

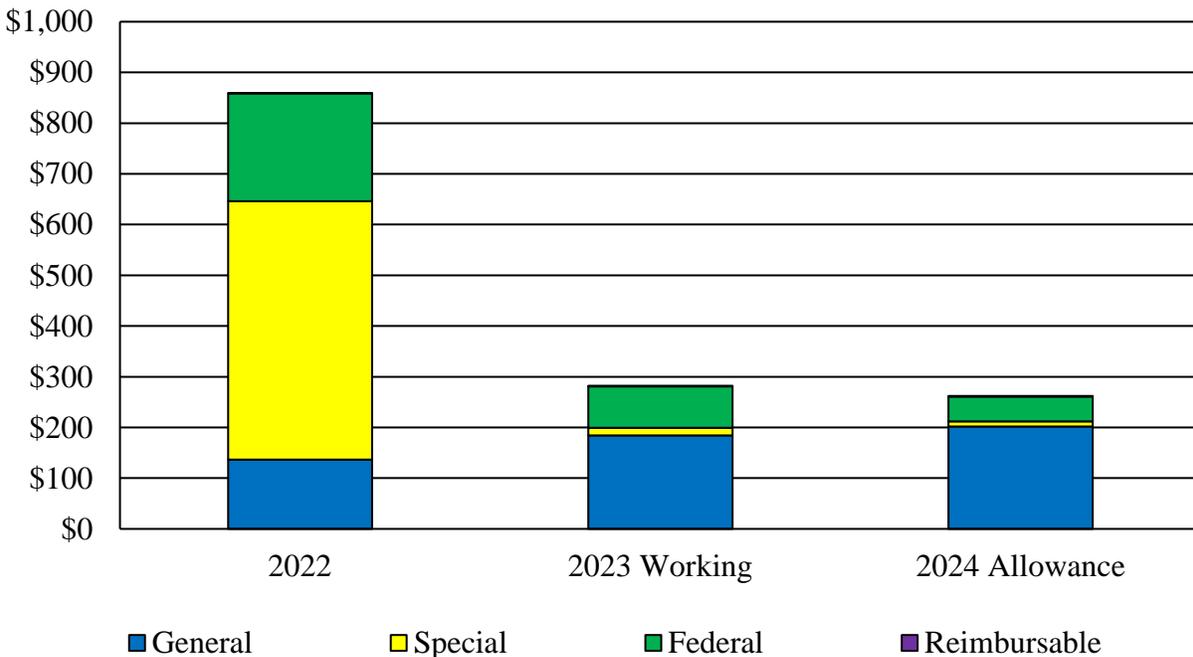
M00F
Public Health Administration
Maryland Department of Health

Program Description

The Maryland Department of Health (MDH) Public Health Administration (PHA) includes the Office of Provider Engagement and Regulation, the Office of Population Health Improvement (OPHI), Core Public Health Services (CPHS) (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. The key goals of PHA are to (1) complete timely death investigations; (2) strengthen Maryland’s capacity to respond to public health emergencies; (3) minimize irresponsible prescription of controlled dangerous substances (CDS); and (4) promote the quality and reliability of public health laboratory practices.

Operating Budget Summary

**Fiscal 2024 Budget Decreases \$19.5 Million, or 6.9%, to \$262.4 Million
(\$ in Millions)**



Note: The fiscal 2023 working appropriation includes deficiency appropriations including this agency's share of a deficiency appropriation budgeted in the Statewide Account within the Department of Budget and Management (DBM). Fiscal 2024 salary enhancements are budgeted in the Statewide Account within DBM.

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- OPR received \$500 million in one-time special funding in fiscal 2022 to support COVID-19 response activities. Most of this funding (\$370.6 million) originated from the Local Reserve Account while awaiting reimbursement from the Federal Emergency Management Agency (FEMA). This funding is repaid after FEMA reimbursement is received. The source of the remainder of funds was patient billing fees.

Fiscal 2023

Proposed Deficiency

The fiscal 2023 working appropriation includes two proposed deficiency appropriations for OPHI in PHA totaling \$315,000 general funds to:

- fund a new one-time workforce development data system (\$200,000); and
- fund the income tax preceptor programs for physicians, registered nurses, and licensed practical nurses (\$115,000), for which approximately \$254,000 is included in the fiscal 2024 allowance as new funding.

In recent years, multiple tax preceptor programs have been authorized that offer tax incentives to health care workers in the State. The most recent tax credit provisions take effect July 1, 2022, apply to tax years 2022 through 2024, and terminate June 30, 2025. MDH indicates the deficiency appropriation and fiscal 2024 funding is available to support the program established under Chapter 675 of 2022, as well as the prior programs.

Fiscal 2024 Overview of Agency Spending

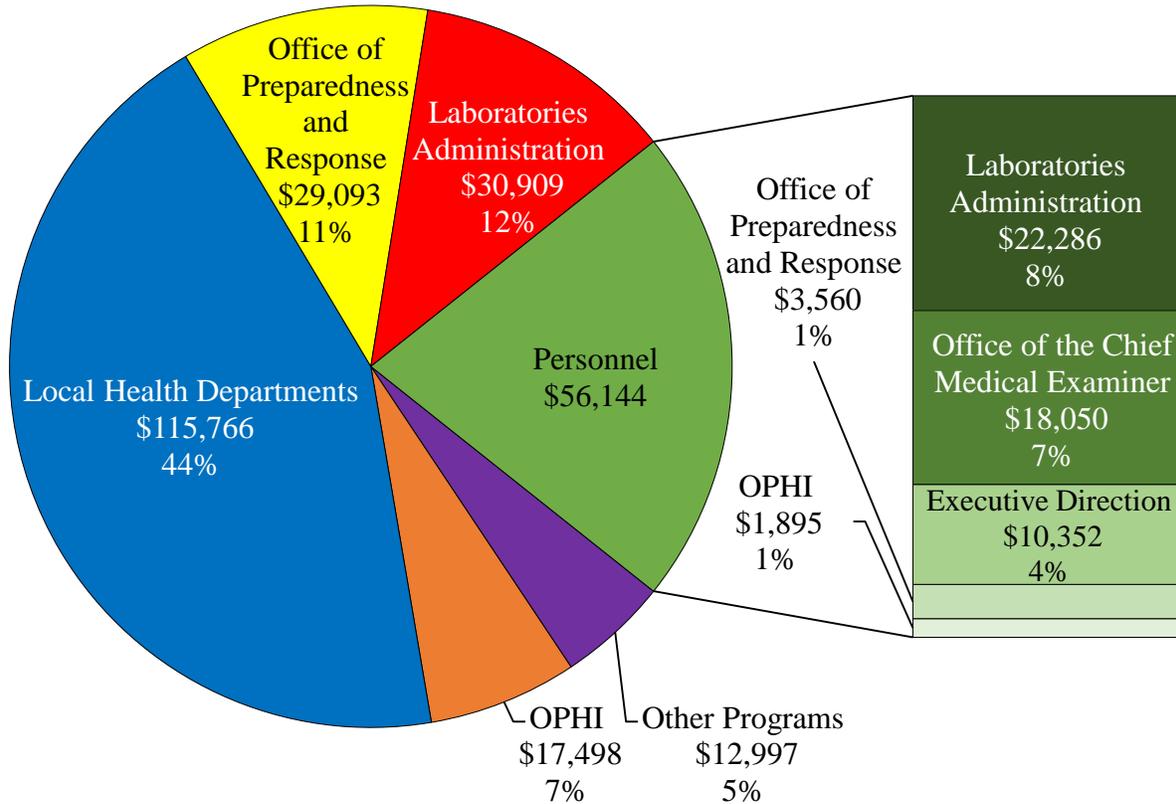
As shown in **Exhibit 1**, the largest share (44%) of PHA fiscal 2024 expenditures supports core health services for local jurisdictions, allocated per the LHD funding formula, and additional support for salary adjustments for LHD staff. Personnel expenditures for the offices and administration in PHA account for 21% of the total PHA budget.

