M00F
Public Health Administration
Maryland Department of Health

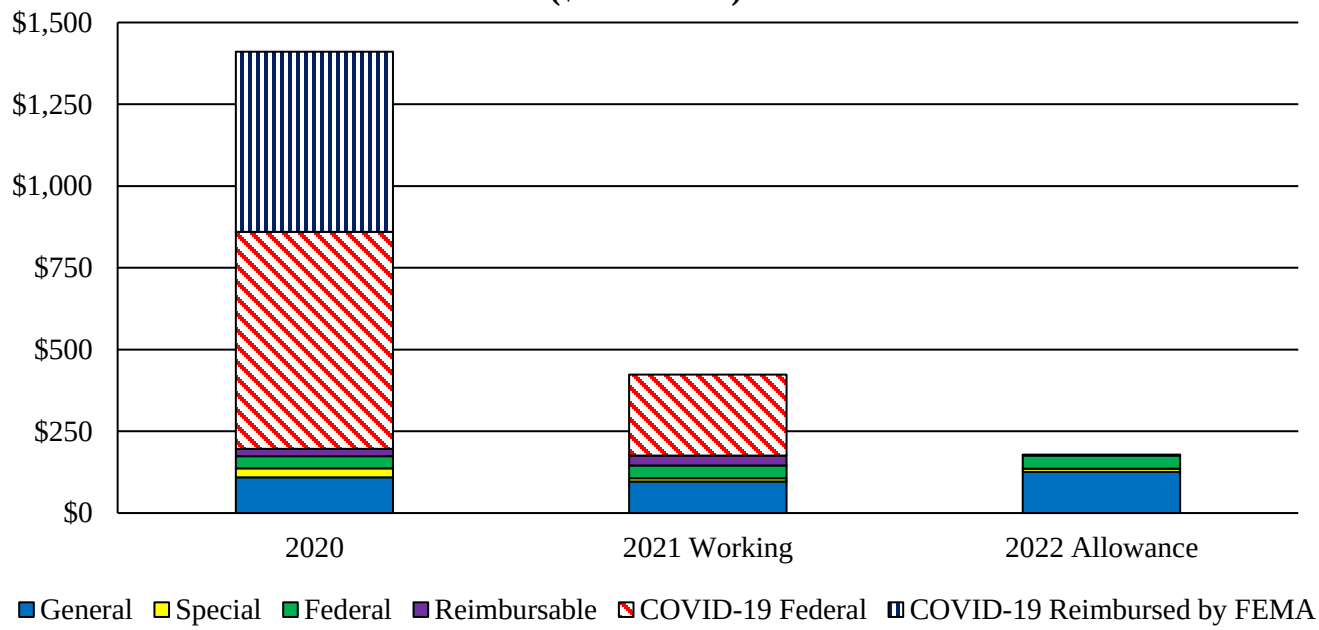
Program Description

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

Key goals of PHA are to provide timely death investigation and autopsy reports on all 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 public health laboratory practices.

Operating Budget Summary

Fiscal 2022 Budget Decreases by $244.4 Million, or 57.8%, to $178.5 Million.
($ in Millions)



FEMA: Federal Emergency Management Agency

Note: The fiscal 2021 appropriation includes deficiencies and general salary increases. The fiscal 2022 allowance includes annual salary reviews, annualization of fiscal 2021 general salary increases, and contingent reductions.

For further information contact: Anne P. Wagner Phone: (410) 946-5530

Fiscal 2020

PHA spending grew sharply in fiscal 2020 to reflect federal aid supporting the COVID-19 pandemic response. OPR was allocated $654.8 million of the State's Coronavirus Relief Fund award authorized in the federal Coronavirus Aid, Relief, and Economic Security Act. MDH distributed approximately $245.6 million to 19 counties and LHDs that did not receive Coronavirus Relief Fund (CRF) grants directly from the federal government. The remaining funds were generally used to reimburse other State agencies and MDH divisions for COVID-19-related spending. Further discussion of health-related federal support in response to the pandemic can be found in the MDH Overview analysis.

OPR was allocated $551.5 million in reimbursable funds that were mainly spent on personal protective equipment (PPE). MDH anticipated that it would be reimbursed for this spending through the Federal Emergency Management Agency's (FEMA) Public Assistance grant program. In the *Statewide Review of Budget Closeout Transactions for Fiscal Year 2020*, the Office of Legislative Audits found that MDH recorded this funding as accrued revenue without providing required documentation at the close of fiscal 2020. As a result, this funding was considered an unprovided for payable. FEMA notified MDH on January 21, 2021, that a $341.2 million grant was approved. MDH had requested reimbursement for the remaining $210.3 million but had not received approval as of February 2, 2021.

MDH expected to receive 75% reimbursement from FEMA for its PPE procurements. However, MDH has indicated that FEMA could potentially approve 100% reimbursement of expenses, which would provide the State an additional $113.7 million ($665.2 million total) in federal support for fiscal 2020 spending.

