



**Maryland Department of Health Public Health Services Administration**  
**Fiscal Year 2023 Operating Budget**  
**Response to Department of Legislative Services Analysis**

**House Appropriations Committee**  
**Health and Social Services Subcommittee**  
**Delegate Kirill Reznik**  
**February 9, 2022**

**Senate Budget and Taxation Committee**  
**Health and Human Services Subcommittee**  
**Senator Melony Griffith**  
**February 11, 2022**

The Department thanks the Governor, the Department of Budget and Management, and the Budget Committees for their support in 2020 and in 2021 with COVID-19 response efforts. We thank the Department of Legislative Services for its insightful budget analysis.

**Fiscal 2021 Federal Stimulus and Other Pandemic-related Funds**

***The department should discuss how allowable uses under the FEMA Public Assistance Grant program have changed over the course of the pandemic and provide an update on when it will secure reimbursement for all eligible spending in fiscal 2021 and 2022 (p. 3).***

The FEMA Public Assistance Program has evolved throughout the COVID-19 Pandemic. We respectfully refer any specific questions to FEMA; COVID-19 declarations can be found here: <https://www.fema.gov/disaster/coronavirus/fact-sheets/public-assistance-disaster-specific-guidance-covid-19-declarations>.

Overall, FEMA eligibility has shifted from being completely focused on direct efforts to address COVID-19 itself to an expanded eligibility that includes efforts to facilitate the safe opening/operation of eligible buildings/facilities. In addition, FEMA shifted their standard 75% Federal reimbursement formula to 100% in early 2021 for COVID-19 expenses. The eligible time period has continued to shift as the pandemic has continued as well. FEMA is currently extending 100% reimbursement of eligible costs in three month periods (current deadline is March 31, 2022), with no guidance on if/when it might be extended further or what the federal cost share will be if there is an extension. Maryland has requested that FEMA provide clarity on guidance post-March 31, 2022.

The State has received \$757 million in FEMA reimbursement for MDH-related COVID-19 costs. This includes PPE, cleaning supplies, and ventilator purchases; advanced payment for vaccination costs; and mass casualty support costs. Approximately another \$87 million has been submitted by the Department and is currently in FEMA review, including additional PPE, testing supplies,

Alternate Care Site (ACS) supplies, and mass casualty support costs. MDH is working to identify, collect, review, and submit these costs to FEMA as quickly as possible. A May 2020 FEMA memo asserted that all COVID-19 projects must be submitted for their review by 60 days after the end of the U.S. Department of Health and Human Services (HHS) Public Health Emergency (PHE) declaration, which has been renewed every 90 days by HHS. The current PHE is set to expire on April 16, 2022. HHS has indicated that it will provide states with 60 days notice of PHE expiration. The Department will comply with any new FEMA Public Assistance submission deadlines.

***MDH should discuss whether COVID-19-related federal funds, such as ARPA funds, would be available to support these expenses (p. 4).***

The funding awarded directly to MDH by the federal government through the American Rescue Plan Act of 2021 has been fully obligated. We support the Governor's budget and his discretion on the use of the State and Local Fiscal Recovery Fund as established through ARPA of 2021.

#### Personnel Data

***Legislative Services (DLS) recommends adding budget language that would restrict funding for administrative expenses under the Deputy Secretary of Public Health Services until MDH submits a report on public health recruitment and retention (p. 11).***

The Department respectfully does not agree. We are submitting a report on this topic as soon as possible and regarding the prompt in 2021 JCR, pg. 94-95.

#### LHD Funding Formula Receives Enhancement Over Mandated Increase

***MDH should comment on any plans to hold LHDs harmless in the future if discretionary enhancement funding is not included in the base award (p. 14).***

The Department respectfully supports each Governor's Budget as submitted. Any future budget decisions would be at the discretion of the new Administration.

#### Discretionary Enhancement Allocations Do Not Align with Annual Formula

***MDH should clarify how the final county allocations for the \$7.6 million discretionary enhancement will be determined and provide the finalized amount that will be distributed to each LHD (p. 16).***

The Core services enhancement will be allocated to the jurisdictions using the Core distribution formula. See schedule below for the LHD breakdown.