These offices include:

- the Laboratories Administration, which conducts epidemiological testing and research to monitor human and environmental health. In fiscal 2024, the administration employs 46% of the authorized personnel under PHA;
- OCME, which investigates deaths resulting from unknown or suspicious causes. Nearly 75% of OCME expenditures are allocated to personnel;

- OPR, which supports prevention, preparedness, and response programs administered by LHDs;
- OPHI, which includes programs to support the public health workforce and prevention programs related to substance dependency; and
- the Office of the Deputy Secretary for Public Health, which provides executive oversight and management of PHA offices, including the Vital Statistics Administration and the Office of Controlled Substances Administration (OCSA).

Exhibit 1
Overview of Agency Spending
Fiscal 2024 Allowance
(\$ in Thousands)



OPHI: Office of Population Health Improvement

Note: The fiscal 2024 allowance does not reflect salary enhancements that are budgeted in the Statewide Account within the Department of Budget and Management.

Source: Governors Fiscal 2024 Budget Books

Proposed Budget Change

The fiscal 2024 allowance decreases by \$19.5 million compared to the fiscal 2023 working appropriation, after accounting for deficiency appropriations including this agency’s share of the statewide deficiency appropriation for the 4.5% cost-of-living adjustment provided in November 2022. As shown in **Exhibit 2**, much of the decrease is a result of the expiration of temporary COVID-19 relief federal grant funding for locally implemented outbreak preparedness activities within OPR. Compared to the fiscal 2023 appropriation, funding for LHDs increases by \$8.8 million, which includes the fiscal 2024 formula allocation and salary adjustments.

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

How Much It Grows:	General <u>Fund</u>	Special <u>Fund</u>	Federal <u>Fund</u>	Reimb. <u>Fund</u>	<u>Total</u>
Fiscal 2022 Actual	\$136,728	\$509,374	\$212,481	\$999	\$859,583
Fiscal 2023 Working Appropriation	184,328	15,254	81,502	856	281,941
Fiscal 2024 Allowance	<u>201,842</u>	<u>9,959</u>	<u>49,338</u>	<u>1,268</u>	<u>262,406</u>
Fiscal 2023-2024 Amount Change	\$17,513	-\$5,296	-\$32,164	\$411	-\$19,535
Fiscal 2023-2024 Percent Change	9.5%	-34.7%	-39.5%	48.0%	-6.9%

Where It Goes:	<u>Change</u>
Personnel Expenses	
Employee and retiree health insurance.....	\$1,704
Reclassification, including medical examiner reclassification in fiscal 2024.....	948
Annualization of 4.5% cost-of-living-adjustment issued in November 2022.....	580
Addition of 13 new positions in the Office of the Deputy Secretary, the Office of Preparedness and Response, and the Laboratory Administration.....	579
Retirement system.....	56
Other fringe benefits.....	38
Overtime.....	-85
Salaries and wages.....	-379
Turnover rate increase from 7.77% to 9.73%.....	-656
Office of the Deputy Secretary for Public Health	
General funds for Chesapeake Regional Information System.....	4,137
Federal funding for educational programs for healthcare providers to prevent prescription drug misuse.....	273
Donate Life Maryland.....	100
Office of the Deputy Secretary for Public Health	
Prescription Drug Monitoring Program data infrastructure project completed in fiscal 2023.....	-248

M00F – MDH – Public Health Administration

Where It Goes:	<u>Change</u>
One-time Dedicated Purpose Account (DPA) funding for a grant to Vision for Baltimore.....	-1,000
Expiration of Overdose Data to Action grant at the close of federal fiscal 2023	-4,234
Office of Population Health Improvement	
COVID-19 response activities not supported by federal funding.....	555
Preceptor tax credit for nurses, nurse practitioners, physicians, and physician assistants	139
One-time funding for workforce development data system contracts to support the work of the Office of Workforce Development.....	-200
One-time fiscal 2023 DPA funding (\$3 million decrease) partially offset by increase in Human Resources and Services Administration federal funding for Medical Loan Assistance Repayment Program for Physicians	-2,360
Expiration of fiscal 2023 Substance Abuse Block Grant COVID-19 supplemental grant	-3,194
Office of the Chief Medical Examiner	
Laboratory Information Management System for Office of the Chief Medical Examiner toxicology laboratory to improve efficiency	255
Office of Preparedness and Response	
Other federal funding for jurisdictional outbreak preparedness and response activities	427
Expiration of American Rescue Plan Act (ARPA) funding for public health preparedness workforce activities to support jurisdictional COVID-19 prevention, preparedness, response, and recovery initiatives, including school-based health programs.....	-5,903
Expiration of ARPA funding for steady-state COVID-19 expenses appropriated via a fiscal 2022 supplemental budget.....	-20,000
Laboratory Administration	
Federal funding for lab services.....	556
Alignment of medicine, drug, and chemical expenditures with fiscal 2022 actuals	221
Other Changes	
Local health department funding increase	8,803
Rent and utilities.....	1,151
Other changes.....	703
Communications.....	10
Travel	-48
Fuel.....	-230
Equipment and supplies across administrative units.....	-334
Contractual conversions of staff positions between fiscal 2023 and 2024	-1,897
Total	-\$19,535

Note: Numbers may not sum to total due to rounding. The fiscal 2023 working appropriation includes deficiency appropriations including this agency’s share of a deficiency appropriation budgeted in the Statewide Account within the Department of Budget and Management (DBM). Fiscal 2024 salary enhancements are budgeted in the Statewide Account within DBM.