Fiscal 2021

Proposed Deficiency

The Governor's allowance includes multiple deficiency appropriations adding funds to OPR for the following COVID-19 related activities:

- $205.1 million in federal CRF to reimburse other State agencies, higher education institutions, and LHDs for public safety salaries from July 1, 2020, to January 1, 2021 (there is a corresponding back of the bill action that would reduce $146.4 million in general funds from these agencies and $27 million in general funds from Core Public Health Services);

- $42.1 million in federal CRF to reimburse other State agencies for COVID-19 response and quarantine pay from July 1, 2020, to January 1, 2021; and

- $505,821 in general funds for a new Candlewood office and warehouse to store COVID-19 supplies.

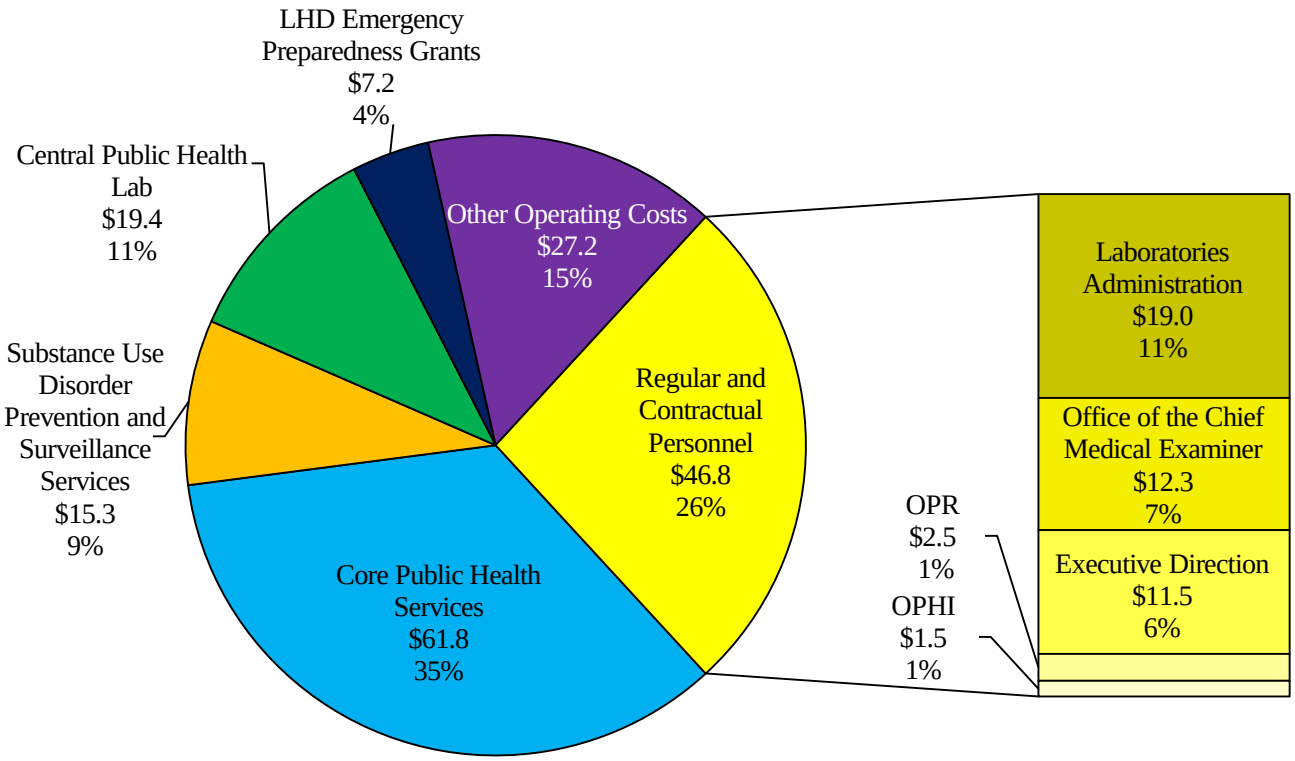
Cost Containment

On July 1, 2020, the Board of Public Works (BPW) approved a $704,006 general fund reduction from PHA, mainly by adjusting a transportation grant to Garrett County to align with recent expenditures and reducing operating costs. BPW further reduced the PHA budget by $85,493 in total funds as part of statewide reductions.

Fiscal 2022 Overview of Agency Spending

Exhibit 1 reflects the PHA fiscal 2022 budget by use of funds. The mandated formula funding for LHDs budgeted under Core Public Health Services accounts for the largest share of PHA spending, $61.8 million, or 35%. Regular and contractual personnel make up the next largest share (26%) with Laboratories Administration as the largest office in terms of personnel expenses. PHA's substance use disorder prevention and surveillance services that were transferred from the Behavioral Health Administration (BHA) in fiscal 2020 account for 9% of total expenditures.

