

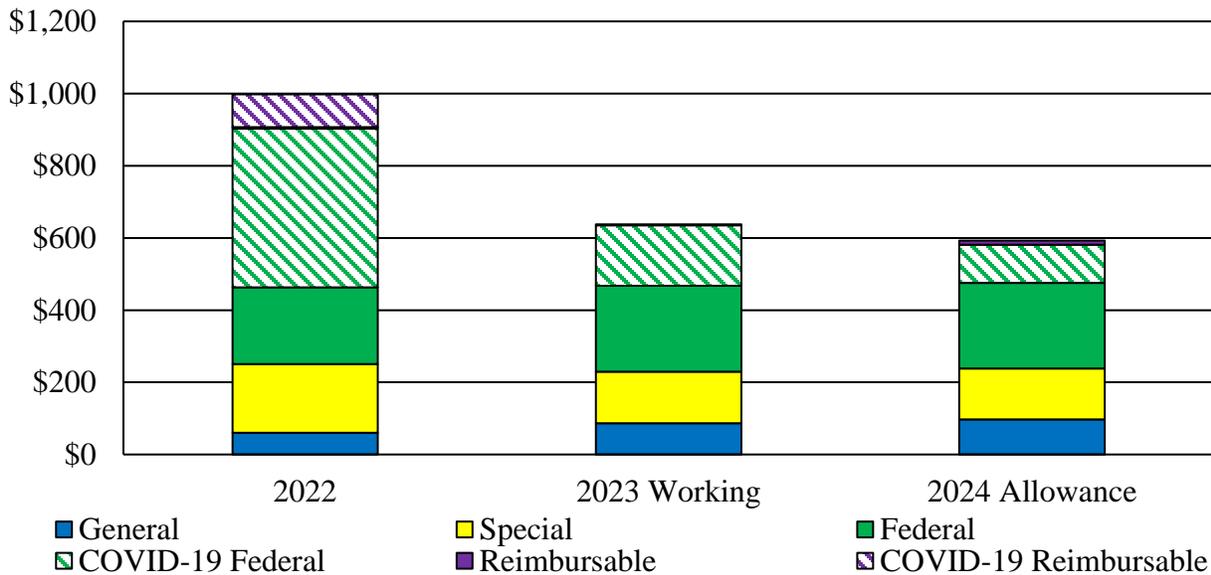
M00F03
Prevention and Health Promotion Administration
Maryland Department of Health

Executive Summary

The mission of the Maryland Department of Health (MDH) Prevention and Health Promotion Administration (PHPA) is to protect, promote, and improve the health and well-being of Marylanders and their families through the provision of public health leadership and community-based health efforts.

Operating Budget Summary

**Fiscal 2024 Budget Decreases by \$45.1 Million, or 7.1%, to \$592.2 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.

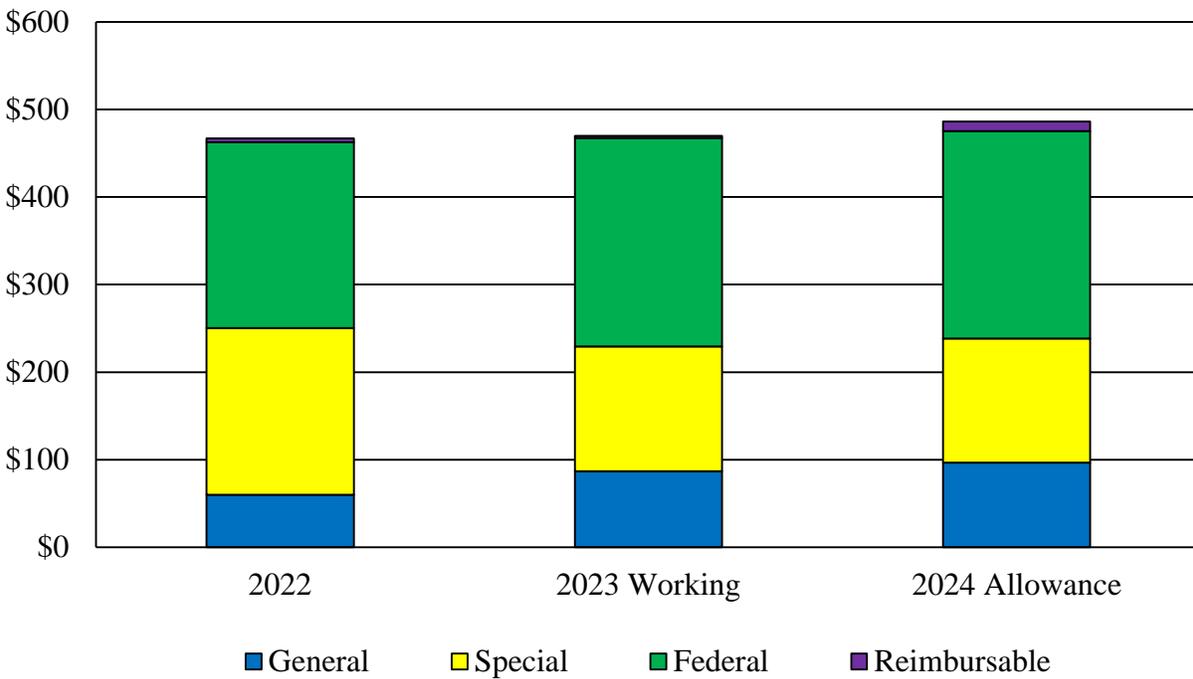
- The end of one-time federal supplemental grants distributed by the U.S. Centers for Disease Control and Prevention (CDC) to support the State’s COVID-19 public health response drives the net \$45.1 million decrease in the fiscal 2024 allowance compared to the adjusted fiscal 2023 working appropriation. Although the fiscal 2024 allowance includes approximately \$105.9 million in COVID-19-related federal fund expenditures, this funding level is a substantial decline from the \$440.1 million and \$167.5 million in COVID-19 federal fund expenditures seen in fiscal 2022 and 2023, respectively.

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As shown in **Exhibit 1**, when excluding COVID-19-related spending, the fiscal 2024 allowance increases by \$16.4 million in total funds, or 3.5%, compared to the adjusted fiscal 2023 working appropriation. Increases of \$9.9 million in general funds and \$8.4 million in reimbursable funds drive the overall spending growth. New initiatives passed through legislation account for most of PHPA’s general fund growth, such as \$3.5 million for the Abortion Care Clinical Training program (Chapter 56 of 2022) and \$5 million for the Maryland Pediatric Cancer Fund (Chapters 253 and 254 of 2022). The fiscal 2024 allowance also includes additional reimbursable fund support from the Department of Human Services Family Investment Administration for immigrant and refugee health services and the Opioid Operational Command Center for substance use disorder (SUD) prevention.

Exhibit 1
Three-year Funding Trends, Excluding COVID-19 Spending
Fiscal 2022-2024
(\$ 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.

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

Key Observations

- ***MDH Details Barriers Preventing School-based Health Centers (SBHC) from Billing Medicaid:*** In accordance with Chapters 605 and 606 of 2021, administration of SBHC grants transferred from the Maryland State Department of Education (MSDE) to PHPA’s Maternal and Child Health Bureau as of July 1, 2022. The fiscal 2024 allowance meets the mandated SBHC funding level of \$6.5 million in special funds and \$2.7 million in general funds established in Chapter 36 of 2021. MDH is in the process of working with existing SBHCs to improve administrative and billing infrastructure to eventually be able to bill Medicaid for SBHC services more widely.
- ***Persistent Underspending of Maryland AIDS Drug Assistance Program (MADAP) Rebates Continues:*** PHPA has consistently underspent its special fund appropriation of MADAP rebates, which are generated from State spending on pharmaceuticals for people living with HIV or AIDS. Simultaneously, MDH is implementing a Major Information Technology Development Project (MITDP) to automate and modernize its MADAP Program Case Management System using mainly general funds rather than rebate funds. Considering PHPA’s available rebate fund balance at the close of fiscal 2022, it is unclear why special funds only cover approximately 28% of projected MITDP costs.
- ***Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Temporary Benefit Extended:*** The American Rescue Plan Act of 2021 (ARPA) provided \$9.6 million to Maryland to temporarily increase the monthly cash-value voucher for fruits and vegetables for women and children participating in Maryland WIC. A provision in the federal Consolidated Appropriations Act of 2023 further expanded this benefit to continue through the end of federal fiscal 2023. Despite WIC enrollment continuing to decline nationally and statewide in recent years generally causing the WIC budget to decrease, the fiscal 2024 allowance increases by \$3 million compared to the fiscal 2023 working appropriation as a result of the extended fruit and vegetable benefit.

Operating Budget Recommended Actions

1. Adopt committee narrative requesting a report on mobile COVID-19 vaccine clinics and missions.
2. Adopt committee narrative requesting a report on the State’s ready reserve for laboratory testing.
3. Adopt committee narrative requesting a report on Medicaid claiming in school-based health centers and fiscal 2024 grant allocations.

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Operating Budget Analysis

Program Description

PHPA’s mission is to protect, promote, and improve the health and well-being of Marylanders and their families through the provision of public health leadership and community-based health efforts in partnership with local health departments (LHD), public- and private-sector agencies, health care providers, and community-based organizations. PHPA is organized into five bureaus:

- the Office of Infectious Disease Prevention and Health Services;
- the Office of Infectious Disease Epidemiology and Outbreak Response;
- the Maternal and Child Health Bureau;
- the Environmental Health Bureau; and
- the Cancer and Chronic Disease Bureau.