Maryland Loan Assistance Repayment Program

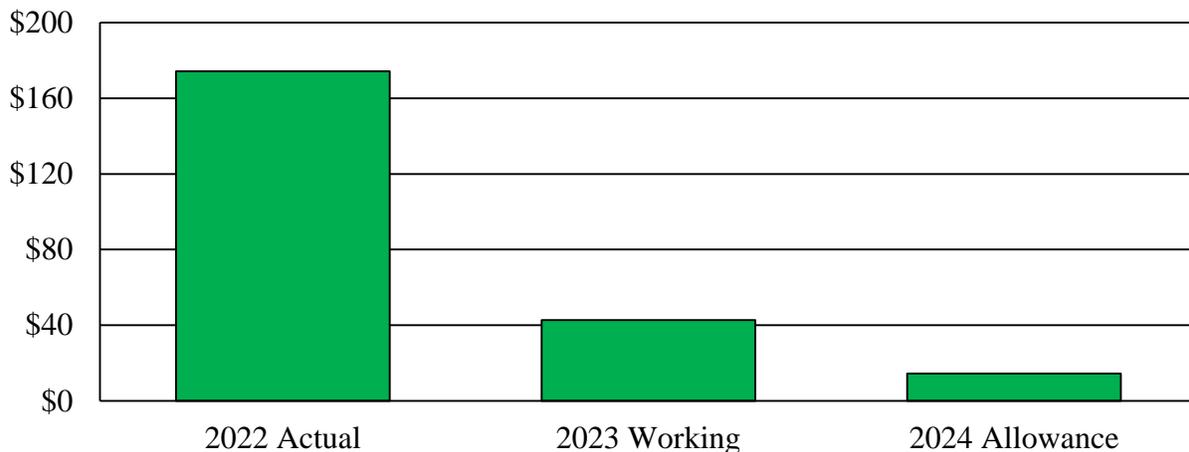
Chapter 314 of 2022 established the Maryland Loan Assistance Repayment Program (MLARP) for nurses and nursing support staff. Both the fiscal 2023 working appropriation and the fiscal 2024 allowance include \$3 million for this program, though there was a change in fund source as \$1 million of the fiscal 2023 working appropriation is provided through the Dedicated Purpose Account (DPA). The other \$2 million in general funds was transferred from the Maryland Higher Education Commission (MHEC) consistent with language in the fiscal 2023 Budget Bill, requiring this transfer contingent on the legislation. In fiscal 2024, the total funding is provided with general funds.

Additionally, one-time funding from the DPA provided an enhancement in fiscal 2023 to the support MLARP for physicians (\$3 million). This enhancement is not continued in fiscal 2024.

COVID-19 Response

As shown in **Exhibit 3**, federal stimulus funding from the Coronavirus Aid, Relief, and Economic Security Act; the Coronavirus Response and Relief Supplemental Act; and the American Rescue Plan Act (ARPA) received in fiscal 2022 contributed to a significant temporary expansion of the fiscal 2022 budget. The fiscal 2024 allowance includes a total of \$14 million in OPR, OPHI, and the Laboratories Administration from federal stimulus funds through the ARPA, a decrease of \$28.4 million compared to fiscal 2023.

Exhibit 3
Federal Stimulus Funding
Fiscal 2022-2024
(\$ in Millions)



Source: Governor’s Fiscal 2024 Budget Books

Overdose Data to Action

The U.S. Centers for Disease Control and Prevention Overdose Data to Action (OD2A) grants support states’ responses to the opioid epidemic. Grant dollars support data collection and analysis activities to inform response strategies. The OD2A grant expires at the close of federal fiscal 2023 on September 30, 2023. The fiscal 2024 allowance therefore includes about two months of funding from OD2A, which totals \$4.2 million less than the amount allocated in fiscal 2023.

Personnel Data

	<u>FY 22 Actual</u>	<u>FY 23 Working</u>	<u>FY 24 Allowance</u>	<u>FY 23-24 Change</u>
Regular Positions	417.75	435.75	452.75	17.00
Contractual FTEs	<u>83.89</u>	<u>82.22</u>	<u>50.40</u>	<u>-31.82</u>
Total Personnel	501.64	517.97	503.15	-14.82

Vacancy Data: Regular Positions

Turnover and Necessary Vacancies, Excluding New Positions	42.79	9.73%
Positions and Percentage Vacant as of 12/31/22	80.50	18.47%
Vacancies Above Turnover	37.17	

- As of January 2023, each PHA agency besides OPHI (the Laboratories Administration, OCME, the Office of the Deputy Secretary of Public Health, and OPR) had vacancy rates greater than 15%. High agencywide vacancy rates and OCME recruitment and retention challenges are discussed in Key Observation 1 of this analysis.
- The fiscal 2024 allowance authorizes 31.8 fewer contractual full-time-equivalents (FTE) compared to the fiscal 2023 working appropriation, 19.5 of which are due to contractual conversions to regular staff in the Office of the Deputy Secretary for Public Health, OPR, and the Laboratories Administration. The remaining decrease of 12.3 contractual FTEs is due to the expiration of the OD2A grant which supported those positions.

