

Maryland Department of Health
Fiscal Year 2021 Operating Budget
Response to Department of Legislative Services Budget Analysis
of the MDH Public Health Administration Budget

House Appropriations Committee
Health and Social Services Subcommittee
Chair Kirill Reznik
February 12, 2020

Senate Budget and Taxation Committee
Health and Human Services Subcommittee
Chair Melony Griffith
February 17, 2020

Policy Questions

OCME should provide updates on appointing a new chief medical examiner and repairing the roof leak that caused the most recent Phase II violation. OCME should also discuss its efforts to meet the Phase II caseload ratio standard and how this will impact its accreditation status when the current provisional status expires in May 2020. DLS recommends committee narrative requesting that OCME provide information on the accreditation status of the office following NAME review and an update on the status of filling vacant positions and use of per diem pathologists. (pg. 14)

Updates on New Chief Medical Examiner Appointment

A national search is underway to fill the Chief Medical Examiner vacancy led by MDH Office of Human Resources and the Post Mortem Examiner's commission. As part of the national search, MDH's Office of Human Resources is conducting direct outreach to medical examiner staff in other states who may be viable candidates themselves or may refer viable candidates to MDH.

Roof Leak Repair

MDH requested DGS assistance with procurement of architectural and engineering services to conduct an assessment of the roof and exterior wall systems of the Office of the Chief Medical Examiner building in Fall of 2018 in response to ongoing issues with water infiltration.

DGS initiated the contract for completion of a comprehensive building condition assessment which included inspection of the roof, parapet, and exterior wall systems. The report was finalized in April 2019 and recommended replacement of the main roof and repair of the building envelope at the fifth floor and roof parapet system.

In response to the recommendations identified in the report, DGS solicited an increase in the scope of work for development of construction documents for replacement of the main roof and the associated exterior envelope repairs. Construction documents were completed in October 2019. Many roofing systems cannot be properly installed during winter, and therefore DGS recommended bidding the project at the beginning of Spring 2020.

In November 2019 additional roof leaks occurred in the penthouse, lower roofs, and the east stairwell. In response to the additional leaks, MDH and DGS requested for the architect to provide a proposal to expand the scope of services to include full replacement of all the building roofs and the additional building envelope repairs.

DGS anticipates that the 100% construction documents for the expanded project scope will be submitted within the next 30-45 days. It is anticipated that the bidding of the roof replacement and building envelope repair work will occur in April/May 2020. It is anticipated that it will take approximately 180 days to complete the work.

Phase II Caseload Ratio Standard and Impact on Provisional Accreditation Status

MDH is committed to maintaining the OCME's distinguished reputation — not only as one of the nation's leading medicolegal institutions but also in its vital role in seeking justice for the deceased and assisting families — and will continue to work in collaboration with the Post Mortem Examiners Commission to promote its legacy of service and excellence.

There are currently active recruitments for two Assistant Medical Examiner (AME) vacancies; recruitment for one part-time AME vacancy will begin imminently. Filling these vacant positions and including the current per diem Medical Examiner staff will reduce the number of autopsy cases per Medical Examiner. This reduction will allow the OCME to maintain alignment with National Association of Medical Examiner (NAME) guidelines for number of autopsies per medical examiner.

Budget Questions

In coordination with a BRFA recommendation (found under the MDH Health Professional Boards and Commissions analysis) to transfer special fund balance from the Maryland Board of Physicians to replace general funds supporting the Maryland Primary Care Program, the Department of Legislative Services (DLS) recommends a contingent reduction of \$1.0 million in general funds in fiscal 2021. (pg. 7)

The Department respectfully disagrees with the recommendation. In addition to the Maryland Board of Physicians' response in a previous budget hearing that this recommendation would prevent the Board from carrying out some of its spending initiatives, the Department believes that the Maryland Primary Care Program's Program Management Office (PMO) is critical to the State's efforts in generating savings for the Total Cost of Care model that should be backed by State General Fund investment. Also, the PMO's operating costs will be ongoing and should be supported with ongoing revenue instead of one-time special fund balance transfers from other unrelated areas of the Department's budget.