The administration accomplishes its mission by focusing, in part, on the prevention and control of infectious diseases, investigation of disease outbreaks, protection from food-related and environmental health hazards, and helping impacted persons live longer, healthier lives. Additionally, PHPA works to assure the availability of quality primary, prevention, and specialty care services with special attention to at-risk and vulnerable populations. Finally, the administration aims to prevent and control chronic diseases, engage in disease surveillance and control, prevent injuries, provide health information, prevent overdose deaths, and promote healthy behaviors.

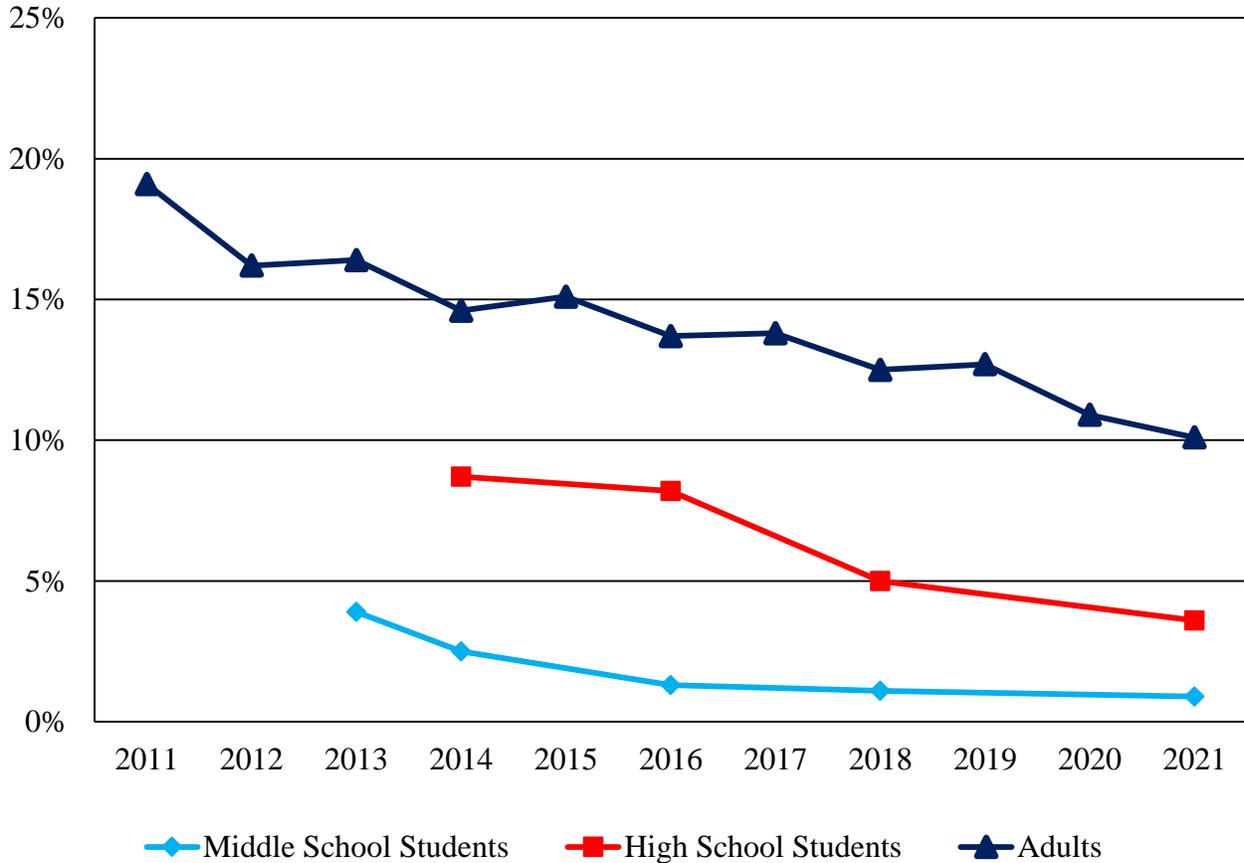
Performance Analysis: Managing for Results

1. Cigarette and Electronic Smoking Device Use Among Adults and Youth Decreases Even Before New Investment in Prevention

PHPA sets annual performance goals to reduce the proportion of Maryland adults, high school students, and middle school students who currently use tobacco products and electronic smoking devices (ESD). The fiscal 2024 Managing for Results (MFR) submission includes a goal to reduce the proportion of Maryland adults who currently smoke cigarettes by 31.9% between the calendar 2011 baseline and calendar 2020. As shown in **Exhibit 2**, the prevalence of cigarette use

among Maryland adults has substantially declined since calendar 2011, with a decrease of 42.9% from calendar 2020 compared to calendar 2011. This represents an 8.2 percentage point reduction in adults currently smoking cigarettes from 19.1% in calendar 2011 to 10.9% in calendar 2020.

Exhibit 2
Cigarette Use by Age Group
Calendar 2011-2021



Note: This data is self-reported by survey respondents in the Behavioral Risk Factor Surveillance System and Youth Risk Behavior Survey/Youth Tobacco Survey. Youth surveys are typically conducted on a biennial basis. However, calendar 2020 data collection was delayed due to the COVID-19 pandemic.

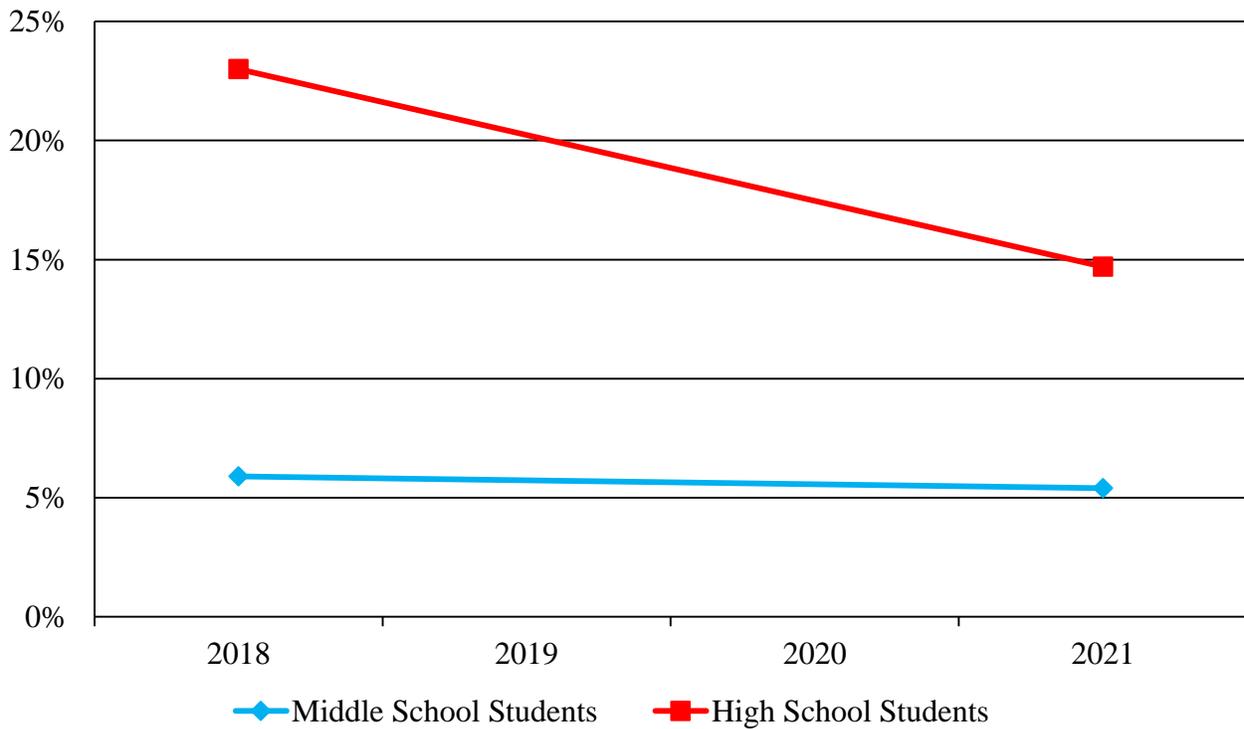
Source: Department of Budget and Management; Maryland Department of Health

As a result of youth being surveyed on a biennial basis, fewer years of survey data are available to measure the prevalence of cigarette use among middle school and high school students. Furthermore, data collection and reporting were delayed in calendar 2020 due to the COVID-19 pandemic. The MFR goal included in the fiscal 2024 submission for limiting cigarette use among

youth is to reduce the proportion of middle school and high school students using cigarettes in calendar 2021 compared to the calendar 2018 baseline by 5.6% and 1.8%, respectively. The department met both goals, with decreases of 18.2% in middle school student cigarette use and 28% in high school student cigarette use from calendar 2018 to 2021.

In recent years, PHPA also added MFR measures related to youth ESD use as the prevalence of those devices quickly surpassed the use of traditional tobacco products. **Exhibit 3** shows that ESD use among high school students was significantly higher than cigarette use, as ESD use ranged from 14.7% to 23% compared to cigarette use at 3.6% to 5% over the same period.