Key Observations

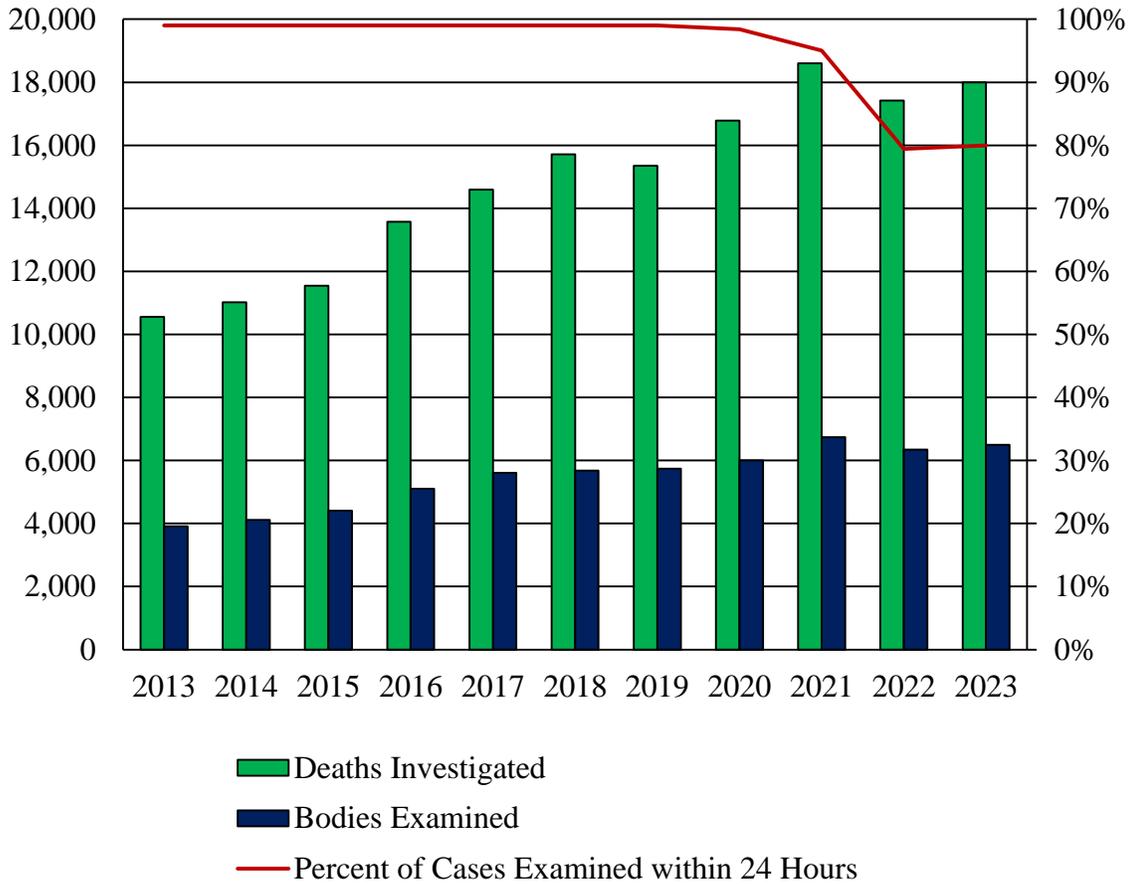
1. OCME Continues to Carry High Caseload Ratio

Maryland is one of the about one-third of states in the United States with a centralized medical examiner (ME) system. OCME investigates deaths which are unattended by a physician, or which result from suspicious or violent circumstances, to provide timely death investigation and autopsy reports on all cases where further investigation is deemed advisable. Since the start of the COVID-19 pandemic, OCME has experienced a rise in both cases and vacancies among ME staff. MDH reports that these challenges reflect trends among ME offices across the country, many of which have also been experiencing rising demand for autopsies coupled with a shortage of qualified MEs. The confluence of the COVID-19 pandemic and the opioid epidemic drove significant increases in cases of death requiring forensic examination. These factors contributed to a backlog of unsolved cases in recent years, which OCME reports clearing in spring 2022.

Language in the fiscal 2023 Budget Bill restricted \$500,000 of general funds in the Executive Direction program of PHA until a report was submitted on OCME's accreditation status, status of filling certain positions, the caseload ratio, the status of the backlog, assistance received from FEMA to address the backlog, a comparison of salaries, uses of the recruitment and retention funding, and information on efforts to fill vacant positions. The report was submitted on January 13, 2023.

OCME reviews cases of death and determines which cases require full examinations. As seen in **Exhibit 4**, the number of cases reviewed and/or examined by OCME annually has been steadily increasing over much of the last decade, reaching a high of 25,344 in fiscal 2021. Rising cases contributed to longer case processing times, and the percent of cases examined within 24 hours fell to 79% in fiscal 2022 from 95% in fiscal 2021. Longer case processing times can lead to a backlog and result in inadequate storage for bodies waiting to be examined.

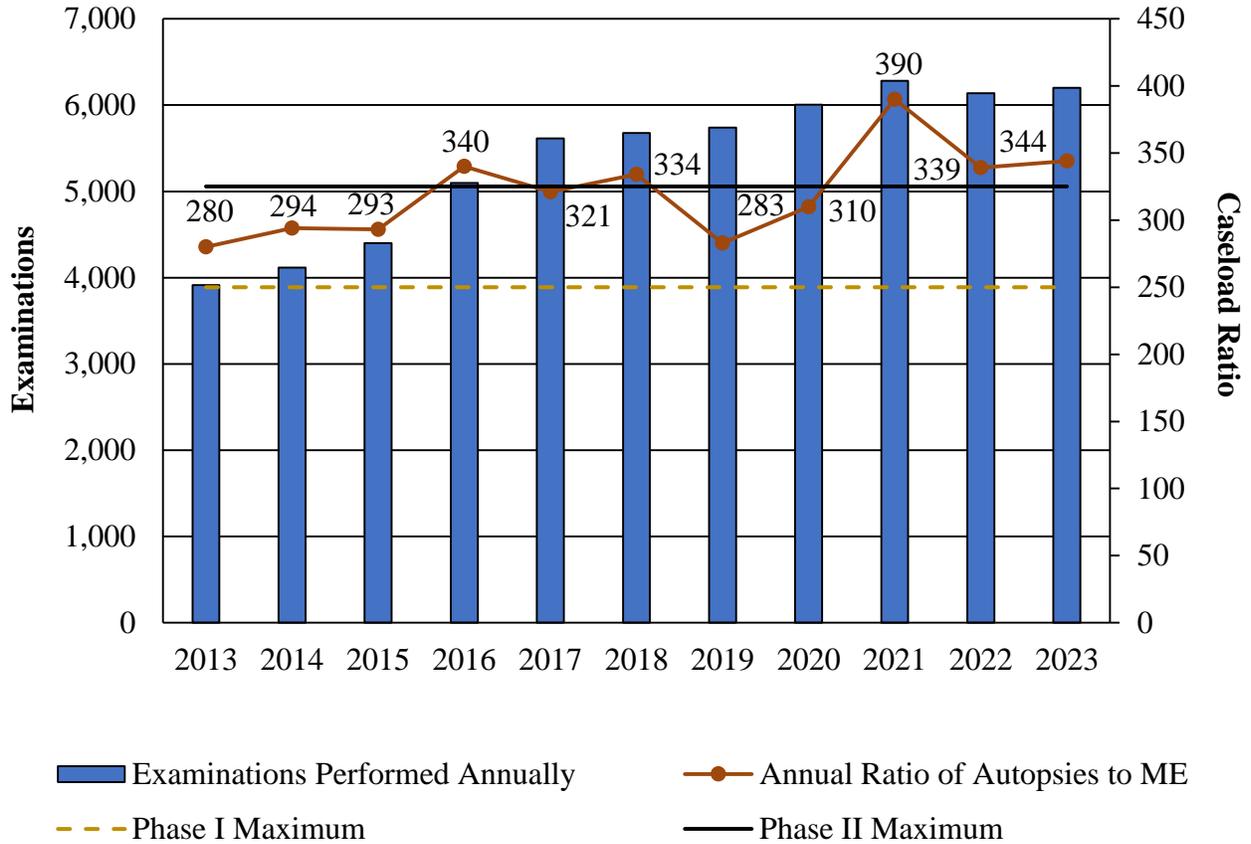
**Exhibit 4
Investigated Cases and Timeliness of Processing
Fiscal 2013-2023**