Exhibit 1
Overview of Agency Spending by Use
Fiscal 2022 Allowance
($ in Millions)



Total Expenditures = $177.7 Million

LHD: local health department
OPHI: Office of Population Health Improvement
OPR: Office of Preparedness and Response

Note: Numbers may not sum to total due to rounding. Excludes statewide personnel funding centrally budgeted in the Department of Budget and Management that is attributable to the Public Health Administration, totaling $760,429.

Source: Governor's Fiscal 2022 Budget Books; Department of Legislative Services

Proposed Budget Change

As shown in **Exhibit 2**, the adjusted fiscal 2022 allowance decreases by $244.5 million compared to the fiscal 2021 working appropriation.

Exhibit 2
Proposed Budget
Maryland Department of Health – Public Health Administration
($ in Thousands)

How Much It Grows:	General Fund	Special Fund	Federal Fund	Reimb. Fund	Total
Fiscal 2020 Actual	$109,318	$27,371	$700,128	$574,134	$1,410,951
Fiscal 2021 Working Appropriation	96,784	9,183	286,710	30,254	422,931
Fiscal 2022 Allowance	125,792	10,032	40,084	2,552	178,461
Fiscal 2021-2022 Amount Change	$29,008	$850	-$246,626	-$27,702	-$244,471
Fiscal 2021-2022 Percent Change	30.0%	9.3%	-86.0%	-91.6%	-57.8%

Where It Goes:	Change
Personnel Expenses	
Other regular salary enhancements, primarily related to centrally budgeted ASRs in fiscal 2021 in the Laboratories Administration and OCME	1,355
Net impact of a 2% general salary increase effective January 1, 2021, including annualization and ASRs in fiscal 2022	365
Regular salaries related to a net increase of 3.75 FTE transferred from other divisions of the department	349
Retirement contributions	293
Employee and retiree health insurance	183
Social Security contributions	119
Other fringe benefit adjustments	33
Turnover adjustments	-1,229
Fiscal 2021 Coronavirus Relief Fund spending for public safety salaries in local health and other agencies	-246,886
Population Health Improvement	
Garrett County Transportation Pilot Program	-200
Maryland Loan Assistance Repayment Program for Physicians and Physician Assistants	-390
Grant from the Substance Abuse and Mental Health Services Administration for local coalitions to prevent underage and youth binge drinking (federal funds)	-1,568
Core Public Health Services	
Funding due to formula-related increase	411

Where It Goes:	**Change**
OCME	
Board certified per diem medical examiners (see Key Observations section)	425
Equipment financed through the State Treasurer's Office Equipment Lease-Purchase Financing Program	-69
Preparedness and Response	
Rent and utilities	973
Expenses and grants for medical surge capacity and alternate care sites during the COVID-19 pandemic (federal funds)	818
Other	
Laboratory services, supplies, and equipment	874
Diabetes Education Programs and Communications efforts (federal funds)	662
Other	432
Technical and special fees associated with a net reduction of 2.0 contractual FTE	-645
Central public health laboratory	-774
Total	**$244,471**

ASR: annual salary review
FTE: full-time equivalent
OCME: Office of the Chief Medical Examiner

Note: Numbers may not sum to total due to rounding. The fiscal 2021 appropriation includes deficiencies and general salary increases. The fiscal 2022 appropriation includes ASRs, annualization of fiscal 2021 general salary increases, and contingent reductions.

Maryland Loan Assistance Repayment Program for Physicians and Physician Assistants

Chapters 402 and 403 of 2020 transferred oversight of the Maryland Loan Assistance Repayment Program (MLARP) for physicians and physician assistants from the Maryland Higher Education Commission (MHEC) to MDH. MLARP provides student loan repayment assistance in exchange for a two-year service commitment to help ensure that underserved areas of the State have sufficient primary care physicians and physician assistants.

A fiscal 2021 amendment transferred $790,000 in special funds from the Board of Physicians Fund budgeted in MHEC to the Office of Population Health Improvement to reflect the program transfer. For fiscal 2022, Chapters 402 and 403 also mandated that if the Governor did not include at least $1.0 million for program operations, then the Comptroller would distribute up to $1.0 million in fees from the Board of Physicians Fund to the program. The fiscal 2022 allowance as introduced budgeted only $760,000 in total funds ($400,000 in special funds and $360,000 in federal funds), so the Comptroller will be required to distribute the remaining $600,000 in special funds from the Board of Physicians Fund to the program.