Exhibit 3
Electronic Smoking Device Use Among Youth
Calendar 2018-2021



Note: This data is self-reported by survey respondents in the Youth Risk Behavior Survey/Youth Tobacco Survey. Youth surveys are typically conducted on a biennial basis. However, calendar 2020 data collection was delayed due to the COVID-19 pandemic.

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

Increased Investment in Tobacco Use Prevention and Cessation Efforts

Maryland has consistently invested a portion of its Cigarette Restitution Fund (CRF) expenditures in smoking cessation programs and efforts to reduce tobacco use by minors funded under PHPA since Chapters 172 and 173 of 1999 specified allowable uses for the CRF in statute. Within these broad uses of funds, PHPA has generally focused its spending on best practices for tobacco use prevention and cessation activities published by the CDC, such as working with community programs and schools to engage youth in tobacco control interventions.

Use of CRF support for tobacco use prevention has expanded to new activities over time while still aligning with best practices. For example, CDC’s 1999, 2007, and 2014 best practices for tobacco control programs included quitlines as recommended mass-health communication techniques and cessation interventions. Maryland began allocating CRF support for the Tobacco Quitline in fiscal 2011. However, tobacco use prevention activities have not always pivoted to targeted new uses as PHPA previously indicated that it did not dedicate any funding specific to prevent ESD use but that tobacco use and prevention funding would also apply to those devices.

Chapter 37 of 2021 increased State investment in activities aimed at reducing tobacco use in Maryland, among other changes. Beginning in fiscal 2022, Chapter 37 required the Governor to include at least \$18.25 million annually for tobacco use reduction activities. Due to the timing of when the Governor vetoed the bill and the General Assembly overrode the veto, fiscal 2023 was the first year that program funding increased to at least \$18.25 million. PHPA’s fiscal 2023 working appropriation and fiscal 2024 allowance surpass the mandated amount at \$23.5 million and \$23.9 million in total funds budgeted each year, respectively. The department provided the following uses for increased fiscal 2023 funding:

- \$3.5 million to be distributed to LHD tobacco control programs;
- \$3.0 million to support media contracts for tobacco prevention messages;
- \$2.5 million to be awarded as grants to evaluation and surveillance centers, health systems and behavioral health programs, and other community-based organizations; and
- \$600,000 for the 24-hour Maryland Tobacco Quitline.

As discussed above, tobacco use trends were generally declining even before this new investment began. Performance measures should be monitored in the coming years to confirm that current tobacco use prevention activities are also effective in preventing ESD use. Additionally, targeted funds for preventing ESD use may be an appropriate use of increased investment in tobacco use prevention and cessation activities. **PHPA should discuss whether any tobacco use prevention and cessation activities specifically targets ESD use and how it is incorporating best practices for preventing ESD use in its ongoing tobacco control initiatives.**

New Public Health Investment in Prevention of Cannabis Use among Youth as Adult-use Cannabis Becomes Legal

Following the passage of the constitutional amendment to legalize recreational adult-use cannabis (Chapter 45 of 2022) in the November 2022 general election, PPHA has a new role in administering a new State fund to address the health effects associated with the legalization of adult-use cannabis. Chapter 26 of 2022 (Cannabis Reform) established the Cannabis Public Health Fund, which consists of revenues distributed to the fund based on revenues from adult-use cannabis, money appropriated in the State budget to the fund, and any other money from other sources accepted for the benefit of the fund. MDH must use the fund to:

- support the Cannabis Public Health Advisory Council, also established in Chapter 26;
- support data collection and research on the effects of cannabis legalization in the State;
- provide funding for education and public awareness campaigns related to cannabis use, including funding for educational programs to be used in schools;
- support SUD counseling and treatment for individuals;
- provide training and equipment for law enforcement to recognize impairments due to cannabis; and
- purchase technology proven to be effective at measuring cannabis levels in drivers.

Language in Chapter 484 of 2022 (the fiscal 2023 Budget Bill) restricted \$5.0 million from the Revenue Stabilization Account, also known as the Rainy Day Fund, to be transferred to PPHA's Cancer and Chronic Disease Bureau to establish the Cannabis Public Health Fund, contingent on the enactment of Chapter 26 and ratification of Chapter 45. On January 19, 2023, Governor Wes Moore announced the release of this funding from the Rainy Day Fund. As a result, of the timing of this announcement relative to the budget submission, these funds are not reflected in the fiscal 2023 working appropriation. The fiscal 2024 allowance does not include any additional appropriation for the Cannabis Public Health Fund.

The CDC published a CDC *Cannabis Strategy* for federal fiscal 2020 through 2025, similar to its published best practices for tobacco control activities and other tobacco-related public health efforts, that outlines certain strategic pillars with the overarching goal of monitoring and addressing use of and exposure to cannabis and its associated health and social effects. These pillars included (1) monitoring trends; (2) advancing research; (3) building State and local public health and emergency response capacity; and (4) improving public knowledge and awareness, among other strategies. As adult-use cannabis is legalized in Maryland, PPHA's MFR performance measures should expand to include the prevalence of cannabis use among adults and youth alongside the measures collected for tobacco and ESD use.

PHPA should provide an update on how it plans to spend the \$5.0 million in the Cannabis Public Health Fund in fiscal 2023 and beyond. In addition, PHPA should discuss:

- **how it will incorporate best practices defined by CDC and other sources to respond to public health impacts of adult-use cannabis;**
- **how it will develop and implement prevention activities related to cannabis use among youth;**
- **the types of performance measures and goals related to cannabis use in Maryland that will be included future MFR submissions, including the potential methods, sources, and frequency of data collection; and**
- **when these performance measures would begin to be included in the MFR submissions.**

Fiscal 2023

End of One-time COVID-19 Federal Support Significantly Reduces PHPA Spending in Fiscal 2023 and 2024

Most of PHPA’s federal fund spending for COVID-19 pandemic response activities has been supported with supplemental grant funding through the Epidemiology and Laboratory Capacity (ELC) for Prevention and Control of Emerging Infectious Diseases cooperative agreement. CDC distributes ELC funds to states for the following core areas: infectious disease surveillance, detection, and response; prevention and intervention; and communication and coordination activities.

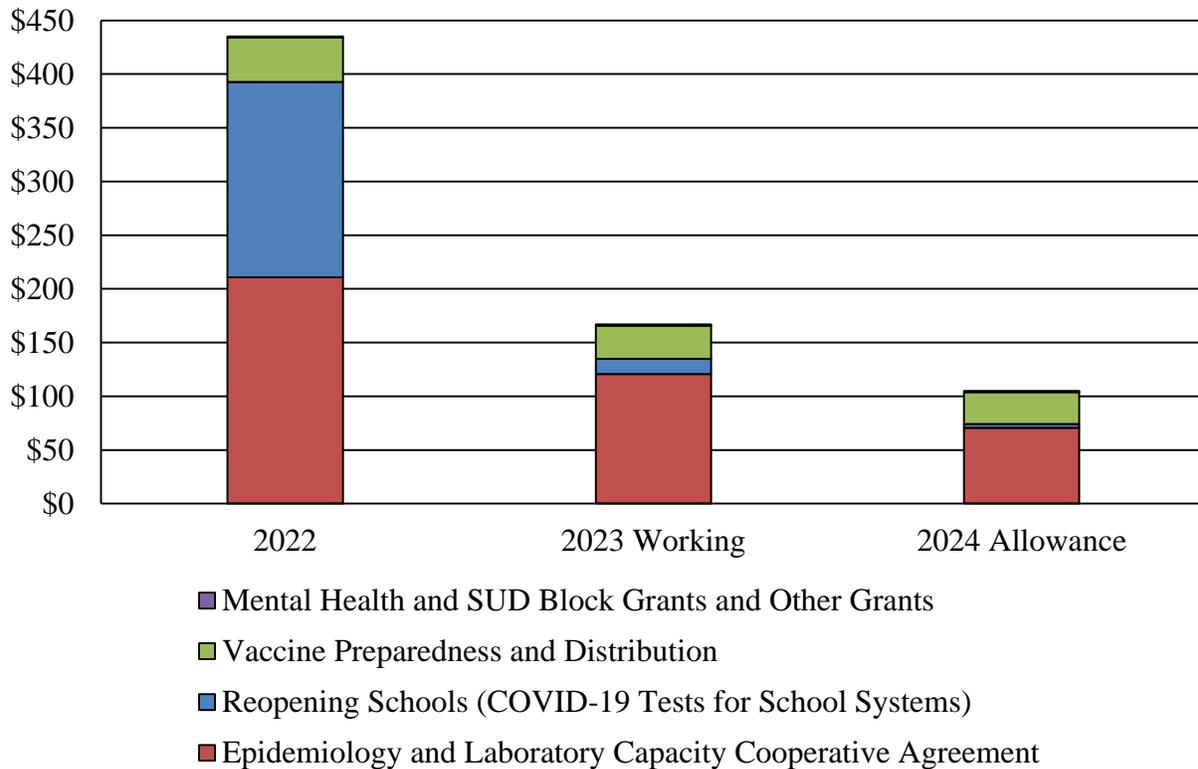
Supplemental ELC grants were authorized through all three major federal stimulus bills (the Coronavirus Aid, Relief, and Economic Security Act of 2020 (CARES), the Coronavirus Response and Relief Supplemental Appropriations Act of 2021 (CRRSA), and the ARPA) with varying allowable uses and grant terms. The following ELC grants demonstrate these differences, for example:

- the CRRSA passed in December 2020 and awarded \$348.0 million in expansion funding to Maryland for testing, contact tracing, and surveillance over a 30-month grant term that ends July 31, 2023; whereas
- the ARPA was passed in March 2021, authorizing a \$182.1 million ELC Reopening Schools grant to Maryland but with a shorter grant term (16-month term ending July 31, 2022) that was targeted for activities that could help schools reopen or remain

open. Allowable costs included personnel, testing, personal protective equipment, and cleaning supplies.