Due to the inconsistencies in recent years in how the inflation and population growth adjustments have been applied along with the inconsistencies in how the base has been calculated for Core Public Health Services, DLS recommends adding a provision to the BRFA of 2020 to simplify the statute related to funding for Core Public Health Services. DLS recommends amending the statute so that future funding is based on the legislative

appropriation from the prior year inflated by the projected General Fund revenue growth rate in the proposed budget year. DLS also recommends that the statute specify that the growth factor should be applied only to total State operating funds budgeted under the Core Public Health Services program. (pg. 7)

The Department respectfully disagrees with the recommendation. While the Department agrees with DLS' intent to simplify the Core funding formula to reduce the formula's administrative burden, the Department estimates that projected State General Fund growth consistently exceeds the formula's population and inflation adjustments currently in statute. An analysis from FY 2017 to FY 2021 estimates that DLS' recommendation would have increased the Core funding formula by an average of 3.2% each year compared with the actual average growth of 1.9% each year. In particular, for the FY 2021 Allowance, DLS' recommendation would have increased the Core funding formula by the projected State General Fund growth of 2.4% versus the current population and inflation adjustments of 1.7%, a difference of nearly \$400,000. The DLS recommendation, therefore, would likely increase legislatively mandated spending for the Core funding formula in out years and add to the State's structural deficit.



Public Health Administration Overview

Robert R. Neall, Secretary

Frances B. Phillips, Deputy Secretary

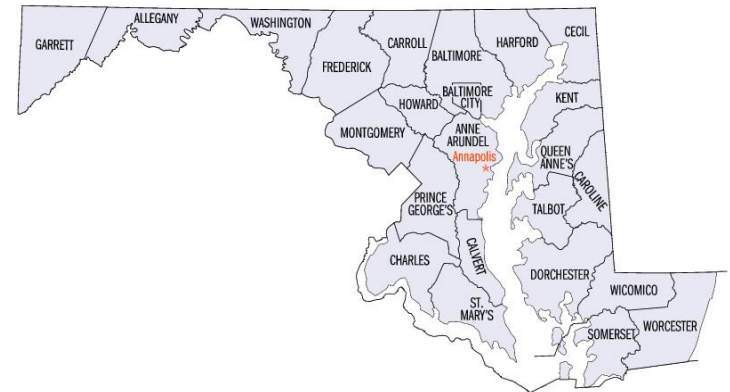
2020



Public Health Administration

Administrations

- Office of Provider Engagement and Regulation
- Laboratories Administration
- Office of Population Health Improvement
- Vital Statistics Administration
- Office of the Chief Medical Examiner
- Office of Health Care Quality
- Prevention and Health Promotion Administration
- Anatomy Board
- Office of Preparedness and Response
- 24 Local Health Departments – Baltimore City and Maryland's 23 counties



Achievements

Opioid Crisis Response

- Total opioid – related intoxication deaths from January – September 2019 were 1,574, a 4.8% decline from the same period in 2018*
- Naloxone distribution: approved 15 new organizations as Overdose Response Programs (ORP) to distribute naloxone in the community. 6,566 doses were distributed to the new ORP entities
- Number of prescriptions for opioids dropped 10% between 2018 to 2019

Achievements

BHA-PHS Reorganization of Opioid-Responsibilities

- Supported the Department's goal of driving down overdose deaths in 2019 by successfully integrating opioid-related responsibilities within the following Public Health Administrations:
 - The Office of Provider Engagement and Regulation (OPER) merged the Office of Controlled Substances Administration and the Prescription Drug Monitoring Program and has renewed attention to enforcement and implementation of legislative mandates
 - The Office of Population Health Improvement assumed oversight of Primary Prevention Programs aimed at substance misuse and continues to work towards full integration of local prevention coalitions
 - The Prevention and Health Promotion Administration consolidated harm reduction efforts, currently largely comprised of syringe services and naloxone- related work, and all tobacco enforcement programs

Achievements

Certification of Community Health Workers (CHW)

- Developed a no-cost voluntary certification process for CHWs
- Began accepting applications for certification of CHWs on September 1, 2019
- Began accepting applications for accreditation of CHW training programs on January 1, 2020
- To date, MDH has 498 CHW certification applications received or in progress and has issued 230 CHW certificates*

Diabetes Action Plan

- The Maryland Department of Health, community-based organizations and health care partners created the State's inaugural 2019-2024 Diabetes Action Plan
- The Diabetes Action Plan provides information on the disease burden in Maryland, and best practices for the State and its partners to implement to prevent and manage diabetes

Overview

12,513 CDS registrations issued in FY19

2,133 Inspections of Practitioners and Establishments completed in FY19

43,579 PDMP-registered prescribers and pharmacists

2.5mil PDMP queries performed by clinical users in CY19

2,182 PDMP data reports provided to investigators in CY19



\$3.9M budget *



35.5 positions**

Major Responsibilities

Office of Controlled Substances Administration (OCSA)

Issues CDS registrations to practitioners, researchers, and establishments that administer, prescribe, dispense, distribute, manufacture, conduct research, compound, label, and conduct chemical analysis of CDS