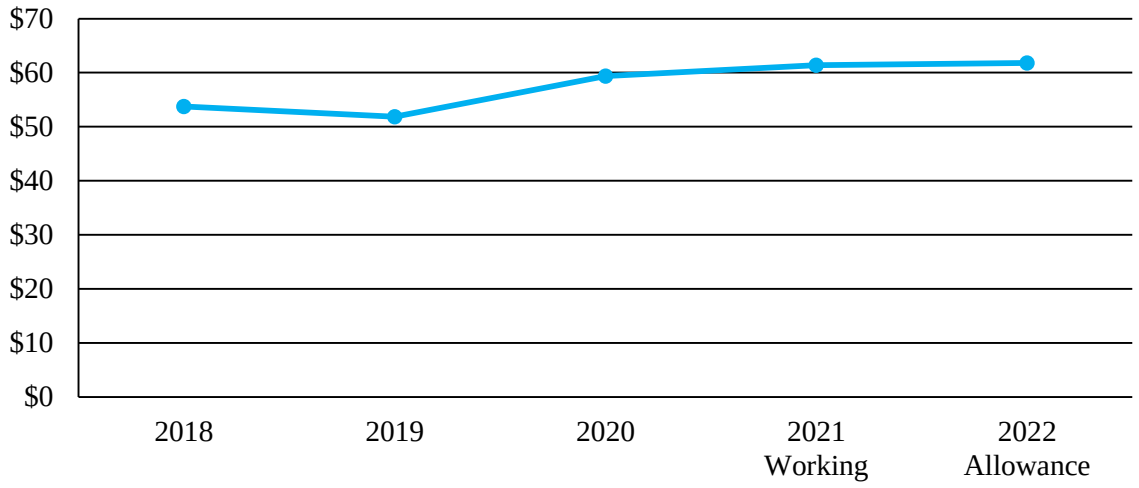
Contingent Reduction in the Office of Controlled Substances Administration

A proposed action in the Budget Reconciliation and Financing Act (BRFA) of 2021 would allow the Governor to transfer $500,000 in special fund balance from the Board of Pharmacy Fund to the Office of Controlled Substances Administration (OCSA) to backfill general funds. Corresponding contingent language in the fiscal 2022 allowance reduces $500,000 in general funds from OCSA for existing operating costs. A BRFA recommendation in the MDH Health Professional Boards and Commissions analysis would reject the fund balance transfer and contingent reduction due to prior BRFA actions creating other demands on the fund balance and future revenue uncertainty bringing the fund balance to a level of concern. Further discussion of this BRFA recommendation can be found in that analysis.

Core Public Health Services

Section 2-302 of the Health-General Article mandates funding for Core Public Health Services (funding to LHDs). The formula adjustment factor is calculated by combining an inflation factor with a population growth factor. This statute was most recently amended through a provision to the BRFA of 2018, clarifying which years should be used for both the inflation and population growth adjustment. As shown in **Exhibit 3**, the formula increments in fiscal 2021 and 2022 have leveled off compared to the 14.5% growth in fiscal 2020. Growth in fiscal 2020 was driven by general salary increases and annualization of fiscal 2019 general salary increases for State employees that were also allocated to LHDs. **Appendix 3** provides recent LHD formula funding allocations by jurisdiction.

Exhibit 3
Core Public Health Services Appropriations
Fiscal 2018-2022 Allowance
($ in Millions)



Source: Department of Budget and Management; Governor's Fiscal 2022 Budget Books

The formula, as currently written in statute, is difficult to implement and not particularly correlated to actual need. Specifically:

- the statute does not take general salary increases into account when describing how inflation and population growth factors should be applied to the prior year appropriation. As a result, the formula has been calculated inconsistently with general salary increases included in the base in fiscal 2021 and not included in the base for calculating the fiscal 2020 and 2022 allowances; and

- it is not clear how the inflation and population growth factors, in combination with discretionary State grants to LHDs, compare to actual growth in non-State LHD expenditures and local public health needs. Further, the allocation by county, as established in regulation, bases each LHD's award on the previous year with adjustments for community health need at the discretion of the Secretary of Health.

The fiscal 2022 allowance adds $4 million in general funds as an additional block grant for LHDs, notably under the MDH Office of the Secretary rather than through the core formula. MDH indicates that this funding will be offered as ongoing support for public health infrastructure not currently covered by core funding. Because the Administration has allocated $4 million on a discretionary basis, the amount could vary drastically year to year based on the State's financial position. On February 4, 2021, the Administration announced plans to introduce a supplemental budget that would allocate an additional $9.0 million in general funds to LHDs to address deficits in local clinics supported on a fee-for-service basis.

The new LHD grants awarded outside of the core public health services formula highlight the challenges with the current LHD funding system as additional decentralized sources of State support are established instead of expanding the allowable uses and funding provided for in the core formula, or otherwise establishing a permanent funding structure based on actual public health costs or community health need.

In the 2020 *Joint Chairmen's Report* (JCR), the budget committees requested that MDH collaborate with the Department of Budget and Management (DBM) and LHDs to submit a report clarifying how the LHD funding formula should be applied, providing non-State LHD expenditures and State LHD grants outside of the formula in fiscal 2018 through 2020; and offering recommendations to change the formula. As of January 28, 2021, MDH had not submitted a response despite the budget committees providing an extension to January 15, 2021. The COVID-19 pandemic has both put a strain on MDH's capacity to respond to the JCR request and also affects both LHD operating costs and federal and State grants that would drastically change the reporting compared to fiscal 2018 and 2019. Still, it is important to have preliminary information on public health costs in responding to the pandemic considering LHDs' critical role.

