

**R55Q00**  
**Aid to University of Maryland Medical System**

***Operating Budget Data***

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(\$ in Thousands)

	<b>FY 2002</b>	<b>FY 2003</b>	<b>FY 2004</b>	<b>FY 03 - 04</b>	<b>FY 03 - 04</b>
	<b><u>Actual</u></b>	<b><u>Approp</u></b>	<b><u>Allowance</u></b>	<b><u>Change</u></b>	<b><u>% Change</u></b>
General Funds	\$2,748	\$2,593	\$2,714	\$120	\$4.6%
FY 2003 Cost Containment	0	-127	0	127	
<b>Adjusted General Funds</b>	<b>\$2,748</b>	<b>\$2,466</b>	<b>\$2,714</b>	<b>\$247</b>	<b>10.0%</b>
Special Funds	6,765	6,863	6,964	101	1.5%
<b>Adjusted Grand Total</b>	<b>\$9,513</b>	<b>\$9,329</b>	<b>\$9,677</b>	<b>\$348</b>	<b>3.7%</b>

- The comparison between the fiscal 2003 working appropriation and fiscal 2004 allowance accounts for fiscal 2003 cost containment. Fiscal 2003 cost containment reduced the Montebello Rehabilitation Center general fund operating subsidy by \$127,000.
- Total funds increase by \$348,296 (3.7%) over the fiscal 2003 working appropriation.
- State funding for the Montebello Rehabilitation programs at Kernan Hospital increases the general fund by \$247,410 (10.0%).
- The fiscal 2004 special fund allowance provides a 3.0% inflationary adjustment of \$100,886 to the annual operating subsidy for the R Adams Cowley Shock Trauma Center.

## ***Analysis in Brief***

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### **Major Trends**

***Shock Trauma Center Continues to Rely on State Support:*** The R Adams Cowley Shock Trauma Center continues to rely on State support for operating and capital expenses. Shock Trauma has generated an average annual surplus of \$698,000, or 0.9% of operating revenue since 1987. During this same period, Shock Trauma would have lost an annual average of \$2.4 million without State support.

### **Recommended Actions**

1. Concur with Governor's allowance.

### **Updates**

***Proposed Legislation Establishes the Maryland Trauma Physician Services Fund:*** House Bill 1 establishes the Maryland Trauma Physician Services Fund to subsidize the documented costs of physician uncompensated care provided to trauma patients.

***Mass Casualty Preparedness:*** Mass casualty disaster preparedness now requires the planning, logistics, and skill sets to respond to the health and medical demands of explosive, chemical, biological, and nuclear/radiologic terror. The Shock Trauma Center, in conjunction with other organizations, is establishing the infrastructure to support the receipt of 50 to 200 patients for the first 24 to 48 hours following a terrorism event.

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***Operating Budget Analysis***

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**Program Description**

The University of Maryland Medical System (UMMS), a private nonprofit corporation, was created by legislation in 1984 to provide governance and management over the operation of the formerly State-run University of Maryland Hospital. The mission of the medical system is to provide tertiary care to the State and surrounding areas, to provide comprehensive care to the local community, and to serve as the primary site for health care education and research for the University System of Maryland. The system now includes the James Lawrence Kernan Hospital, the Marlene and Stewart Greenebaum Cancer Center, University Hospital, R Adams Cowley Shock Trauma Center, and University Specialty Hospital (formerly Deaton Specialty Hospital).

The R Adams Cowley Shock Trauma Center is the core element of the State's Emergency Medical Services (EMS) system and serves as the State's Primary Adult Resource Center (PARC) for the treatment of trauma. Specifically, the law mandates the R Adams Cowley Shock Trauma Center to serve as (a) the State's primary adult trauma center; (b) the statewide referral center for the treatment of head, spinal, and multiple trauma injuries; (c) the regional trauma center for Region III and the southwest quadrant of Baltimore City; and (d) the statewide referral center for patients in need of hyperbaric medical treatment. Eight other trauma centers are located throughout the State:

- one in Cumberland serving Western Maryland;
- one in Washington County;
- two serving the Washington metropolitan area, with one each in Montgomery and Prince George's counties;
- one in Salisbury serving the Peninsula region; and
- three others located in Baltimore City.