Exhibit 4 shows the reduction in COVID-19 federal fund spending from fiscal 2022 through the fiscal 2024 allowance broken out by major source of funds. Fiscal 2024 planned spending decreases by approximately \$61.7 million, or 37%, compared to the fiscal 2023 working appropriation and \$330 million, or 76%, compared to fiscal 2022 actual spending as the State’s pandemic response transitions to ongoing activities. Reduced supplemental ELC spending drives this trend as the largest single source of federal support for pandemic response activities budgeted under PHPA. It is important to note that this exhibit reflects only funding budgeted under PHPA and does not reflect all response funding.

Exhibit 4
Change in COVID-19 Federal Fund Spending
Fiscal 2022-2024
(\$ in Millions)



SUD: substance use disorder

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

Due to underspending of federal COVID-19 grants provided through the CARES Act in prior fiscal years, the fiscal 2024 allowance includes some reallocated ELC funding from the earliest stimulus bill. **MDH should provide an update on whether there are any unspent funds remaining from the CARES Act or the CRRSA available to PPHA that have not been reallocated and the timing of when those funds will be completely expended. The department should also clarify the expiration date for each supplemental ELC grant, including an update on any no-cost extensions that MDH received from CDC or other federal agencies.**

One-time Dedicated Purpose Account Funding Supports Alzheimer’s Services and Research

Chapters 397 and 398 of 2022 established a Director of Dementia Services and Brain Health position in MDH to coordinate and facilitate communication relating to dementia services in the State. The new director position must also provide staff support for the Virginia I. Jones Alzheimer’s Disease and Related Dementias Council. MDH repurposed an existing vacant position authorized in the fiscal 2023 working appropriation to meet this requirement and, as of February 1, 2023, was in the process of conducting the first round of interviews to fill this role.

The fiscal 2023 working appropriation also includes \$3.5 million in special funds from the Dedicated Purpose Account (DPA) transferred to PPHA as a one-time allocation for enhanced Alzheimer’s services and research that must be expended in a manner consistent with the implementation of recommendations of the council. This funding is in addition to the salary and fringe benefits budgeted for the Director of Dementia Services and Brain Health. In May 2022, the council issued the *Maryland State Plan to Address Alzheimer’s Disease and Related Dementias: 2022-2026* that included the following major goals:

- expand efforts to support public awareness, prevention, and early detection of Alzheimer’s disease and related disorders (ADRD);
- enhance quality, access, and coordination of ADRD care;
- enhance and expand supports for family caregivers;
- advance ADRD research and encourage evidence-based practices; and
- enhance data capabilities related to dementia and dementia impacts and effects of interventions.

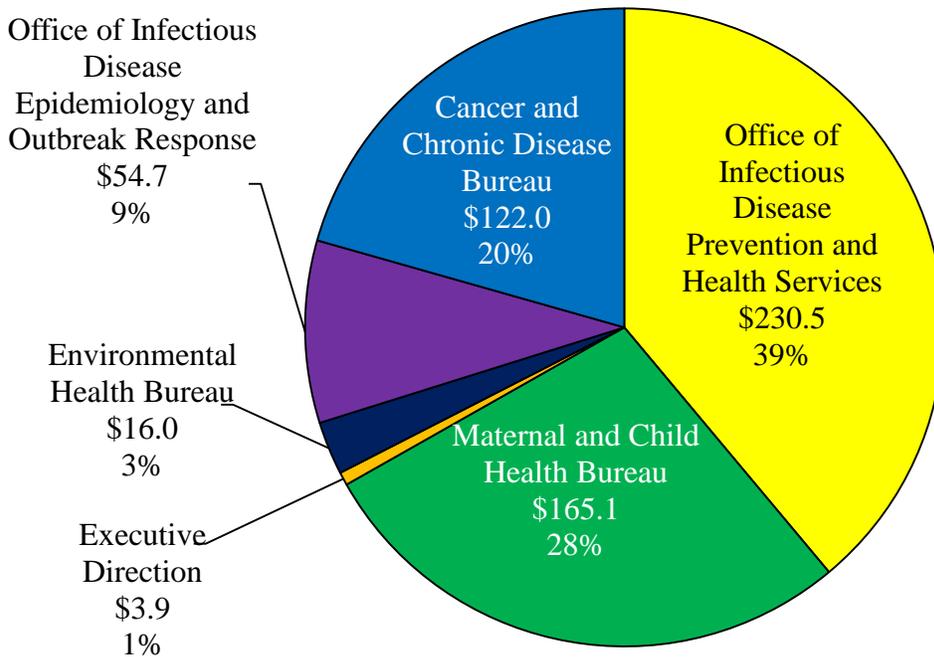
Fiscal 2024 Overview of Agency Spending

The fiscal 2024 allowance for PPHA totals \$592.2 million. **Exhibit 5** shows PPHA’s allowance by its five bureaus and Executive Direction budgets. The Office of Infectious Disease

Prevention and Health Services accounts for the largest share of the allowance at 39%, mainly due to \$105.1 million in grants and federal stimulus funds from the U.S. Department of Health and Human Services supporting the State’s COVID-19 public health response. This office, in partnership with the Office of Infectious Disease Epidemiology and Outbreak Response, manages infectious disease surveillance, vaccine distribution programs and registries, and other infectious disease prevention and control activities that have grown substantially during the COVID-19 public health emergency. Several other activities, including HIV/AIDS health services, harm reduction, and substance use disorder prevention programs, also fall under that office.

Exhibit 5
Overview of Agency Spending
Fiscal 2024 Allowance
(\$ in Thousands)

Total Expenditures: \$592.2 million



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

Source: Department of Budget and Management

Approximately 28% of fiscal 2024 spending supports programs under the Maternal and Child Health Bureau. Of the Maternal and Child Health Bureau’s \$165.1 million budget, the State’s allocation from the federal WIC program accounts for \$106.1 million.

Proposed Budget Change

As shown in **Exhibit 6**, the fiscal 2024 allowance decreases by \$45.1 million compared to the adjusted fiscal 2023 working appropriation after accounting for PPHA’s share of the 4.5% cost-of-living adjustment provided in November 2022. The net decrease is mainly due to a \$61.7 million reduction in one-time federal grants allocated for the State’s COVID-19 public health response, including personnel funding. New initiatives, such as the Abortion Care Clinical Training program (Chapter 56) and \$5 million transferred from the MDH Office of the Secretary for the Maryland Pediatric Cancer Fund (Chapters 253 and 254) partially offset this reduction in spending.

Exhibit 6
Proposed Budget
MDH – Prevention and Health Promotion Administration
(\$ in Thousands)

How Much It Grows:	<u>General</u>	<u>Special</u>	<u>Federal</u>	<u>Reimb.</u>	<u>Total</u>
	<u>Fund</u>	<u>Fund</u>	<u>Fund</u>	<u>Fund</u>	
Fiscal 2022 Actual	\$59,990	\$190,261	\$652,471	\$95,048	\$997,770
Fiscal 2023 Working Appropriation	86,922	142,440	405,512	2,462	637,336
Fiscal 2024 Allowance	<u>96,812</u>	<u>141,415</u>	<u>343,124</u>	<u>10,856</u>	<u>592,207</u>
Fiscal 2023-2024 Amount Change	\$9,890	-\$1,026	-\$62,387	\$8,394	-\$45,129
Fiscal 2023-2024 Percent Change	11.4%	-0.7%	-15.4%	341.0%	-7.1%

Where It Goes:

Personnel Expenses

	<u>Change</u>
Employee and retiree health insurance	\$1,247
Annualization of a 4.5% general salary increase that took effect November 1, 2022	604
Salaries and fringe benefits for 5.6 contractual conversions	455
Other fringe benefit adjustments.....	112
Retirement contributions.....	97
Social Security contributions	79
Additional federally funded personnel costs related to COVID-19 pandemic response activities.....	62
Overtime expenses	-110
Salary and wage adjustments, primarily due to setting vacant positions at base...	-166
Turnover expectancy (increases from 5.15% to 6.68%).....	-440

Ongoing Discretionary Funding and Initiatives

The fiscal 2024 budget plan includes the following appropriations across fiscal 2023 and 2024 to continue supporting several new programs and initiatives:

- ***Cancer Moonshot Initiative:*** A supplemental budget to the fiscal 2023 Budget Bill provided \$10 million in general funds for statewide academic health centers (\$8.3 million for the University of Maryland Medical System and \$1.7 million for Johns Hopkins University) to support cancer research grants as part of a larger cancer moonshot initiative. This funding was provided in addition to the centers' annual CRF appropriation. The fiscal 2024 allowance continues this funding with the same distribution between the two academic health centers.
- ***Pediatric Cancer Fund:*** Chapters 253 and 254 established the Maryland Pediatric Cancer Fund within MDH and required the department to administer the fund to distribute pediatric cancer research grants. In accordance with Chapters 253 and 254, the Governor was required to appropriate \$5.0 million to the fund in fiscal 2024 if that amount was not provided in fiscal 2023. A supplemental budget to the fiscal 2023 budget provided \$5.0 million in special funds from the DPA under the MDH Office of the Secretary for this purpose. PHPA's fiscal 2024 allowance includes \$5.0 million for the Pediatric Cancer Fund, which is additional discretionary funding because the fiscal 2023 funding level was provided and the fiscal 2024 mandate was not triggered.
- ***Abortion Care Clinical Training Program:*** Chapter 56 established the Abortion Care Clinical Training program and a related special fund within MDH. Specifically, the fund was established in the fiscal 2024 allowance within PHPA's Maternal and Child Health Bureau. The Governor must appropriate \$3.5 million to the fund annually. Language added to Chapter 484 restricted \$3.5 million from the Rainy Day Fund to be transferred to PHPA for the Abortion Care Clinical Training program in fiscal 2023. On January 19, 2023, Governor Wes Moore announced on that the fiscal 2023 Rainy Day Fund support for this program would be released. As a result of the timing of this announcement relative to the budget submission, these funds are not reflected in the fiscal 2023 working appropriation. The fiscal 2024 allowance includes \$3.5 million in general funds paid into the Abortion Care Clinical Training Program Fund and \$3.5 million in special funds to account for fund expenditures.

Maryland Prenatal and Infant Care Grant Program

The Maryland Prenatal and Infant Care Coordination Services Grant Program Fund initially distributed grants to counties and municipalities for care coordination services provided to low-income pregnant and postpartum women and to children from birth to age three. Chapters 494 and 495 of 2021 renamed the program as the Maryland Prenatal and Infant Care Grant Program Fund and expanded the fund's purpose to include grants to federally qualified health centers (FQHC), hospitals, and providers of prenatal care to increase access to prenatal care,

which may include behavioral and oral health services necessary for maintaining a healthy pregnancy.

Chapters 494 and 495 also required the Governor to appropriate increasing amounts to the fund between fiscal 2023 and 2025, specifically for grants to FQHCs, hospitals, and providers of prenatal care. While the fiscal 2023 working appropriation meets the mandated funding level of \$1.1 million, the fiscal 2024 allowance is level funded, rather than meeting the \$2.1 million mandate in that fiscal year. **MDH should comment on why the fiscal 2024 allowance does not include the required mandated funding level. The Department of Legislative Services (DLS) recommends that MDH work with the Department of Budget and Management to fully fund the mandated level through a supplemental budget.**

Capital Region Medical Center Operating Subsidy

The fiscal 2024 allowance includes a \$10 million operating subsidy for the Capital Region Medical Center, showing no change from the fiscal 2023 amount. Chapter 19 of 2017 mandates an annual operating subsidy of \$10 million in fiscal 2022 through 2028.

Personnel Data

	<u>FY 22</u> <u>Actual</u>	<u>FY 23</u> <u>Working</u>	<u>FY 24</u> <u>Allowance</u>	<u>FY 23-24</u> <u>Change</u>
Regular Positions	460.40	456.40	460.00	3.60
Contractual FTEs	<u>110.98</u>	<u>96.45</u>	<u>119.97</u>	<u>23.52</u>
Total Personnel	571.38	552.85	579.97	27.12

Vacancy Data: Regular Positions

Turnover and Necessary Vacancies, Excluding New Positions	30.35	6.68%
Positions and Percentage Vacant as of 12/31/22	60.00	13.15%
Vacancies Above Turnover	29.65	

- The fiscal 2024 allowance provides 5.6 new positions under PHPA to convert existing contractual full-time equivalents (FTE) to regular positions. These positions include 3.6 positions for various programs administered by the Cancer and Chronic Disease bureau and 2 positions supporting MADAP and HIV health services.
- Due to regular personnel transfers among MDH divisions and offices, the new positions are partially offset by a net reduction of 2 positions (1 position under the Office of Infectious Disease Prevention and Health Services and 1 position under the Cancer and Chronic Disease bureau).

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- Contractual positions show a net increase of 23.52 FTEs in the fiscal 2024 allowance, as 29.12 net new positions fully offset the 5.6 FTE reduction from contractual conversions. New contractual FTEs in fiscal 2024 are largely federally funded, with unspent fiscal 2022 CARES Act appropriations supporting 21.7 new FTEs.
- PHPA reported 60 vacant positions as of December 31, 2022 (a vacancy rate of 13.15%), which is about double the number of vacancies needed to meet the budgeted turnover expectancy. This level of vacancy is 1.9 percentage points higher than the 11.25% vacancy rate as of December 31, 2022. In fiscal 2024, PHPA’s turnover expectancy increases from 5.96% in fiscal 2023 to 6.68%. Persistent vacancies among public health staff are an ongoing issue, and narrative in the 2021 *Joint Chairmen’s Report* (JCR) and language in Chapter 484 requested that MDH submit reports on public health personnel recruitment and retention. As of February 5, 2023, neither report had been submitted.

PHPA should explain why public health vacancy rates have worsened over the last year, discuss steps it is taking to improve recruitment and retention among PHPA personnel, and provide a status update for when it will submit the requested public health staffing reports.

Issues

1. MDH Describes Barriers Preventing SBHCs from Billing Medicaid

SBHC Grant Administration Following Transfer from MSDE to MDH

Chapters 605 and 606 required the Governor to transfer administration of SBHC grants and any related functions from MSDE to the Maternal and Child Health Bureau by July 1, 2022. SBHCs provide on-site comprehensive preventive and primary health services in a school or on a school campus. Services may also include behavioral health, oral health, ancillary care, and supportive services. According to MDH, at the start of fiscal 2023, there were 95 SBHCs operating across 17 jurisdictions. Jurisdictions ranged from having 1 SBHC in Worcester County to 17 SBHCs in Baltimore City.

Chapter 36 (Blueprint for Maryland’s Future – Implementation) required the Governor to appropriate \$6.5 million in special funds from the Blueprint for Maryland’s Future Fund in addition to the \$2.7 million in general funds already budgeted for SBHC grants and administration. The fiscal 2023 working appropriation included these funds under MDH, and the fiscal 2024 allowance for SBHC grants increases by approximately \$56,000 in general funds. Chapter 36 also required MDH and MSDE to designate a primary contact employee for SBHCs, and both departments added these positions in fiscal 2023.

In a report submitted on September 15, 2022, in response to language in the fiscal 2023 budget, MDH indicated that the total number of active SBHCs was not expected to increase in fiscal 2023 due to the department’s plan to only support existing SBHCs in its first year administering the grant program. During that time, MDH reported that it would conduct a statewide needs assessment that would plan for how to expand SBHCs to the seven remaining jurisdictions that have no centers. The needs assessment would also develop the operational and fiscal foundation of existing SBHCs and build programmatic support. Of the \$8.8 million in SBHC program funds in the fiscal 2023 working appropriation, most funding was allocated for grants to existing SBHCs. MDH outlined the following planned uses:

- \$6.2 million for operational grants to SBHCs;
- \$1.1 million for one-time infrastructure investments at SBHCs; and
- \$1.5 million across other uses, including technical assistance, the statewide needs assessment, and billing support.

Medicaid Claiming for SBHC Services Provided to Students

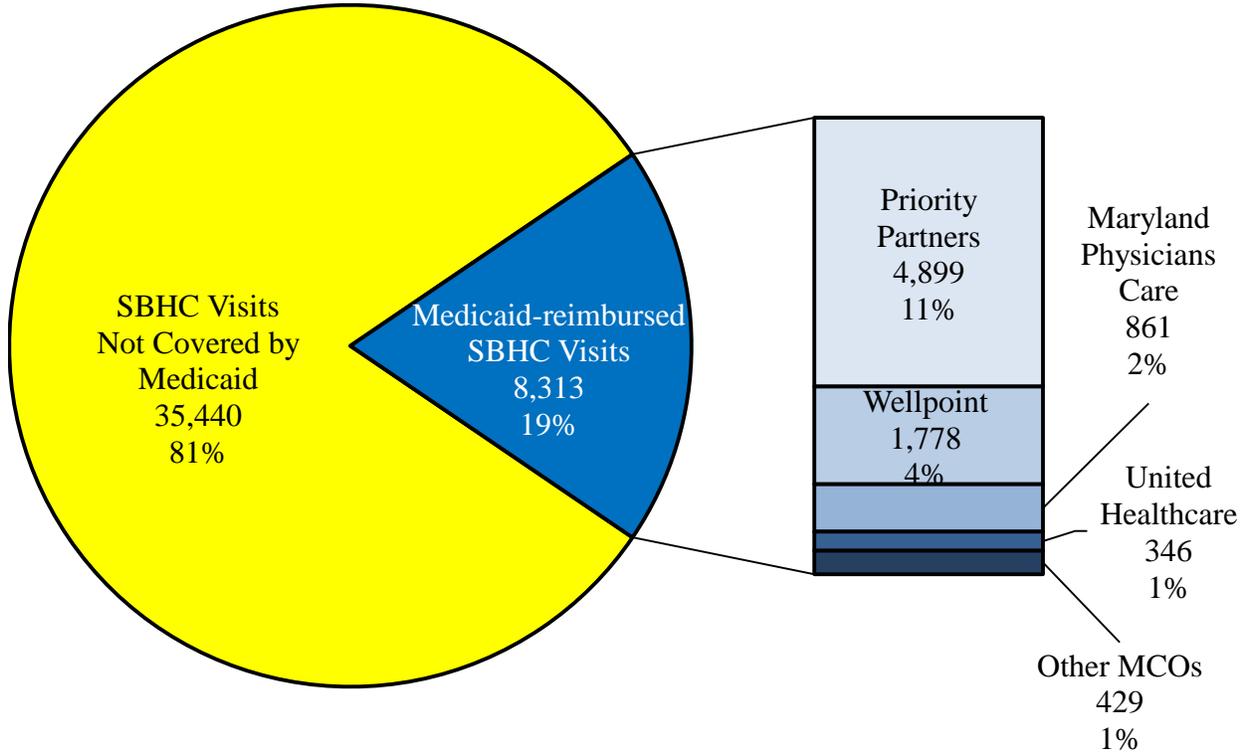
The language regarding SBHC grant administration also requested information on the process for Medicaid claiming at SBHCs. If more SBHCs were able to bill Medicaid for services