ALLEGANY	217,525
ANNE ARUNDEL	644,363
BALTO COUNTY	837,529
CALVERT	93,096
CAROLINE	112,135
CARROLL	257,562
CECIL	173,614
CHARLES	224,491
DORCHESTER	95,938
FREDERICK	314,123
GARRETT	98,769
HARFORD	356,664
HOWARD	267,842
KENT	84,354
MONTGOMERY	612,958
PRINCE GEORGE'S	978,866
QUEEN ANNE'S	88,811
ST. MARYS	164,500
SOMERSET	89,380
TALBOT	75,084
WASHINGTON	277,628
WICOMICO	201,944
WORCESTER	108,729
BALTIMORE CITY	<u>1,269,720</u>
	7,645,625

### One-time COVID-19-related Funding Passed through to LHDs

***MDH should discuss how the infrastructure grant awards in fiscal 2022 and 2023 were determined and if they sufficiently meet LHDs' operational needs, in combination with formula allocations (p. 18).***

On behalf of the Department, the Maryland Association of County Health Officers (MACHO) was engaged to identify parameters and the funding formula for this infrastructure funding. Awards are anticipated to be issued in February 2022. These awards in combination with the increased investment in FY2023 core funding and continued COVID-19 funding such as the ELC should significantly support LHD infrastructure. On the recommendation of MACHO, the funding formula entails a \$100,000 base funding allocation among all 24 Local Health Departments (LHDs). The remaining \$1.6 million is allocated based on population distribution. This funding formula is familiar to LHDs as it is based upon the Public Health Emergency Preparedness (PHEP) funding allocation MDH uses with LHDs. County awards are available (as **Attachment A**).

***Considering recent efforts to provide enhanced funding to LHDs and modernize public health service delivery in the State overall, MDH should:***

- ***provide a timeline for when the Public Health Modernization Workgroup will begin meeting;***
- ***outline its priorities for the Public Health Modernization Workgroup, including whether changes to the LHD funding formula will be considered and if there are any elements of the public health system that have shown deficiencies or lack of financial support in the past;***
- ***describe any preliminary efforts that it is taking to support ongoing LHD operating costs and personnel needs as one-time federal and State support ends; and***
- ***discuss how LHDs used \$4 million in infrastructure grants in fiscal 2022.***

As noted previously, the Department respectfully disagrees with this recommendation. Currently, MDH is focused on responding to COVID-19 and the MDH network security incident. We will endeavor to convene this Public Health Modernization Workgroup when circumstances permit as specified in [Chapter 31 of the 2021 Special Session](#).

The Department will make funding decisions regarding the end of one-time federal and State support based on updated guidance from FEMA and HHS, when available. Regarding the \$4 million in infrastructure grants in FY2022, please see the previously described response.

### OCME Shows Worsening Caseload Ratios and Staffing Levels

***The department should provide a status update and final budget of the roof and siding replacement project. MDH should also discuss whether it has received notice from NAME for when the association will begin enforcing accreditation requirements, including demoting or removing full accreditation status (p. 19).***

The roof and siding replacement project was inspected on December 1, 2021. A final evaluation was completed last week after follow-up items were completed. The Department transferred \$425,038 to support design and a portion of the construction of the project. The remainder of the project was funded by the Department of General Services through the Facilities Renewal Program. The final cost was \$2,702,869 with change orders. The Architect/Engineers fees were an additional \$302,167.

The next self-evaluation is due May 14, 2022, and the next full inspection is in the following year, May 14, 2023. The OCME is supposed to self-report any major changes.