Source: Governor’s Fiscal 2024 Budget Books

A higher number of cases also increases the ratio of examinations performed per year per ME. The National Association of Medical Examiners (NAME) inspects ME offices and issues accreditation to offices meeting critical medicolegal standards. NAME classifies violations of its standards as Phase I (recommended but nonessential) and Phase II (essential requirements). ME offices with no more than 15 Phase I violations and 0 Phase II violations earn full accreditation. Regarding standards for caseload to ME ratios, NAME sets the standard for a Phase I violation at a maximum of 250 cases per ME per year and a Phase II violation at a maximum of 325 cases per ME per year. Surpassing the 325 annual cases to ME ratio puts OCME at risk of losing its accreditation. As shown in **Exhibit 5**, since fiscal 2021, the caseload to ME ratio has remained above the Phase I and Phase II standards set by NAME.

**Exhibit 5
Caseload to ME Ratio
Fiscal 2013-2023**



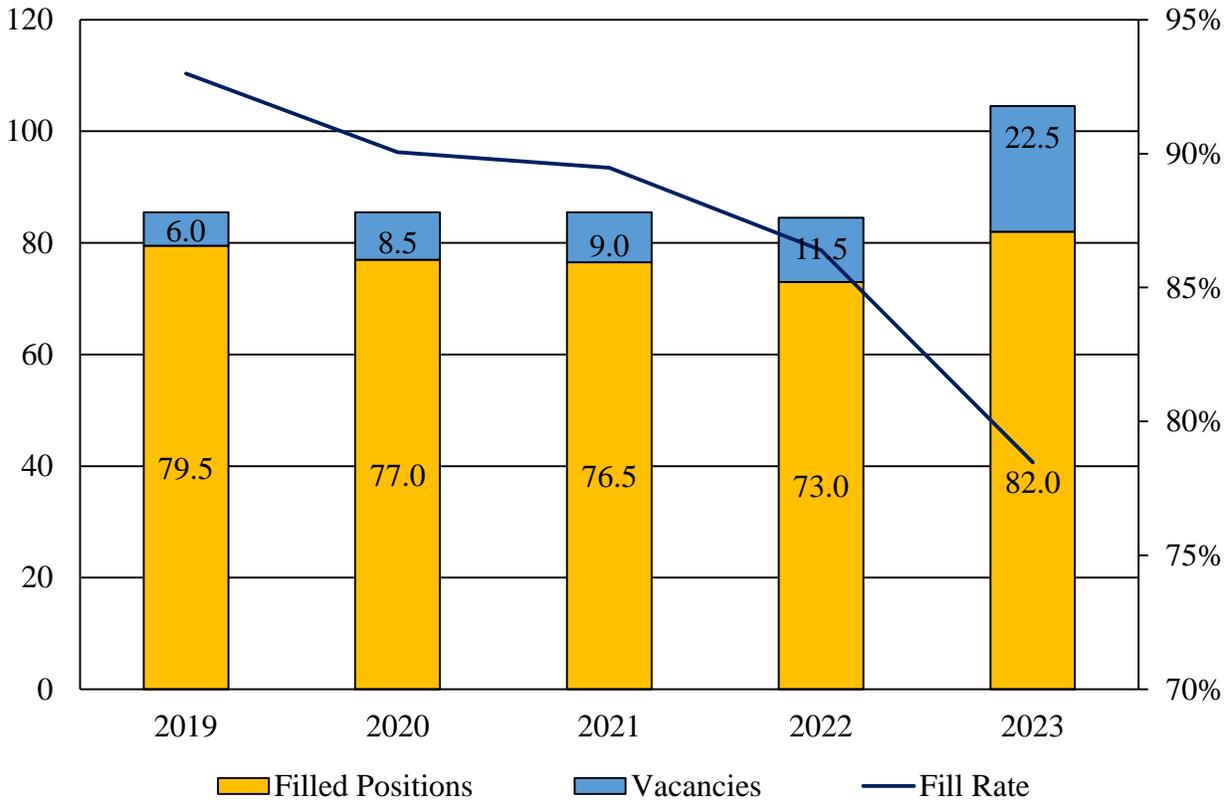
ME: medical examiner

Source: Governor’s Fiscal 2024 Budget Books; National Association of Medical Examiners

High ME Vacancy Rates Exacerbate Caseload Ratios

As shown in **Exhibit 6**, the proportion of filled positions at OCME has been decreasing over the last five fiscal years and dropped significantly between fiscal 2021 and 2023, from 89% to 78%. OCME obtained 21 additional authorized positions in fiscal 2023, resulting in a total of 104.5 total authorized positions. As of January 2023, OCME had filled 7 of the 21 new positions, and the office reported recruiting for additional assistant MEs, administrative support, autopsy assistants, investigators, and toxicologists.

**Exhibit 6
Office of the Chief Medical Examiner Vacancy Rate as of January 1
Fiscal 2019-2023**



Source: Department of Legislative Services; Department of Budget and Management

As of February 2, 2023, OCME had 10.5 vacant regular ME positions and 12 filled ME positions. The filled positions include 2 deputy chief MEs and an interim chief ME. Since February 2022, OCME has operated under the leadership of an interim chief ME. MDH testified in the Senate Health and Human Services (HHS) subcommittee budget hearing on February 2, 2023, that it had identified a potential candidate for the position, but the Post Mortem Examiners Commission is still considering candidates and has not made a final selection.