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rendered to enrolled students, that could allow MDH to use a larger share of annual SBHC grants on establishing new centers. MDH found that only 32 SBHCs billed Medicaid for visits between calendar 2017 and 2019, accounting for fewer than half of the 84 total SBHCs operating as of December 2019. The report also determined that 3 SBHCs provided approximately 75% of the Medicaid-reimbursed visits over that period. Office visits made up 91% of the codes used for billing in SBHCs, with somatic or physical conditions provided as the reason for most of these office visits (62%) compared to mental health conditions (26%).

As shown in **Exhibit 7**, there was an average of 43,753 SBHC visits per year from calendar 2017 to 2019, with only 8,313 visits (19%) covered by Medicaid. SBHC visits in calendar 2020 (3,228) are excluded due to the sharp decline in utilization resulting from the COVID-19 public health emergency and resulting school closures. Medicaid billing for SBHC services was concentrated among a limited number of managed care organizations (MCO) as three of Maryland's nine MCOs accounted for just over 90% of Medicaid-reimbursed encounters. Priority Partners alone covered more than 50% of the SBHC visits billed to Medicaid annually from calendar 2017 to 2020.

Exhibit 7
Average Annual School-based Health Center Visits
Calendar 2017 to 2019



MCO: managed care organization
 SBHC: school-based health center

Note: SBHC visits not covered by Medicaid are estimated based on the Maryland Department of Health reporting that the average annual 8,313 visits covered by Medicaid accounted for 19% of all annual visits. MCOs reporting 10 or fewer encounters were suppressed in the data reported by the department.

Source: Maryland Department of Health; Department of Legislative Services

MDH acknowledged in the report that SBHCs have struggled to bill Medicaid for eligible services and provided the following structural barriers as examples of why a SBHC may not bill Medicaid:

- unavailable insurance information, specifically the patient or parent not knowing the information or not being reachable during school hours to provide the information;

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- certain types of sponsoring organizations lacking billing infrastructure, such as electronic health record systems or dedicated billing staff; and
- confidentiality concerns for sensitive services due to the requirement for MCOs to submit denial of service letters or explanation of benefits to the patient’s mailing address.

Considering these barriers, MDH outlined the following strategies to expand Medicaid claiming for SBHC services.

- Chapter 198 of 2020 allowed for more types of SBHC sponsoring organizations that can encourage Medicaid claiming by providing billing support or other administrative resources. MDH indicated that certain types of sponsoring organizations, like FQHCs, are better equipped to bill Medicaid than others.
- The department will also work with a vendor to implement a strategy for efficient billing of health insurers with each SBHC and sponsoring organization.
- MDH is pursuing Chesapeake Regional Information System for our Patients (also known as CRISP) integration into each SBHC, which will allow providers to access certain health information about their patients and Medicaid eligibility and enrollment data.

Although outside of the scope of SBHC grant administration, Medicaid currently reimburses school-based health services for children with individualized education programs. The federal fund appropriation for school-based services and administrative claiming update related to school-based services are discussed in the Medicaid budget analysis.

MDH should provide an update on its efforts to improve Medicaid claiming among existing SBHCs, including the status of procuring a vendor to provide technical assistance to SBHCs. DLS recommends adopting committee narrative requesting a report on Medicaid claims for SBHCs and grant allocation plans to support existing SBHCs and expand into new jurisdictions in fiscal 2024.

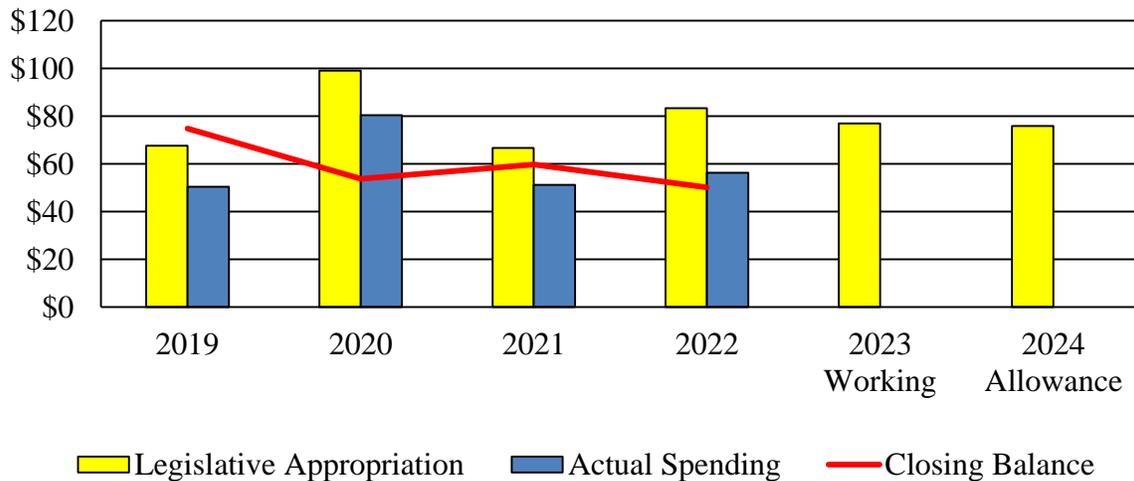
2. HIV/AIDS Programs Continue to Underspend MADAP Rebates as MITDP Is Supported with General Funds

Under federal law, states receive rebates on medications purchased at a price higher than a federally set rate. These rebates can then be used by state AIDS drug assistance programs to provide health care and support services to people living with HIV/AIDS, implement prevention programs, and fund other HIV/AIDS-related activities. MADAP rebates can be generated from medications purchased with federal Ryan White Part B grants or general funds. Rebates generated from general fund spending do not have the same restrictions on the use of funds as rebates generated from federal fund sources. In Maryland, HIV/AIDS services provided by programs funded with MADAP rebates include:

- the purchase of pharmaceuticals;
- insurance premiums or copays;
- oral health care;
- housing stability;
- syringe services; and
- pre-exposure prophylaxis clinics.

Overall, MADAP annually generates approximately \$60 million in special funds for the State via rebates and has accumulated a significant fund balance in prior fiscal years. As shown in **Exhibit 8**, PHPA continues to hold a closing balance in MADAP rebates, totaling \$50.2 million at the end of fiscal 2022. In each year over the period, PHPA underspent its legislative appropriation for MADAP rebate expenditures. Most recently in fiscal 2022 the department spent \$56.3 million, \$27 million less than the fiscal 2022 legislative appropriation.

Exhibit 8
MADAP Rebate Spending and Closing Fund Balance
Fiscal 2019-2024
(\$ in Millions)



MADAP: Maryland AIDS Drug Assistance Program

Source: Maryland Department of Health; Department of Legislative Services

HIV/AIDS services are primarily delivered through grants to LHDs and other community-based providers. PPHA has indicated that workforce shortages in LHDs and other providers and delays in subrecipient contracting have led to persistent underspending of State grants, causing the fund balance. Partnering LHDs and community-based organizations have further underspent their rebate fund allocations since the onset of the COVID-19 public health emergency due to significant reductions in service utilization. The pandemic caused programs to limit their HIV/AIDS services as care access points temporarily closed and programs redirected personnel and resources to the emergency COVID-19 response.