Aid to UMMS comes in the form of general funds for the Montebello Rehabilitation Center at Kernan Hospital and special funds for the R Adams Cowley Shock Trauma Center. The special funds for Shock Trauma come from the Maryland Emergency Medical System Operations Fund (MEMSOF), created by the 1992 General Assembly. Support for the fund is from a surcharge on motor vehicle registrations, which was increased from \$8 to \$11 through enactment of Chapter 33, Acts of 2001.

**Impact of Cost Containment Fiscal 2003**

Fiscal 2003 cost containment reduced the Montebello Rehabilitation Center general fund operating subsidy by \$127,000. The small reduction will not seriously affect the program.

**Governor’s Proposed Budget**

The comparison between the fiscal 2003 working appropriation and fiscal 2004 allowance accounts for fiscal 2003 cost containment. The fiscal 2004 allowance for State aid to UMMS is \$9,677,269. This represents an increase of \$348,296 (3.7%) over the fiscal 2003 working appropriation. The allowance for general funds is \$2,713,512, an increase of \$247,410 (10%) over the fiscal 2003 working appropriation. General funds consist entirely of a State subsidy provided to offset the cost of uncompensated care and capital costs at the Montebello Rehabilitation Center at Kernan Hospital.

The fiscal 2004 special fund allowance is \$6,963,757, an increase of \$100,886 (1.5%) over the fiscal 2003 working appropriation. Special funds, made available from MEMSOF, are appropriated to UMMS for two distinct purposes: (1) to provide an operating subsidy for UMMS operations at the R Adams Cowley Shock Trauma Center; and (2) to assist UMMS with its efforts to replace and modernize aging medical equipment, technologies, and infrastructure at the center. The fiscal 2004 allowance for the R Adams Cowley Shock Trauma Center operating subsidy is \$3,463,757, which represents a 3.0% increase over the fiscal 2003 operating subsidy of \$3,362,871. The fiscal 2004 allowance for assistance in the replacement and modernization of aging medical equipment, technologies, and infrastructure is \$3,500,000, the same amount appropriated for fiscal 2002 and 2003.

**Exhibit 1** shows the distribution of funds. The fiscal 2003 working appropriation is adjusted to include fiscal 2003 cost containment.

**Exhibit 1**

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**Governor’s Proposed Budget  
Aid to University of Maryland Medical System  
(\$ in Thousands)**

	<u>FY 2002</u> <u>Actual</u>	<u>FY 2003</u> <u>Approp.</u>	<u>FY 2004</u> <u>Allowance</u>	<u>FY 03 - 04</u> <u>Change</u>	<u>FY 03 - 04</u> <u>% Change</u>
General Funds	\$2,748	\$2,593	\$2,714	\$120	4.6%
FY 2003 Cost Containment	0	-127	0	127	
<b>Adjusted General Funds</b>	<b>\$2,748</b>	<b>\$2,466</b>	<b>\$2,714</b>	<b>\$247</b>	<b>10.0%</b>
Special Funds	6,765	6,863	6,964	101	1.5%
<b>Adjusted Grand Total</b>	<b>\$9,513</b>	<b>\$9,329</b>	<b>\$9,677</b>	<b>\$348</b>	<b>3.7%</b>

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**Where It Goes:**

Increase in general fund subsidy for the Montebello Rehabilitation Center at Kernan Hospital.....	\$247
Inflationary increase in special fund subsidy for the R Adams Cowley Shock Trauma Center.....	101
<b>Total</b>	<b>\$348</b>

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

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**Montebello Rehabilitation Center at Kernan Hospital**

The Montebello Rehabilitation Center at Kernan Hospital provides intensive rehabilitation services to patients with head and spinal cord injuries and other acute trauma, stroke, and rehabilitable disabilities. The total fiscal 2004 allowance for the Montebello Rehabilitation Center at Kernan Hospital is \$2,713,512. This amount includes \$1,963,512 in uncompensated care and \$750,000 in capital costs.