OCME cites the national shortage of MEs as a major barrier to recruitment due to greater competition with ME offices in other jurisdictions. OCME also reports overseeing more complex, and a higher volume of, cases compared to other ME offices across the country, further complicating the office’s ability to establish itself as a competitive employer.

Efforts to Supplement State Positions

For a number of years, the office has leveraged per diem MEs to augment autopsy processing capacity. Per diem MEs are board certified in forensic pathology but cannot oversee complex cases, such as homicide cases, nor do they participate in court proceedings for homicide cases. Per diem ME can work flexible schedules, including weekends, to lessen the caseload for full-time staff. The number of per diem MEs in employment at any given time fluctuates based on need and availability. As of February 2, 2023, OCME actively employs 10 per diem MEs.

Between February 15, 2022, and April 12, 2022, FEMA-deployed forensic pathologists performed 167 autopsies with OCME. The Disaster Mortuary Operational Response Team temporarily assigned to OCME included 4 pathologists, 4 pathologist assistants, and 1 photographer. FEMA also provided four computers for each of the pathologists. OCME credits the FEMA assistance with helping the office clear the backlog but noted that administrative duties related to resolving cases were performed by regular OCME staff.

Efforts to Increase Recruitment and Retention

Supplemental Budget No. 1 of the fiscal 2023 budget provided a total of \$1.2 million (\$350,000 in fiscal 2022 and \$825,000 in fiscal 2023) to support the agency's recruitment and retention efforts. In fiscal 2022, OCME spent \$275,000 on recruitment and retention bonuses, and the remaining \$75,000 funded other needs within OCME and MDH. As of January 2023, OCME spent \$275,000 on 10 retention bonuses for current MEs and a January 2023 signing bonus for one new hire. OCME plans to spend \$25,000 on a signing bonus for an assistant ME who started July 2022. OCME has not yet spent the remaining \$525,000 for fiscal 2023. **MDH should comment on plans to spend the remaining funding.**

During the Senate HHS subcommittee budget hearing for MDH – Overview – M00 on February 2, 2023, the Secretary of Health reported that OCME was considering nonsalary benefits such as license renewal reimbursements, subsidies for professional association dues, and employee-borne expenses as potential pathways to increase recruitment. The fiscal 2024 allowance also includes \$505,000 related to reclassification costs for ME positions.

As part of its office-specific recruitment and retention strategy, OCME reported taking the following actions:

- maintaining a forensic pathologist fellowship program, which offers regular staff positions to qualified fellows upon graduation;
- advertising positions locally on the State jobs website and nationally through NAME and the American Academy of Forensic Sciences websites;
- positioning leadership in networking opportunities to elevate OCME's visibility as a potential employer in the forensics space;

- contracting for recruitment services from an external recruitment agency; and
- conducting annual salary reviews and enhancing ME salaries.

The Department of Legislative Services (DLS) recommends the release of the \$500,000 in general funds restricted pending the submission of this report and will process a letter to this effect if no objections are raised by the subcommittees.

Committee narrative in the 2022 *Joint Chairmen’s Report* (JCR) requested that the office, in collaboration with the University of Maryland, Baltimore Campus (UMB) and MHEC, submit a report detailing joint efforts to build a pipeline of forensic pathologists. This report was intended to assist in a long-term solution to the problem of increasing the overall number of available pathologists.

The response first described the educational requirements to become a forensic pathologist, which include completion of medical school, two to five years of residency, fellowship training in an accredited forensic pathology program, and attaining certification from the American Board of Pathology. OCME reports that the time commitment and educational investment required to follow this career path is another barrier to expanding the pool of qualified candidates. The report noted that financial aid options for students could be made available through MLARP and MHEC, which provides State grants, scholarships, and loan repayment assistance.

The report authors noted two areas of existing partnership between OCME and the University of Maryland School of Medicine (UMSOM): (1) OCME provided standing lectures to first- and second-year UMSOM students prior to COVID-19 pandemic to increase visibility of OCME as a residency option during the period which students decide their residency pathway, and (2) internal promotion at UMSOM of the OCME forensic pathology fellowship.

The report also listed potential activities that OCME could undertake to strengthen its recruitment efforts, including:

- providing a competitive scholarship for the OCME forensic pathology fellowship with a job offer upon successful completion of the fellowship; and
- exploring the feasibility of the OCME Forensic Pathology Fellowship as a joint fellowship with UMSOM to attract more applicants.

OCME should comment on plans to pursue any of the efforts identified in this JCR submission.

Accreditation Status

As described above, NAME inspects and issues accreditation to ME offices that meet standards for an adequate environment and sustainable working conditions of ME offices. OCME

holds full accreditation status through May 14, 2023. OCME previously received provisional accreditation due to two violations: a roof leak at its headquarters in Baltimore City; and an ME to caseload ratio above the allowed maximum. Given challenges to many public health systems brought on by the COVID-19 pandemic, NAME did not enforce violations related to case size or report processing times during the pandemic. Thus, NAME granted OCME full accreditation status in March 2021, despite the violations. However, the grace period waiving these violations expired January 1, 2023, which means OCME will need to remain below the required caseload ratio to maintain full accreditation status.

Although OCME can continue to operate without accreditation, being accredited by 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. In anticipation of an inspection in calendar 2023, OCME has been undergoing review of its policies and procedures to ensure compliance with NAME standards and increasing efforts to recruit and retain staff. **DLS recommends adopting committee narrative requesting a report on the office’s accreditation status and autopsy backlog.**

2. LHD Operations

Core public health funding for the 24 LHDs is included in the PHA budget as CPHS. OPHI distributes grant dollars to each jurisdiction according to the LHD funding formula, which is based on population size and inflation. LHDs supplement their budgets with local, private, and sometimes federal dollars, and as a result, each jurisdiction’s health department has slightly different funding structures and programs. In addition, LHD staffing structures vary by jurisdiction and most include both state and local employees.

The committees have expressed concern in recent years regarding the status of LHD staffing levels, particularly in the wake of the COVID-19 pandemic. Language in the fiscal 2023 Budget Bill restricted \$250,000 of MDH’s general fund appropriation pending submission of a report on the staffing challenges faced by the State and LHDs. As of this writing, MDH has not submitted the report, and therefore DLS does not recommend the release of this portion of the appropriation. The report, due December 1, 2022, requested that MDH provide the following information:

- an analysis of the causes of public health staffing shortages at the State and LHD levels;
- LHD vacancy rates as of December 2019, 2020, 2021, and 2022;
- an evaluation of how the State’s COVID-19 pandemic response activities impacted recruitment and retention of State and LHD personnel;
- a discussion of salary enhancements, programs, and any other strategies that the department is implementing to recruit and retain public health staff;

- an evaluation of how the department spent COVID-19-related federal funds to expand, recruit, and train the public health workforce, including any performance measures or data collected on how this funding filled vacant slots and improved retention; and
- a discussion of any partnerships or programs with higher education institutions to recruit students and recent graduates to work for the department.