MADAP rebates budgeted under PPHA in the fiscal 2024 allowance are essentially level funded at \$76 million compared to the \$77 million fiscal 2023 working appropriation. Both the fiscal 2023 and 2024 funding levels significantly outpace the most recent actual spending level of \$56 million in fiscal 2022. In budget hearing testimony during the 2022 session, PPHA did not provide an updated spending plan, instead anticipating that budgeted fiscal 2023 expenditures would meet demand for services as utilization returned to prepandemic levels. **PHPA should provide fiscal 2023 year-to-date MADAP rebate expenditures and discuss its spending plan to draw down the balance of MADAP rebate funds, including any planned new uses of funds and efforts for partnering LHDs and community-based organizations to fully spend their State grants.**

MADAP Rebate Support for MITDP

MDH is implementing an MITDP to automate and modernize the MADAP case management system using a Salesforce application that will allow the system to integrate with other MDH systems (described in further detail in **Appendix 2**). Approximately \$2.1 million in MADAP rebate funds were appropriated under MDH's MITDP budget in fiscal 2023 for the case management system. Fiscal 2023 continues to be the only year with rebate funds included as a funding source, making up only 27.8% of the \$7.6 million total estimated project cost. MDH has not provided any specific reasons that rebate funds cannot support a larger share of total project costs. Considering the available special fund balance of MADAP rebates, general fund need for the project could be reduced. Further discussion of the general fund support for this project can be found in the budget analysis for the Department of Information Technology (DoIT) – F50.

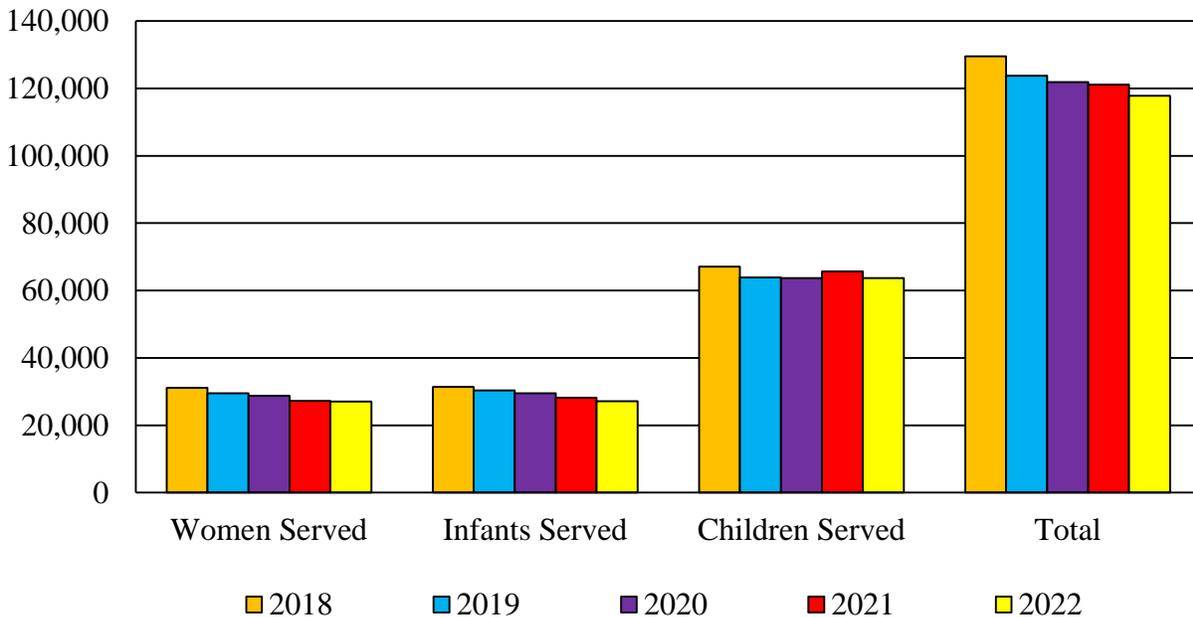
DLS is also concerned about the challenges that the project has faced with application development as MDH's first vendor only completed an estimated 50% of project components. MDH is now required to use another vendor and reassess the usable product from its first vendor. The fiscal 2024 allowance keeps the same budget projections and timeline as was provided in fiscal 2023, but it is unclear how these application development challenges will affect the project timeline and cost.

3. Despite Enrollment Declines Across All Categories, WIC Budget Increases Due to Extension of Fruit and Vegetable Benefit

Through the federally funded Maryland WIC program, PHPA provides supplemental food, referrals to health care and social services, breastfeeding promotion and support, and nutrition education to low-income women, infants, and children. Eligible groups specifically include low-income (below 185% of the federal poverty level) pregnant, postpartum, and breastfeeding women and children up to age five.

As shown in **Exhibit 9**, WIC enrollment in Maryland decreased by 11,661 participants across all categories, a 9% decline, between fiscal 2018 and 2022. This is consistent with national trends as total WIC enrollment across the United States decreased from just under 6.9 million in federal fiscal 2018 to 6.3 million in federal fiscal 2022. Most Maryland participants are children, while women and infants each accounted for slightly less than 25% of Maryland participants in fiscal 2022. However, infants made up the largest share of the enrollment decline from fiscal 2018 to 2022, decreasing by 4,276 participants.

Exhibit 9
Maryland WIC Enrollment by Participant Category
Fiscal 2018-2022



WIC: Special Supplemental Nutrition Program for Women, Infants, and Children

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

WIC Program Changes

In the 2021 annual report for WIC, MDH described a variety of program changes to address the enrollment declines. These changes were implemented to improve participants' shopping experience, expand the Authorized Foods List, streamline appointments, and enhance outreach. Program changes included:

- certifying and expanding self-checkout to redeem WIC benefits at more stores;
- reviewing and updating the Authorized Foods List to allow for the purchase of organic foods and other goods;
- allowing participants to scan and upload documents for certification; and
- promoting WIC services through multiple social media sites.

Temporary program changes have resulted from the COVID-19 public health emergency as the Families First Coronavirus Response Act of 2020 gave the U.S. Department of Agriculture Food and Nutrition Service (FNS) the authority to reduce in-person visits to WIC clinics and otherwise waive certain program requirements. FNS is not issuing any new waivers, as its authority expired December 31, 2021, but some waivers remain active through 90 days after the end of the national declaration of a public health emergency. The national public health emergency is expected to expire after May 10, 2023, following the federal government's January 30, 2023, announcement of the intent to not extend the public health emergency.

The following waivers were still in effect for Maryland WIC as of December 2022 and are set to expire 90 days beyond the end of the COVID-19 public health emergency:

- **Physical Presence:** Allowing Maryland WIC to defer in-person checks on height, weight, length, and bloodwork requirements to determine participants' nutritional risk. Maryland WIC staff are still required to assess nutrition risk based on online communication or referral data.
- **Remote Benefit Issuance:** Waiving the requirement that WIC participants come in person to local WIC clinics to pick up food instruments. Maryland WIC can instead remotely issue benefits and was encouraged to reschedule nutrition education appointments or conduct remote appointments.
- **Food Package Substitution:** Granting flexibility for WIC participants to purchase larger packages of foods, such as eggs and juice, or foods with different fat contents when the smaller packages or prescribed foods are unavailable. This waiver was requested due to shortages of certain supplemental foods during the stay-at-home order. However, FNS did not allow some substitutions, like purchasing white bread rather than whole wheat bread, based on the nutrition requirements of the food provided through WIC.

- **Transaction without Presence of Cashier:** Waiving the program requirement that WIC transactions, including signing a paper check or entering a personal identification number in electronic benefit transfer systems, occur in the presence of a cashier. This allows WIC participants to use self-checkout as a means for social distancing.

According to PHPA’s budget hearing testimony during the 2021 session, Maryland WIC has also implemented programmatic and operational changes that did not require a federal waiver, and therefore do not necessarily expire with the end of the COVID-19 public health emergency, including:

- offering virtual/telehealth meetings with Breastfeeding Peer Counselors;
- converting annual vendor training and nutrition education for all categories to an online format; and
- allowing staff to perform “split-day certifications” in which they can gather required participant information and upload it over multiple days.

PHPA should comment on whether it plans for any COVID-19-related program changes or waivers under the WIC program to become ongoing or permanent after the end of the COVID-19 public health emergency.

ARPA Fruit and Vegetable Benefit Extended

In addition to waivers temporarily changing program operations, Maryland WIC received \$9.6 million in ARPA funding to temporarily increase the monthly cash-value voucher for fruits and vegetables from \$9 per child and \$11 for women to \$35 per child and adult. Infants did not receive this benefit enhancement. States were authorized to increase the benefit for four consecutive months and had to have a termination date of September 30, 2021. Maryland WIC implemented this expanded benefit from June 2021 to September 2021. In fiscal 2022, only \$4.9 million in ARPA support for the WIC program was spent.

The Consolidated Appropriations Act of 2023 included a provision extending the increase in the monthly cash-value voucher for fruits and vegetables through the end of federal fiscal 2023. Through September 30, 2023, states are provided additional federal funds to provide \$25 for child participants, \$44 for pregnant and postpartum participants, and \$49 for fully and partially breastfeeding participants. As a result, the fiscal 2024 allowance for the WIC program increases by just under \$3.0 million compared to the fiscal 2023 working appropriation, offsetting reductions in WIC spending that would have occurred due to decreased enrollment. **MDH should clarify whether it has appropriated and spent all ARPA funding for the increased fruits and vegetables benefit. If all ARPA funds for this use have not been appropriated, MDH should clarify when those funds will be added to the budget.**

Operating Budget Recommended Actions

1. Adopt the following narrative:

Operating Costs of Mobile COVID-19 Vaccine Clinics and Missions: The committees are interested in receiving information regarding the cost of contracting with third-party vendors, excluding State-affiliated, county, and local partners, for mobile COVID-19 vaccine clinics and missions to improve vaccine uptake. This information was also requested in the 2022 Joint Chairmen’s Report; however, a report had not been submitted as of February 8, 2023. The committees request that the Maryland Department of Health (MDH) submit a report to the committees and the Joint Audit and Evaluation Committee on operating costs for vaccine clinics and missions held in calendar 2021, 2022, and 2023 year to date, including:

- the cost per mobile vaccine clinic/mission operated by third-party nongovernmental vendors in each calendar year, including costs by fund type, available federal fund sources used to support these vaccination efforts, and costs broken out by use of funds (such as personnel, vaccine supplies, transportation, contractual services, and any other costs); and
- the cost per COVID-19 vaccine dose administered at a mobile vaccine clinic/mission operated by third-party nongovernmental vendors by fund type.