Without information on non-State LHD expenditures and other State LHD grants outside of the core formula, it is difficult to assess how State funding for LHDs compares to actual local public health costs over time. MDH should discuss broadly:

- **how Core Public Health Services funding is currently used by LHDs;**

- **where LHDs have unmet need;**

- **how the department plans to allocate the $4 million in general funds budgeted for LHDs under the Office of the Secretary and what the allowable uses of that funding will be;**

- **how the funding formula allocations compare to actual LHD expenditures and local matching funds in fiscal 2019; and**

- **any recommendations the department has to change the formula.**

Personnel Data

	FY 20 Actual	FY 21 Working	FY 22 Allowance	FY 21-22 Change
Regular Positions	431.75	417.00	420.75	3.75
Contractual FTEs	64.48	86.93	84.90	-2.03
Total Personnel	**496.23**	**503.93**	**505.65**	**1.72**
Vacancy Data: Regular Positions				
Turnover and Necessary Vacancies, Excluding New Positions		42.71	10.15%	
Positions and Percentage Vacant as of 12/31/20		38.00	9.11%	
Vacancies Below Turnover		4.71		

- The fiscal 2022 allowance reflects a net increase of 3.75 regular positions transferred into PHA from other divisions of MDH. PHA has no new or abolished positions in the allowance.

- Budgeted turnover in fiscal 2022 shows a substantial increase of 2.8% compared to fiscal 2021. While this readjusts personnel costs to more accurately reflect recent vacancy rates, it continues to be concerning that MDH, and especially its public health offices, operate with almost 10% of positions vacant. This is a significant improvement over December 2019 when the vacancy rate was 12.6%. Still, the COVID-19 pandemic highlighted the need for a robust and effective public health system and required many MDH employees to be diverted to public health and pandemic-related activities. **The department should discuss why its PHA vacancy rate remains at 9.1% and how it is recruiting and retaining public health professionals during the pandemic. The Department of Legislative Services (DLS) recommends committee narrative requesting that MDH submit a report on State and local public health vacancy rates and efforts to recruit and retain staff.**

Key Observations

1. OCME Experiences Caseload Increase Related to COVID-19 Pandemic and Continued Staffing Challenges

Pandemic Impacts on OCME

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. While most known COVID-19 deaths would not be under OCME's jurisdiction, the pandemic and social distancing orders led to a variety of significant changes in the office's operations and workload.

Caseloads

- OCME reported an increase in unattended deaths where COVID-19 needed to be ruled out or confirmed as the cause of death.

- The State experienced a substantial increase in overdose deaths that MDH cited as a direct result of the pandemic. Preliminary counts of opioid-related intoxication deaths published by the Vital Statistics Administration show that there were 231 more deaths recorded from January to September 2020 compared to January to September 2019, a 14.5% increase.

PPE

- OCME had limited access to certain PPE at times. As of December 10, 2020, MDH reportedly provided 20,050 pieces of PPE to OCME (17,000 masks, 2,000 gloves, 50 gowns, and 1,000 face shields). The office also ordered PPE when available and received items from the Strategic National Stockpile.

- County forensic investigator and body transport vendors refused to work in some cases due to insufficient PPE availability. As a result, OCME provided supplies to county investigators, but vendors performing services for private funeral homes did not receive this PPE. OCME indicates there have been delays in statewide body transportation services, and 13 removal services or funeral homes have stopped transporting for the office.

Staffing and Court Activity

- Overtime expenditures increased to maintain minimum essential staffing requirements due to higher caseloads and more hours required to cover when staff members were unavailable due to illness or quarantine.

- In recent years, OCME paid per diem medical examiners (ME) to aid the State while there have been vacancies and increased demands on staff. MEs serving in the military were restricted from traveling early in the pandemic, and travel restrictions prevented at least 1 civilian ME from working on a per-diem capacity. Other MEs located closer could physically travel but had limited availability due to increased caseloads in their home offices.

- Due to limited court activity and suspension of all criminal trials, in-person testimony from MEs was minimal. This aided OCME in responding to increasing caseloads with fewer full-time equivalent (FTE) MEs. As court activity resumes, this causes concern for OCME in managing higher caseloads when MEs will also need to testify on cases.

