$ 167,190,097**	**$ 173,788,486**	**$ 6,598,389**	**3.9%**
Funds					
01 General Fund	$ 110,918,525	$ 120,673,147	$ 122,718,580	$ 2,045,433	1.7%
03 Special Fund	7,358,822	8,105,395	8,361,520	256,125	3.2%
05 Federal Fund	21,860,378	33,656,056	39,462,232	5,806,176	17.3%
09 Reimbursable Fund	1,058,049	4,755,499	3,246,154	-1,509,345	-31.7%
Total Funds	**$ 141,195,774**	**$ 167,190,097**	**$ 173,788,486**	**$ 6,598,389**	**3.9%**

Note: The fiscal 2020 appropriation does not include deficiencies, planned reversions, or general salary increases. The fiscal 2021 allowance does not include contingent reductions or general salary increases.