Enforces the CDS Act through inspections and ensures the availability of drugs for legitimate medical and scientific purposes

Prescription Drug Monitoring Program (PDMP)

Collects information on Schedule II - V CDS prescriptions dispensed in and into Maryland, and discloses these data and data products for clinical, investigative, and public health purposes. CRISP serves as major IT partner

Analyzes PDMP data for specific indicators of concern and notifies prescribers for educational purposes. Engages in educational outreach



Accomplishments

- 88% of renewal applicants use online system to apply and pay for CDS certificates
- Initiated emerging best practice, Opioid Academic Detailing program in 9 local jurisdictions, providing >100 clinician visits in the first 6 months
- Expanded unsolicited reporting notification types, including fatal overdose letters
- 13.56% increase in clinical user query volume in PDMP user interface within calendar year 2019
- 86% prescribers and pharmacists registered with PDMP

Overview

9.4

Million public health tests conducted in FY19

65,595

Maryland and DOD newborns tested for over 60 treatable hereditary and developmental disorders

3,873

Chromosomes of pathogenic bacterial sequenced to link ill patients to sources of contaminated food/water or to identify newly emerging types of antibiotic resistance



\$47.6M budget *



213 positions**

Major Responsibilities

Disease surveillance, reference, and specialized testing

Testing services for infectious disease outbreak investigations and environmental hazards

Laboratory quality assurance

Environmental health and protection programs

Food safety assurance through surveillance and testing

Emergency and terrorism preparedness and response activities

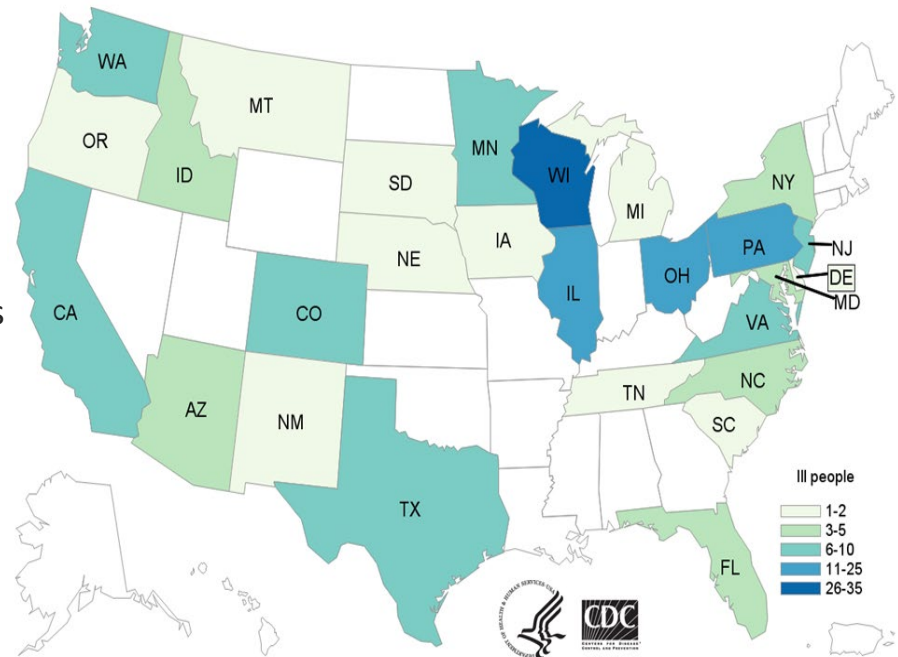
Emergency testing services for emerging infectious disease threats (Ebola, Dengue, Chikungunya, Middle Eastern Respiratory Syndrome Corona Virus, Zika virus, Novel Coronavirus)

Public health laboratory applied research to transfer technology and improve the practice of public health laboratory science



Protecting Marylanders from Emerging Infectious Diseases and the Food Supply: Novel Coronavirus Testing Preparations and *E.coli* Contaminated Lettuce

- ❑ MDH has begun preparations (February 2020) for testing of the emerging Novel Coronavirus in cooperation and coordination with the Centers for Disease Control and Prevention (CDC).
- ❑ Working with MDH epidemiologists investigating a cluster of *E.coli* O157:H7 infections, the MDH Laboratory was the first to recover and characterize the outbreak strain of *E. coli* O157:H7 from an unopened package of salad obtained from a Maryland resident which genetically linked the cases of illness associated with this food product. This lab finding was instrumental to the CDC investigation of a multistate outbreak associated with the consumption of romaine lettuce. The early detection of the contaminated food source halted the progression of a potentially widespread outbreak which sickened 167 people in 27 states.