Provisional Accreditation Status

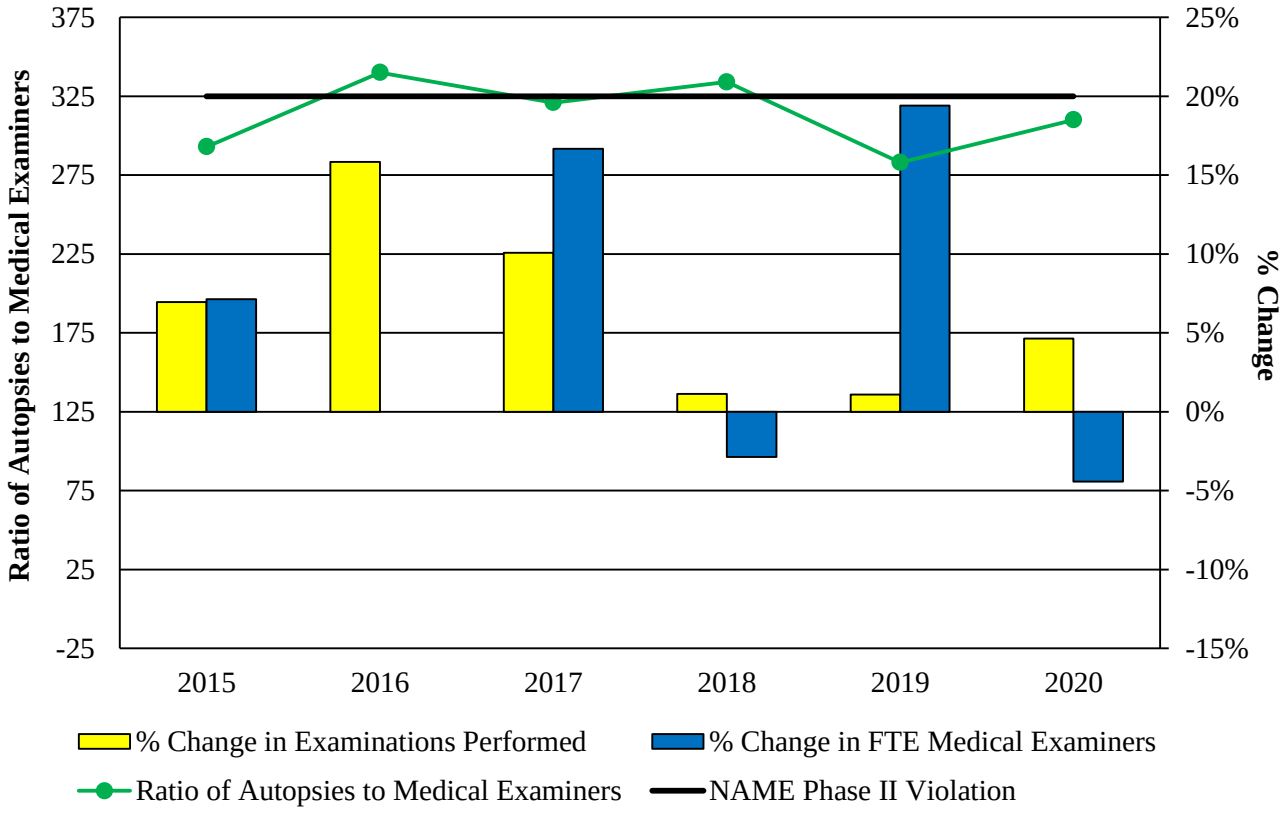
Although OCME can continue to operate without accreditation, being accredited by the National Association of Medical Examiners (NAME) improves the public's trust that the office is performing its work in a proper environment and limits questions about the validity of MEs' findings at trials. NAME granted OCME provisional accreditation in 2018 and 2019 due to two separate Phase II violations that are considered to be essential requirements for an adequate medicolegal system. To maintain full accreditation, an office may not have any Phase II violations.

Caseload Ratio Standards

OCME's accreditation was placed on provisional status in May 2018 after violating NAME's Phase II standard that no autopsy physician should be required to perform more than 325 autopsies per year. This is measured as the caseload ratio of autopsies to FTE MEs.

Exhibit 3 shows recent caseload ratios by fiscal year and the percent change in factors affecting this ratio (examinations performed and FTE MEs). Over the period shown, the caseload ratio has exceeded the Phase II standard twice. Depending on the fiscal year, increases in the number of examinations performed and decreases in the number of FTE MEs have each shown the larger change in determining the ratio. Most recently, in fiscal 2020, a 4.7% increase in examinations and a 4.4% decline in FTE MEs demonstrate the pandemic impacts on caseloads and the per diem ME program discussed previously. After showing substantial progress by increasing FTE MEs in fiscal 2019 and experiencing only 1.1% growth in autopsies, OCME approached the Phase II standard again in fiscal 2020 with 310 autopsies per FTE ME.

Exhibit 3
Medical Examiner Caseload Ratios and Caseload Factors
Fiscal 2015-2020



FTE: full-time equivalent
NAME: National Association of Medical Examiners

Source: Governor's Fiscal 2022 Budget Books; Department of Legislative Services

Even before the COVID-19 pandemic, OCME had significant staffing changes in fiscal 2020 contributing to the decline in FTE MEs. The chief ME position and a deputy chief ME position became vacant in fiscal 2020. This resulted in both positions being filled in an acting capacity since early calendar 2020. As of December 2020, OCME reported 3.5 vacant assistant ME positions.