Greater detail on the specific barriers to recruiting and retaining LHD personnel is critical to understanding local capacity and building a resilient local health system. **Therefore, DLS recommends adding language to restrict funds pending submission of this report.**

3. Modernizing the Public Health Infrastructure

Public Health Infrastructure Modernization Workgroup

Chapters 29 and 31 of the 2021 special session required MDH to convene a Public Health Infrastructure Modernization Workgroup. The workgroup was expected to evaluate the current State public health infrastructure and make recommendations to increase the State public health system’s resiliency in the face of a health emergency. The workgroup was required to summarize findings in a report due to the General Assembly by December 1, 2021; however, due to timing of the veto override, the legislation did not become law until December 7, 2021. As of February 1, 2023, MDH had not yet convened the workgroup due to staffing interruptions and competing priorities during the response to the COVID-19 pandemic. Additionally, MDH is awaiting decisions on pieces of legislation currently being considered during the 2023 session, which could potentially duplicate the efforts of the type of workgroup described above.

Public Health Services Data Modernization Efforts

However, MDH has taken other steps to modernize its operations, including investments in data storage and management and upgrades to outdated information technology (IT) systems. The department has reported that it will establish a data modernization workgroup to define and guide data modernization objectives and activities. MDH also has a new Major Information Technology Development Project (MITDP), which is solely supported by general funds in the fiscal 2024 allowance. General funds for MITDPs are budgeted within the Department of Information Technology (DoIT) Major Information Technology Development Project Fund. The Public Health Services Modernization IT project is expected to update the agency’s current enterprise technology to enable more accurate and timely collection and sharing of public health data. As of this writing, detail about the project’s goals, timeline, and scope has not been provided. **DLS requests that MDH comment on the timeline for the project and its main objectives, functions, and users of an upgraded data system. DLS recommends committee narrative requesting additional information on this project.**

Operating Budget Recommended Actions

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

, provided that \$250,000 of this appropriation made for the purpose of administration may not be expended until the Maryland Department of Health submits a report to the budget committees on public health personnel recruitment and retention. The report shall include:

- (1) an analysis of the causes of public health staffing shortages at the State and local health department (LHD) levels;
- (2) LHD vacancy rates as of June 2020, 2021, 2022, and 2023;
- (3) an evaluation of how the State’s COVID-19 pandemic response activities impacted recruitment and retention of State and LHD personnel;
- (4) a discussion of salary enhancements, programs, and any other strategies that the department is implementing to recruit and retain public health staff;
- (5) an evaluation of how the department spent COVID-19-related federal funds to expand, recruit, and train the public health workforce, including any performance measures or data collected on how this funding filled vacant slots and improved retention; and
- (6) a discussion of any partnerships or programs with higher education institutions to recruit students and recent graduates to work for the department.

The report shall be submitted by November 1, 2023, and the budget committees shall have 45 days from the date of the receipt of the report to review and comment. Funds restricted pending the receipt of a report may not be transferred by budget amendment or otherwise to any other purpose and shall revert to the General Fund if the report is not submitted to the budget committees.

Explanation: The budget committees are concerned by the vacancy rate in the Maryland Department of Health (MDH), specifically the vacancies among the public health workforce both at the State and local levels. This language restricts funding until MDH submits a report with data on MDH and LHD staffing levels and evaluations of how recent salary adjustments and COVID-19-related federal funds to strengthen the public health workforce have worked in filling vacant positions and improving retention, among other information.

Information Request	Author	Due Date
Report on public health personnel recruitment and retention	MDH	November 1, 2023

2. Adopt the following narrative:

Report on Status of Accreditation and Autopsy Backlog: The Office of the Chief Medical Examiner (OCME) holds full accreditation from the National Association of Medical Examiners (NAME) through May 2023. As of January 2023, OCME is in violation of NAME’s standard for a maximum medical examiner (ME) to caseload ratio of 325 autopsies per year, which puts maintaining OCME’s full accreditation in jeopardy. While not mandatory to conduct medical examinations, being accredited by 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. Therefore, the committees request that OCME prepare a report with an update on its caseload to ME ratio and the office’s accreditation status as of July 15, 2023. The report should include:

- the outcome of NAME’s inspection, if it has taken place by the time of report deadline, or anticipated inspection date;
- the steps OCME has taken or plans to take to address the Phase II violation related to the high caseload ratio;
- the current ME to caseload ratio;
- the number of vacant ME positions; and
- an updated recruitment and retention strategy.

Information Request	Author	Due Date
Report on status of accreditation and autopsy backlog	OCME	August 30, 2023

3. Adopt the following narrative:

Report on the Public Health Services Data Modernization Project: The Maryland Department of Health (MDH) has funding for a new Public Health Services Data Modernization Project. MDH has said that the project will focus on delivering data-related initiatives that result in more relevant, accurate, timely, and efficient data to support the

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needs of day-to-day public health practice across four domains of health information system assessment; data exchange and interoperability; data governance; and data analytics, visualization, and reporting. As of this writing, additional details have not been submitted regarding the scope, timeline, and schedule for the project. Therefore, the committees request that MDH prepare an update on the project implementation, including:

- project objectives and goals;
- specifications of the project, such as intended product, output, functionality, and anticipated benefits;
- project timeline with major milestones; and
- intended users of the system, identifying MDH agencies and types of roles who will engage with the system.

Information Request	Author	Due Date
Report on the Public Health Services Data Modernization Project	MDH	August 1, 2023

Appendix 1
2022 Joint Chairmen’s Report Responses from Agency

The 2022 JCR requested that PHA prepare three reports. Electronic copies of the full JCR responses can be found on the DLS Library website.

- ***Report on Forensic Pathologist Recruitment and Financial Assistance in Higher Education Institutions Efforts:*** MDH, UMB, and MHEC jointly submitted a report describing the agencies’ efforts to increase the forensic pathologist workforce. Elements of this report are discussed in Key Observation 1 of this analysis.