***MDH should discuss the reason for adding OCME positions rather than or in addition to allocating funds for ME salary enhancements or other uses that would support recruitment of the office's current vacant slots. The department should describe efforts that it is taking to improve recruitment to prevent caseload ratios from rising even higher given the anticipated retirements in the next year. DLS recommends adding budget language that would restrict funding for administrative expenses under the Deputy Secretary of Public Health Services until MDH submits a report on OCME accreditation status and recruitment and retention efforts. DLS also recommends adopting committee narrative requesting a report from OCME, in consultation with the University of Maryland, Baltimore Campus and MHEC, specifically on efforts to recruit and provide financial assistance to forensic pathologists in higher education institutions (p. 24).***

For detailed comment on our staffing strategies, please see the updated JCR (submitted February 3, 2022 and attached as **Attachment B**). In addition, we highlight that with our current salary range of \$238,842 to \$370,086, Maryland offers very competitive salaries compared to many other metropolitan regions. We are recruiting for the vacant positions now in order to begin filling the positions effective July 1, 2022.

We have discussed additional retention options with the Postmortem Examiners Commission on February 4, 2022 and are discussing them now with the Department of Budget and Management.

With respect to the proposed budget language that would restrict funding for administrative expenses until two reports are submitted, the Department respectfully does not agree. We have already submitted a report in 2021 regarding accreditation status and recruitment and retention efforts.

Regarding the report in consultation with the University of Maryland, Baltimore Campus and MHEC, the Department has already been in active conversations about potential options. We have an existing Accreditation Council for Graduate Medical Education (ACGME)-certified forensic pathology fellowship training program with 4 fellowship positions funded by state general funds that has served as an important pipeline for AME recruitment. Currently, all but one ME have been trained in OCME's ACGME-certified forensic pathology fellowship training program. The OCME has hired five Fellows into AME positions from 2016-2020. Given the success of AME recruitment through the existing Fellowship Program, MDH is continuing to focus on maintaining a strong Fellowship Program to recruit and retain existing AMEs and fellows.

## ATTACHMENT A

LHD FY22 Allocation based on PHEP Formula					
SFY22 Allocation	% To LHD	Total to LHDs	Base Allocation - Minimal Funding		
\$4,000,000	100%	\$4,000,000	\$1,600,000		
County	2019 Census Data Population (estimates)	Base Funding	Population Distribution	Distribution of remaining SFY22 Base Funds by Population	SFY 22 Funding
<b>Allegany County</b>	70,416	\$100,000	1.13%	\$18,108	\$118,108
<b>Anne Arundel County</b>	579,234	\$100,000	9.31%	\$148,954	\$248,954
<b>Baltimore City</b>	593,490	\$100,000	9.54%	\$152,620	\$252,620
<b>Baltimore County</b>	827,370	\$100,000	13.30%	\$212,764	\$312,764
<b>Calvert County</b>	92,525	\$100,000	1.49%	\$23,793	\$123,793
<b>Caroline County</b>	33,406	\$100,000	0.54%	\$8,591	\$108,591
<b>Carroll County</b>	168,447	\$100,000	2.71%	\$43,317	\$143,317
<b>Cecil County</b>	102,855	\$100,000	1.65%	\$26,450	\$126,450
<b>Charles County</b>	163,257	\$100,000	2.62%	\$41,983	\$141,983
<b>Dorchester County</b>	31,929	\$100,000	0.51%	\$8,211	\$108,211
<b>Frederick County</b>	259,547	\$100,000	4.17%	\$66,744	\$166,744
<b>Garrett County (1)</b>	46,553	\$100,000	0.75%	\$11,971	\$111,971
<b>Harford County</b>	255,441	\$100,000	4.11%	\$65,688	\$165,688
<b>Howard County</b>	325,690	\$100,000	5.23%	\$83,753	\$183,753
<b>Kent County</b>	19,422	\$100,000	0.31%	\$4,994	\$104,994
<b>Montgomery County</b>	1,050,688	\$100,000	16.89%	\$270,191	\$370,191
<b>Prince George's County</b>	909,327	\$100,000	14.61%	\$233,839	\$333,839
<b>Queen Anne's County</b>	50,381	\$100,000	0.81%	\$12,956	\$112,956
<b>Somerset County</b>	25,616	\$100,000	0.41%	\$6,587	\$106,587
<b>St. Mary's County</b>	113,510	\$100,000	1.82%	\$29,190	\$129,190
<b>Talbot County</b>	37,181	\$100,000	0.60%	\$9,561	\$109,561
<b>Washington County</b>	151,049	\$100,000	2.43%	\$38,843	\$138,843
<b>Wicomico County</b>	103,609	\$100,000	1.67%	\$26,644	\$126,644
<b>Worcester County (2)</b>	210,946	\$100,000	3.39%	\$54,246	\$154,246
<b>Total</b>	6,221,889	\$2,400,000	100.00%	\$1,600,000	\$4,000,000



*Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary*

February 3, 2022

The Honorable Guy Guzzone  
Chair, Senate Budget and Taxation Committee  
3 West Miller Senate Office Bldg.  
Annapolis, MD 21401-1991

The Honorable Maggie McIntosh  
Chair, House Appropriations Committee  
121 House Office Bldg.  
Annapolis, MD 21401-1991

**Re: 2020 Joint Chairmen's Report (Page 101) – Office of the Chief Medical Examiner Accreditation and Staffing – Correction**

Dear Chairs Guzzone and McIntosh:

The Maryland Department of Health (MDH) respectfully submits an updated report of our 2020 Joint Chairmen's Report (Page 101) – Office of the Chief Medical Examiner Accreditation and Staffing.

It was recently brought to our attention that the maximum salary for MDH's Assistant Medical Examiner, seen in the table on page 4 of the original report, was incorrectly reported. In the original report, the maximum salary reported was actually the mid-range salary. At the time of the report, the correct maximum salary for the Assistant Medical Examiner was \$352,192, not \$292,016.

As of January 2022, the maximum salary for an Assistant Medical Examiner is \$370,086. This is now included in this report.

If you have any questions about this report, please contact Heather Shek, Director, Office of Governmental Affairs, at [heather.shek@maryland.gov](mailto:heather.shek@maryland.gov).

Sincerely,

Dennis R. Schrader  
Secretary

cc: Heather Shek, JD, Director, Office of Governmental Affairs  
Jinlene Chan, MD, MPH, FAAP, Deputy Secretary, Public Health Services

In accordance with the 2020 Joint Chairmen's Report (page 101), the Maryland Department of Health (MDH) presents this report on the following:

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

**1) An update on OCME's accreditation status following the expiration of its current provisional status in May 2020:**

As of March 19, 2021, the Office of the Chief Medical Examiner (OCME) was awarded full accreditation status.

**2) An update on the roof replacement project, including project costs, funding sources, and completion date:**

The roof leak is being remedied. The Board of Public Works approved a contract to Cole Roofing in the amount of \$2,625,000 for roof and siding replacement. A Notice to Proceed was issued to the contractor on December 9, 2020 and actual work began in January 2021. Cole Roofing has an expected completion date of early September 2021.

**3) Information on the use of per diem pathologists to assist in meeting caseload standards, including year-to-date expenditures:**

The OCME used per diem pathologists during the 1990s and early 2000s. These pathologists were not board-certified forensic pathologists, but were general pathologists. Therefore, the types of cases assigned to them were restricted. When the per diem program was reactivated, it was decided that any pathologist appointed to work at the OCME must be board-certified in forensic pathology, and hence able to do any case investigation and autopsy without any restrictions. The per diem program has been extremely useful and has provided the OCME with advantages:

- It provides flexibility in the number of per diem pathologists needed as the caseload increases or decreases.
- It familiarizes the pathologists with the OCME and may potentially serve as a source for recruitment and advocacy.
- It provides the necessary staffing and assistance required on weekends when the scheduled medical examiner staffing is decreased by one person.

The number of per diem pathologists decreased from 10 in 2019 to 7 by the end of 2020. Reasons for the decrease varied; however, recent discussions have suggested the challenges of scheduling outside work due to increased caseload coupled with diminished staffing in their offices of primary employment.



Per diem expenditures:

- FY20 per diem cost: \$632,400.00
- FY21 spending (7/2020 – 12/2020): \$321,300.00
- FY21 current case total: 378 cases equating to 1.51 FTEs

**4) The status of filling vacant medical examiner positions:**

From 2019 to present, the OCME lost five (5) medical examiners to retirement and resignation. One Deputy Chief and one medical examiner will be eligible for retirement in 2022 and another medical examiner has been eligible for retirement for three years and can retire at any time. The OCME has not been able to recruit a forensic pathologist over the past two years; however, three of four fellows from this year (7/2020 – 6/2021) plan to stay with the OCME. All three have interviewed for the vacant positions and two have accepted offers of employment. The third fellow plans to stay with OCME after completion of the additional fellowship year. This will provide the added benefit of having five instead of four fellows beginning in July 2021.