OCME had not hired any additional MEs in fiscal 2021 year to date as of January 25, 2021, despite a 12% salary increase approved by DBM through the annual salary review. Although the ME salary enhancement took effect on December 1, 2020, the fiscal 2021 working appropriation does not currently reflect this funding, and an amendment will be needed to add these funds to OCME's budget. OCME also reports difficulty in hiring forensic investigators and has requested a two-grade salary

increase for this classification that DBM has not approved yet. The office expects a net increase of at least 1.0 FTE ME by the close of fiscal 2021 due to hiring 2 new assistant MEs who are currently serving as resident forensic pathologists and 1 assistant ME retiring but potentially returning in the per diem ME program. **The department should provide updates on the recruitment process for the chief ME and deputy chief ME positions and the continuing efforts to recruit and retain MEs and forensic investigators.**

Roof Repair Project

During a July 2019 inspection, NAME found that OCME's Baltimore City building had a structural defect in the roof, causing a water leak and flooding. This prevented OCME from receiving full accreditation because the flooding was in a carpeted corridor and, as a result, NAME determined that the warped carpet presented a physical hazard and risk for serious injury to employees. In the 2020 JCR, the budget committees requested that MDH provide an update on the office's accreditation by October 1, 2020, and later approved an extension to January 15, 2021. Although OCME provided the following information to DLS, MDH has not submitted a response to the budget committees as of January 28, 2021.

On November 4, 2020, BPW approved a $2.6 million contract with Cole Roofing Co., Inc. to replace the roof and siding in OCME's Baltimore City building. The Department of General Services is funding the project, and OCME reports that the vendor plans to begin the project in February 2021 with an estimated completion in September 2021. OCME completed a status report for NAME on May 14, 2020, in which it was required to attest to major changes since the last inspection and provide documented proof of substantial progress in remediating deficiencies. NAME approved a one-year extension of provisional accreditation that expires on May 14, 2021.

Operating Budget Recommended Actions

1. Adopt the following narrative:

Public Health Personnel Recruitment and Retention: The vacancy rate among public health personnel in the Maryland Department of Health (MDH) Public Health Administration (PHA) has improved from 12.6% as of December 2019 to 9.1% as of December 2020. However, this includes consistent vacancies in assistant medical examiner (ME) positions and, beginning in fiscal 2020, the chief ME position. Additionally, the COVID-19 pandemic has emphasized the State's public health personnel deficiencies as the statewide response required significant support from State employees diverted from other programs and volunteers.

The budget committees are concerned that vacancy rates remain high in PHA and MDH Prevention and Health Promotion Administration (PHPA), which reported in December 2020 a vacancy rate of 12.1%. The committees request that the department, in consultation with Local Health Departments (LHD), submit a report by October 1, 2021, providing:

- an analysis of the causes of public health staffing shortages in PHA, PHPA, and LHDs;
- an update on MDH's efforts to hire assistant MEs and a chief ME;
- LHD vacancy rates as of December 2019 and December 2020;
- an evaluation of how the State's COVID-19 pandemic response activities in PHA and PHPA impacted recruitment and retention of regular personnel;
- a discussion of salary enhancements, programs, and any other strategies the department is implementing to recruit and retain public health staff; and
- a discussion of any partnerships or programs with higher education institutions to recruit students and recent graduates to work for the department.

Information Request	**Author**	**Due Date**
Report on public health personnel	MDH	October 1, 2021

Appendix 1
2020 *Joint Chairmen's Report* Responses from Agency

The 2020 *Joint Chairmen's Report* (JCR) requested that the Maryland Department of Health (MDH) Public Health Administration prepare three reports. Electronic copies of the full JCR responses that have been submitted can be found on the Department of Legislative Services Library website.

- ***Report on Fiscal 2020 Deficiency for Coronavirus Preparedness:*** On July 17, 2020, MDH reported that it began prioritizing federal fund spending on the COVID-19 response after the State received substantial funds through the Coronavirus Aid, Relief, and Economic Security Act that could not be used to backfill lost revenue. Rather than spending the $10 million general fund deficiency early in the pandemic, MDH reverted $5 million and awarded $5 million to 15 local health departments (LHD) for clinical programs with fee-for-service revenue shortfalls resulting from lower patient volume during the stay-at-home order.

- ***LHD Formula Funding:*** MDH received an extension from the budget committees to submit a response by January 15, 2021, but had not submitted the report as of January 26, 2021. The LHD-mandated formula is discussed in the budget section of this analysis.

- ***Office of the Chief Medical Examiner Accreditation and Staffing:*** The budget committees approved an extension for MDH to submit this report by January 15, 2021. As of January 26, 2021, MDH had not submitted the requested report. Discussion of the office's accreditation and staffing status can be found in the Key Observations section of this analysis.

Appendix 2
Audit Findings – Vital Statistics Administration

Audit Period for Last Audit:	December 9, 2015 – January 15, 2020
Issue Date:	November 2020
Number of Findings:	4
Number of Repeat Findings:	1
% of Repeat Findings:	25%
Rating: (if applicable)	n/a

Finding 1: The Vital Statistics Administration (VSA) did not require that documentation supporting the propriety of certified copies of birth certificates issued be retained and reviewed by supervisors.