Overview

Coordinates the integration of Maryland's high-performing public health system with value-based health care to improve Maryland's population health and reduce Maryland's health care spending

Core funding for

24

Local Health Departments and the Baltimore City Health Department



\$74.5M budget *



15 positions**

Major Responsibilities

Primary Care Initiatives: Federally Qualified Health Center, Population Health Quality Measurement, Community Health Workers

Workforce Development for Healthcare Professionals: Maryland and State Loan Assistance Repayment Program, J-1 Visa Waiver, Preceptor Tax Credit, National Health Service Corps (NHSC)

Rural Health Improvement: Maryland's Rural Health Plan

State Health Improvement Plan (SHIP): MDH Dashboard for 39 health measures by jurisdiction; Local Health Improvement Coalitions



Accomplishments

Primary Care

- Convening regional meetings with FQHCs, Hospitals, and LHDs for collaboration on shortage designations, workforce programs, data and community assessments

Rural Health

- Collaborated with the Maryland Rural Health Association to develop a local planning document based on the 2018 Maryland Rural Health Plan

Health Professions Workforce Programs

- Provided initial and renewal State Loan Repayment Program (SLRP) and Maryland Loan Assistance Repayment Program (MLRP) awards to 40 recipients with \$385,339 in Federal funds and \$538,899 in State funds

Overview

172,000 Registered births, deaths, marriages, and divorces in Maryland in 2018

668,000 Copies of vital records issued in FY19

429,000 Copies issued by Division of Vital Records in FY19

239,000 Copies issued by Local Health Departments in FY19



\$5.8M budget *



74 positions**

Major Responsibilities

Registration of all births, deaths, and fetal deaths occurring in Maryland

Issuance of certified copies of vital records (birth, death, fetal death, and marriage certificates; divorce verifications)

Analysis and dissemination of vital statistics data for state, local, and national public health and administrative purposes

Coordination of drug intoxication mortality data activities for the Department and the Opioid Operational Command Center

Coordination of development of a new integrated electronic vital records registration system



Accomplishments

- Established a call center for the Division of Vital Records to provide faster responses to customer phone and email inquiries and to allow more experienced staff to focus on more complicated requests
- Increased fully electronic submission of death records from 54% in 2018 to 70% in 2019, resulting in faster issuance of death certificates
- Worked collaboratively with other Departmental and State agencies to improve the dissemination of vital statistics and drug-related data

Overview

15,348 Case investigations conducted in FY19, representing --

32.9% Increase over 2015 totals

5,738 Autopsies conducted in FY19, representing --

30.3% Increase over 2015 totals

Major Responsibilities

Statutory obligation to investigate deaths that are caused by injury, homicide, suicide, in suspicious circumstances, and when a person is not attended by a physician



\$14.5M budget *



91 positions**

Accomplishments

- OCME has maintained high quality statutorily mandated services despite increased volume
- OCME issued over 6,100 toxicology reports in 2019
- OCME staff continue to receive national and international recognition in the field of forensic pathology with 6 publications and 13 presentations at national meetings in 2019
- OCME provides one month forensic pathology rotations for residents, pathologists' assistant students, and medical students from University of Maryland at Baltimore, The Johns Hopkins Hospital, Georgetown, George Washington, and Howard Universities, and Walter Reed National Military Medical Center

Overview

OPR provides situational awareness to partners, manages a surveillance system, conducts surge planning, and coordinates with other state and Federal agencies for communications, response capabilities, and planning for emergencies

Mostly federally funded by the Public Health and Emergency Preparedness (PHEP) and Hospital Preparedness Program (HPP) Cooperative Agreement



\$14.8M budget *



27 positions**

Major Responsibilities

Lead agency for Maryland's health sector emergency response. Responsible for the overall public health emergency preparedness for the State

Plans, Trains and Exercises for:

- Heat and Cold Emergencies
- Seasonal and Pandemic Influenza Epidemics
- Emerging Infectious Disease Emergencies, including Ebola
- Health Radiation Emergencies
- Strategic National Stockpile Distribution
- Opioid Overdose Response Training

Accomplishments

- Distributed \$3.7M sharps kits and accessories to 11 partners across the state in response to Opioid Response
- Provided Opioid Overdose Training to nearly 200 MDH employees
- Developed and shared 3 overdose-related queries (all-drug, opioid, heroin) with ESSENCE users to monitor and track overdoses in their community
- Provided Public Health and Medical planning, support, expertise, and liaison for four Fixed Nuclear Facility full scale exercises; special events such as Rep Cummings funeral and the State of the Union Address; and weather events, such as Hurricane Dorian
- Expanded Maryland Responds Medical Reserve Corps by 430 new members