The fellowship program is OCME's optimal recruitment method as 80% of the current medical examiners are graduates of the training program. Retainment of well-trained fellows is paramount to the legacy and sustained success of the OCME. All of the fellowship positions are filled for 2021 and 2022. This provides the OCME with the opportunity to enhance the number of medical examiners that will be needed to meet the increased caseload as well as prepare for upcoming retirements.

The Office of Human Resources has employed a contractual recruiter for over three years to assist the OCME with filling medical examiner vacancies. Recruitments for Assistant Medical Examiners are ongoing. The Chief Medical Examiner recruitment was completed and the new Chief Medical Examiner started in February 2021.

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**5) Information on new efforts to increase staffing to ensure that OCME can return to or maintain full accreditation in the future:**

In addition to retaining OCME fellows, a salary increase was approved for medical examiners in October 2020. This increase creates a salary scale comparable and competitive to other medical examiner offices.

The table below provides a sample of medical examiner salaries that were advertised on the National Association of Medical Examiners website in 2021.

<b>Assistant Medical Examiner Salaries, as advertised on the National Association of Medical Examiners website</b>				
<b>Office Location</b>	<b>Min</b>	<b>Max</b>	<b>Special Benefits</b>	<b>COL Adjustment*</b>
Baltimore, MD	\$238,842	\$370,086		
Little Rock, AR	\$241,478+		+	21.1%
Phoenix, AZ	\$190,000	\$248,040	+	5.5%
Washington, DC	\$186,000	\$235,774	+	-29%
Dover, DE	\$227,000+		+	2.7%
Jacksonville, FL	\$230,000	\$240,000		19.8%
Des Moines, IA	\$190,000	\$200,000	+	23.8%
Chicago, IL	\$203,002	\$267,885		-3.6%
Boston, MA	\$278,542+			-26.6%
Detroit, MI	\$267,885+			15.3%
Newark, NJ	\$185,000	\$260,000		-4.6%
Las Vegas, NV	\$190,000	\$246,000	+	13%
Brooklyn, NY	\$188,078	\$267,117		-38.6%
Philadelphia, PA	\$228,858+		+	-2.5%

\*Cost of Living (COL) Adjustment is from [www.salary.com](http://www.salary.com) and based on a \$100,000/annual salary + Special Benefits include items such as loan repayment assistance, relocation reimbursement, and allowances for training and conferences.

At this writing, the effects of the salary increase on the ability to retain staff and recruit outside medical examiners is too early to interpret, but OCME remains hopeful and anticipates an increase in highly qualified applicants. Further, reasonable efforts will be made to appoint any incoming medical examiners at a salary level on the scale that is commensurate with their date of graduation from a fellowship position

and/or accumulated relevant experience for the purpose of preserving seniority of current staff for retention purposes.

As stated above, the fellowship program is vital to the success and sustainability of the OCME. Maryland law requires that the Postmortem Examiners Commission employ a minimum of four pathologists in training to meet the certification required for forensic pathology. This statutory requirement protects OCME by allowing it to grow its staff members. Given the national shortage of forensic pathologists, having a training program such as this provides the state of Maryland with a significant advantage over states or counties that do not have this resource.

OCME is encouraged by the continued interest in their program by strong pathology resident candidates. OCME is also encouraged to see younger staff members taking an active role in recruiting new fellows to remain with OCME. Getting input and critiques from the newer staff members is a means of improving the training environment and attractiveness of OCME in hopes of not only becoming a coveted training institution, but also a coveted place of employment.

Close attention will be given to the number of annual cases completed per medical examiner. Once it is established that the recent salary enhancement is effective as a measure of recruitment and retainment, maintaining the ideal caseload per medical examiner will then receive the most attention.