- ***Report on OCME Accreditation and Recruitment and Retention Efforts:*** MDH submitted data on OCME’s vacancy levels and accreditation status as of October 2022 as well as recruitment and retention efforts the office has employed in fiscal 2022 and 2023. Discussion of items in the report are included in Key Observation 1 of this analysis.

- ***Report on Public Health Personnel Recruitment and Retention:*** As of this writing, MDH has not yet submitted this report.

Appendix 2
Audit Findings
Office of the Chief Medical Examiner

Audit Period for Last Audit:	September 7, 2017 – September 30, 2021
Issue Date:	May 2022
Number of Findings:	0
Number of Repeat Findings:	0
% of Repeat Findings:	0%
Rating: (if applicable)	n/a

The Office of Legislative Audits conducted an audit of OCME’s financial internal controls, and the audit yielded no significant instances of operational deficiencies, nor legal or regulatory noncompliance.

Appendix 3
Office of Provider Engagement and Regulation Systems
Integration and Modernization
Major Information Technology Project
Maryland Department of Health

Ongoing								
Start Date: November 2021					Est. Completion Date: December 2023			
Implementation Strategy: Agile								
(\$ in Millions)	Prior Year	2023	2024	2025	2026	2027	Remainder	Total
GF	\$0.000	\$1.169	\$2.637	\$0.670	\$0.000	\$0.000	\$0.000	\$4.476
Total	\$0.000	\$1.169	\$2.637	\$0.670	\$0.000	\$0.000	\$0.000	\$4.476

- **Project Summary:** This project replaces the OCSA’s legacy registrant application processing of CDS registrations, which consists of three distinct databases. The systems integration and modernization project will develop and deploy an integrated case management and field inspection tracking system supporting the office’s activities.
- **Need:** OCSA monitors more than 39,000 CDS registrants that must renew their registrations every three years using an outdated and low-tech analogue system. This project will expedite services for CDS registrants in the State by adding a customer portal with 24/7 access to the CDS registration application and payment submission, automating the registration process, and consolidating information gathering into one management system. The new platform will also function off-site using cloud-based data storage, which helps facilitate continuation of operations during emergency situations.
- **Observations and Milestones:** OCSA partnered with Enovational to perform a requirements analysis and develop a quote for development and hosting on the Maryland OneStop Portal.
- **Concerns:** The project has a number of risk factors determined to be high risk for this project, including resource availability and IT staff support. OCSA is planning to implement this project as State funding becomes available because a federal grant that would have supported this project is ending. Additionally, OCSA plans to rely on DoIT’s statewide resource contracts for maintenance and operations as the office does not have dedicated IT personnel.

Appendix 4
Public Health Services Data Modernization Program
Major Information Technology Project
Maryland Department of Health

New								
Start Date: Fiscal 2024					Est. Completion Date: TBD			
Implementation Strategy: TBD								
(\$ in Millions)	Prior Year	2023	2024	2025	2026	2027	Remainder	Total
GF	\$0.000	\$0.000	\$1.050	\$10.270	\$4.201	\$0.000	\$0.000	\$15.521
Total	\$0.000	\$0.000	\$1.050	\$10.270	\$4.201	\$0.000	\$0.000	\$15.521

- Project Summary:** This program will focus on delivering data-related initiatives that result in more relevant, accurate, timely, and efficient data to support the needs of day-to-day public health practice across four domains of health information system assessment; data exchange and interoperability; data governance; and data analytics, visualization, and reporting. In order to accomplish this, MDH will move from siloed and brittle public health data systems to connected, resilient, adaptable, and sustainable “response-ready” systems that can help solve problems before they happen and reduce the harm caused by the problems that do happen. The fiscal 2024 allowance includes \$50,000 for oversight.
- Need:** As a part of MDH’s efforts to modernize its public health infrastructure, upgrades to data collection and exchange will improve the agency’s ability to plan, prepare, and address public health needs.
- Concerns:** No information has been provided about the scope, planning processes, milestones, and implementation timeline.

Appendix 5
Object/Fund Difference Report
Maryland Department of Health – Public Health Administration

<u>Object/Fund</u>	<u>FY 22</u> <u>Actual</u>	<u>FY 23</u> <u>Working</u> <u>Appropriation</u>	<u>FY 24</u> <u>Allowance</u>	<u>FY 23 - FY 24</u> <u>Amount Change</u>	<u>Percent</u> <u>Change</u>
Positions					
01 Regular	417.75	435.75	452.75	17.00	3.9%
02 Contractual	83.89	82.22	50.40	-31.82	-38.7%
Total Positions	501.64	517.97	503.15	-14.82	-2.9%
Objects					
01 Salaries and Wages	\$ 47,348,758	\$ 48,402,920	\$ 52,345,992	\$ 3,943,072	8.1%
02 Technical and Special Fees	8,453,577	5,542,909	3,798,291	-1,744,618	-31.5%
03 Communication	2,887,456	621,182	631,595	10,413	1.7%
04 Travel	114,085	295,056	247,547	-47,509	-16.1%
06 Fuel and Utilities	3,964,455	2,547,420	3,302,475	755,055	29.6%
07 Motor Vehicles	51,959	30,840	27,707	-3,133	-10.2%
08 Contractual Services	566,848,695	79,902,238	42,054,381	-37,847,857	-47.4%
09 Supplies and Materials	109,403,022	8,419,147	8,954,151	535,004	6.4%
10 Equipment – Replacement	2,684,828	499,768	363,676	-136,092	-27.2%
11 Equipment – Additional	1,027,059	363,223	315,452	-47,771	-13.2%
12 Grants, Subsidies, and Contributions	92,461,533	106,231,605	128,250,664	22,019,059	20.7%
13 Fixed Charges	24,337,358	21,851,397	22,114,204	262,807	1.2%
Total Objects	\$ 859,582,785	\$ 274,707,705	\$ 262,406,135	-\$ 12,301,570	-4.5%
Funds					
01 General Fund	\$ 136,728,092	\$ 177,403,556	\$ 201,841,541	\$ 24,437,985	13.8%
03 Special Fund	509,374,230	15,172,486	9,958,677	-5,213,809	-34.4%
05 Federal Fund	212,481,398	81,275,415	49,338,392	-31,937,023	-39.3%
09 Reimbursable Fund	999,065	856,248	1,267,525	411,277	48.0%
Total Funds	\$ 859,582,785	\$ 274,707,705	\$ 262,406,135	-\$ 12,301,570	-4.5%

Note: The fiscal 2023 appropriation does not include deficiencies. The fiscal 2024 allowance does not include salary adjustments budgeted within the Department of Budget and Management.