Information Request	Author	Due Date
Report on mobile COVID-19 vaccine clinics and missions	MDH	August 1, 2023

2. Adopt the following narrative:

Ready Reserve for Laboratory Testing: The committees requested in the 2022 Joint Chairmen’s Report that the Maryland Department of Health (MDH) submit a report regarding the State’s readiness to scale up laboratory testing in response to new COVID-19 variants and surges as well as potential other pandemics, disease outbreaks, or bioterrorism attacks. As of February 8, 2023, MDH had not provided a report. Therefore, the committees request that MDH submit a report on the feasibility of establishing a ready reserve of Clinical Laboratory Improvement Amendment licensed laboratories in the State, including how laboratories would maintain the following resources:

- laboratory testing equipment and facilities; and

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- laboratory personnel, including but not limited to, full- or part-time staff and on-call staff who periodically train, practice, and participate in drills and exercises to rapidly respond to emergencies that require a surge in clinical laboratory testing.

Information Request	Author	Due Date
Report on ready reserve for laboratory testing	MDH	August 1, 2023

3. Adopt the following narrative:

Medicaid Claiming in School-based Health Centers (SBHC): The committees are concerned that the Maryland Department of Health (MDH) identified multiple structural barriers preventing SBHCs from successfully billing Medicaid for somatic and behavioral health services provided to students. Therefore, the committees request that MDH submit a report on Medicaid claims for SBHCs and SBHC grant allocations. The report should include:

- an analysis of Medicaid claims for SBHC services in calendar 2021, 2022, and 2023 year-to-date, including the number of SBHCs that bill through Medicaid;
- efforts by MDH to expand Medicaid claiming for SBHC services and specific program changes or activities that have limited the impact of barriers for SBHCs billing Medicaid;
- fiscal 2023 and 2024 SBHC grant allocations by jurisdiction and by use, specifying how many new SBHCs were established with grant funding in both fiscal years; and
- the number of SBHCs operating as of July 1, 2023, by jurisdiction.

Information Request	Author	Due Date
Report on Medicaid claiming in SBHCs	MDH	October 1, 2023

Appendix 1
2022 Joint Chairmen’s Report Responses from Agency

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

- ***Operating Costs of Mobile COVID-19 Vaccine Clinics and Missions:*** As of February 8, 2023, MDH had not submitted a report to the committees.
- ***Ready Reserve for Laboratory Testing:*** As of February 8, 2023, MDH had not submitted a report to the committees.
- ***Report on SBHC Medicaid Claiming:*** Further discussion of SBHCs’ ability to bill Medicaid for health care services provided to students can be found in Issue 1 of this analysis.

Appendix 2
MADAP Program Case Management System
Major Information Technology Project
Maryland Department of Health

Further discussion of this major information technology (IT) project can be found in Issue 2 of this analysis.

New/Ongoing: Ongoing								
Start Date: January 10, 2022					Est. Completion Date: June 26, 2026			
Implementation Strategy: Agile								
(\$ in Millions)	Prior Year	2023	2024	2025	2026	2027	Remainder	Total
GF	\$0.000	\$0.111	\$2.326	\$2.326	\$0.698	\$0.000	\$0.000	\$5.461
SF	0.000	2.105	0.000	0.000	0.000	0.000	0.000	2.105
Total	\$0.000	\$2.215	\$2.326	\$2.326	\$0.698	\$0.000	\$0.000	\$7.566

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

- Project Summary:** This project automates and modernizes MADAP’s case management system using a Salesforce application that will integrate the system with DoIT’s OneStop Portal Service and applications managed by MDH’s partnering agencies and stakeholders. MDH uses the case management system to ensure that MADAP participants living with HIV or AIDS receive timely and proper amounts of financial support for medication.
- Need:** MADAP’s upgraded case management system will enhance program implementation with increased automation, integration with other systems, and management reporting. System improvements will also support new operational workflows and continued program implementation with reduced personnel.
- Changes:** MDH’s first vendor could only complete an estimated 50% of application development tasks. The department will need a second vendor that must reassess the first vendor’s completed tasks and determine what components may be usable. Moreover, MDH is adjusting the business requirements related to this IT project, and MDH and DoIT are in the process of rebaselining the major IT project overall. The project schedule and estimated budget included with the fiscal 2024 allowance have not changed from fiscal 2023, so it is not clear how the changes will impact total project costs and the estimated completion date.
- Concerns:** DoIT considers 9 out of 11 project risk factors to be high risk. Some of the new high risk factors included objectives needing to be better outlined, resource availability due to the first application development vendor creating a convoluted product that will need to be rearchitected, and interdependencies based on MDH not having a contract in place for new application development

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Another funding concern, identified by DLS, relates to the use of \$5.5 million in general funds between fiscal 2023 and 2026. Beginning with the fiscal 2024 allowance, all remaining project costs are fully supported with general funds. MDH has persistently underspent its MADAP rebate revenue and holds a large fund balance. It is concerning that this MITDP is predominantly funded with general funds, considering MADAP rebates could be an alternative source of funding and were only planned in fiscal 2023.

Appendix 3
Object/Fund Difference Report
MDH – Prevention and Health Promotion 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	460.40	456.40	460.00	3.60	0.8%
02 Contractual	110.98	96.45	119.97	23.52	24.4%
Total Positions	571.38	552.85	579.97	27.12	4.9%
Objects					
01 Salaries and Wages	\$ 47,336,562	\$ 51,121,680	\$ 54,270,461	\$ 3,148,781	6.2%
02 Technical and Special Fees	8,597,367	5,560,260	7,746,584	2,186,324	39.3%
03 Communication	605,018	261,196	396,962	135,766	52.0%
04 Travel	202,332	719,793	754,930	35,137	4.9%
06 Fuel and Utilities	44,142	0	0	0	0.0%
07 Motor Vehicles	135,052	122,454	195,890	73,436	60.0%
08 Contractual Services	823,196,542	437,243,932	369,114,821	-68,129,111	-15.6%
09 Supplies and Materials	48,840,696	34,462,711	38,227,191	3,764,480	10.9%
10 Equipment – Replacement	300,544	108,194	108,194	0	0%
11 Equipment – Additional	1,155,576	728,146	692,529	-35,617	-4.9%
12 Grants, Subsidies, and Contributions	65,798,577	104,903,144	119,836,084	14,932,940	14.2%
13 Fixed Charges	1,557,750	743,670	863,167	119,497	16.1%
Total Objects	\$ 997,770,158	\$ 635,975,180	\$ 592,206,813	-\$ 43,768,367	-6.9%
Funds					
01 General Fund	\$ 59,990,098	\$ 86,448,200	\$ 96,812,215	\$ 10,364,015	12.0%
03 Special Fund	190,261,110	142,335,574	141,414,689	-920,885	-0.6%
05 Federal Fund	652,471,023	404,729,898	343,124,214	-61,605,684	-15.2%
09 Reimbursable Fund	95,047,927	2,461,508	10,855,695	8,394,187	341.0%
Total Funds	\$ 997,770,158	\$ 635,975,180	\$ 592,206,813	-\$ 43,768,367	-6.9%

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

**Appendix 4
Fiscal Summary
MDH – Prevention and Health Promotion Administration**

<u>Program/Unit</u>	<u>FY 22 Actual</u>	<u>FY 23 Wrk Approp</u>	<u>FY 24 Allowance</u>	<u>Change</u>	<u>FY 23 - FY 24 % Change</u>
01 Administrative, Policy, and Management	\$ 771,169,435	\$ 359,971,164	\$ 305,097,970	-\$ 54,873,194	-15.2%
04 Family Health and Chronic Disease Services	226,600,723	276,004,016	287,108,843	11,104,827	4.0%
Total Expenditures	\$ 997,770,158	\$ 635,975,180	\$ 592,206,813	-\$ 43,768,367	-6.9%
General Fund	\$ 59,990,098	\$ 86,448,200	\$ 96,812,215	\$ 10,364,015	12.0%
Special Fund	190,261,110	142,335,574	141,414,689	-920,885	-0.6%
Federal Fund	652,471,023	404,729,898	343,124,214	-61,605,684	-15.2%
Total Appropriations	\$ 902,722,231	\$ 633,513,672	\$ 581,351,118	-\$ 52,162,554	-8.2%
Reimbursable Fund	\$ 95,047,927	\$ 2,461,508	\$ 10,855,695	\$ 8,394,187	341.0%
Total Funds	\$ 997,770,158	\$ 635,975,180	\$ 592,206,813	-\$ 43,768,367	-6.9%

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