Finding 2: **VSA did not have sufficient procedures to ensure local health department (LHD) site visits were comprehensive and documented. In addition, the results of the site visits were not formally communicated to LHDs and related corrective action plans were not received.**

Finding 3: VSA maintained sensitive personally identifiable information in a manner that did not provide adequate safeguards.

Finding 4: VSA had not established adequate procedures and controls over collections from certificate fees.

*Bold denotes item repeated in full or part from preceding audit report.

Appendix 3
Core Public Health Services Allocation by Jurisdiction
Fiscal 2020-2022

Jurisdiction	2020 Actual	2021 Working	2022 Allowance
Allegany County	$1,947,439	$2,174,595	$2,047,629
Anne Arundel County	4,790,100	4,831,979	4,928,397
Baltimore City	8,593,298	8,746,841	8,815,066
Baltimore County	5,668,282	5,769,560	5,814,563
Calvert County	880,792	897,386	915,426
Caroline County	1,002,659	1,045,048	1,044,421
Carroll County	2,307,715	2,339,599	2,392,737
Cecil County	1,608,120	1,660,229	1,674,940
Charles County	1,667,362	2,079,773	2,090,384
Dorchester County	976,926	1,005,965	1,020,962
Frederick County	2,679,432	2,753,969	2,776,837
Garrett County	987,173	1,027,645	1,032,242
Harford County	2,978,815	3,102,961	3,136,658
Howard County	2,323,989	2,326,903	2,396,917
Kent County	855,312	1,061,738	916,824
Montgomery County	4,148,406	4,222,528	4,255,464
Prince George's County	6,708,450	6,833,879	6,885,732
Queen Anne's County	839,250	877,521	875,961
Somerset County	891,071	935,974	933,773
St. Mary's County	1,347,144	1,334,063	1,386,490
Talbot County	678,255	692,029	704,306
Washington County	2,500,689	2,631,531	2,607,652
Wicomico County	1,859,521	1,880,888	1,931,840
Worcester County	1,166,801	1,158,130	1,216,332
Total	**$59,407,001**	**$61,390,734**	**$61,801,553**

Source: Maryland Department of Health; Governor's Fiscal 2022 Budget Books

Appendix 4
Object/Fund Difference Report
MDH – Public Health Administration

Object/Fund	FY 20 Actual	FY 21 Working Appropriation	FY 22 Allowance	FY 21 - FY 22 Amount Change	Percent Change
Positions					
01 Regular	431.75	417.00	420.75	3.75	0.9%
02 Contractual	64.48	86.93	84.90	-2.03	-2.3%
Total Positions	**496.23**	**503.93**	**505.65**	**1.72**	**0.3%**
Objects					
01 Salaries and Wages	$ 223,675,028	$ 40,205,323	$ 41,307,408	$ 1,102,085	2.7%
02 Technical and Spec. Fees	8,131,696	5,404,764	5,483,295	78,531	1.5%
03 Communication	715,563	573,514	525,522	-47,992	-8.4%
04 Travel	167,775	292,886	268,668	-24,218	-8.3%
06 Fuel and Utilities	2,244,861	2,266,514	2,311,132	44,618	2.0%
07 Motor Vehicles	35,589	30,418	35,157	4,739	15.6%
08 Contractual Services	435,899,166	32,713,099	32,903,674	190,575	0.6%
09 Supplies and Materials	556,500,630	7,799,545	9,521,989	1,722,444	22.1%
10 Equipment – Replacement	1,040,284	164,431	172,830	8,399	5.1%
11 Equipment – Additional	68,360,741	334,405	343,082	8,677	2.6%
12 Grants, Subsidies, and Contributions	92,594,495	66,252,334	65,673,153	-579,181	-0.9%
13 Fixed Charges	21,540,782	18,808,337	19,154,183	345,846	1.8%
14 Land and Structures	44,481	0	0	0	0.0%
Total Objects	**$ 1,410,951,091**	**$ 174,845,570**	**$ 177,700,093**	**$ 2,854,523**	**1.6%**
Funds					
01 General Fund	$ 109,317,500	$ 122,949,879	$ 125,709,007	$ 2,759,128	2.2%
03 Special Fund	27,370,945	9,161,883	9,485,135	323,252	3.5%
05 Federal Fund	700,128,234	39,480,051	39,970,080	490,029	1.2%
09 Reimbursable Fund	574,134,412	3,253,757	2,535,871	-717,886	-22.1%
Total Funds	**$ 1,410,951,091**	**$ 174,845,570**	**$ 177,700,093**	**$ 2,854,523**	**1.6%**

MDH: Maryland Department of Health

Note: The fiscal 2021 appropriation does not include deficiencies, general salary increases, or across-the-board reductions. The fiscal 2022 allowance does not include contingent reductions, annual salary reviews, or annualization of general salary increases.