The methodology used to calculate the uncompensated care portion of the support is consistent with prior years. The support requested for uncompensated care represents the difference between the amount Kernan Hospital would be allowed in rates for uncompensated care with the Montebello programs included and the amount included in Kernan's rates without the Montebello programs. A Bad Debt Regression calculation was prepared by the Health Services Cost Review Commission (HSCRC) for fiscal 2004. HSCRC found that Kernan Hospital would have received 6.65% in rates for uncompensated care for the fiscal year ended June 30, 2002. The actual amount allowed in rates for that period was 2.36%. The difference of 4.29% (or \$1,963,512) represents the estimated uncompensated care costs related to the Montebello programs. The \$750,000 for capital costs represents the scheduled annual portion for capital costs as agreed in prior years.

**Exhibit 2** illustrates the application of the subsidy calculation for fiscal 2003 and 2004.

**Operating Subsidy for the R Adams Cowley Shock Trauma Center**

State funding for the R Adams Cowley Shock Trauma Center (referred to as "Shock Trauma Center") has been provided since 1982 to help offset uncompensated care, excessive standby, and research and development costs resulting from the center's emergency medical services (EMS) activities which cannot be recovered through the current rate structure imposed by the HSCRC. Although the General Assembly maintained the Shock Trauma Center subsidy at \$2.9 million for several years, beginning in fiscal 1999 and continuing through fiscal 2001, the State included an annual 3.0% inflationary adjustment to the State subsidy. However, the fiscal 2002 allowance and appropriation only provided for a 2.0% inflationary adjustment. The fiscal 2003 allowance of \$3,362,871 marked a return to the 3.0% inflationary adjustment, and the fiscal 2004 allowance continues the trend. Although all trauma facilities in the Maryland system admit patients regardless of ability to pay and must meet standards for medical and nursing staffing, only the R Adams Cowley Shock Trauma Center receives an operating subsidy from the State.

**Exhibit 2**

**Calculation of Uncompensated Care Request for Kernan Hospital**

	<u>Fiscal 2003</u>	<u>Fiscal 2004</u>	<u>Difference</u>
Adjusted fitted uncompensated care rate	5.72%	6.65%	0.93%
Base uncompensated care rate	1.43%	2.36%	0.93%
<b>Difference</b>	<b>4.29%</b>	<b>4.29%</b>	<b>0.00%</b>
Gross regulated revenue for related period (Fiscal year ended June 10, 2002)	\$42,962,749	\$45,769,512	2,806,763
	4.29%	4.29%	0.00%
Uncompensated care request	\$1,843,102	\$1,963,512	\$120,410
Capital cost request	750,000	750,000	0
<b>Total Request</b>	<b>\$2,593,102</b>	<b>\$2,713,512</b>	<b>\$120,410</b>

Source: University of Maryland Medical System

**Exhibit 3** shows actual and estimated unrecoverable costs for the Shock Trauma Center from fiscal 2001 through 2005. UMMS projects its unrecoverable costs will be \$9,757,000 for fiscal 2004. The requested subsidy will offset 35.50% of the unrecoverable costs, leaving \$6,293,243 to be absorbed by the UMMS.

**Exhibit 3**

**Shock Trauma Center Costs Not Recoverable through Patient Rates  
Fiscal 2001 through 2005**

	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>
	<u>Actual</u>	<u>Actual</u>	<u>Estimated</u>	<u>Estimated</u>	<u>Estimated</u>
Excess Uncompensated Care	\$5,738,000	\$6,619,000	\$6,979,000	\$7,119,000	\$7,261,000
Standby Costs	1,968,000	2,220,000	2,287,000	2,356,000	2,427,000
Research and Physician Education	258,000	266,000	274,000	282,000	290,000
<b>Total Unrecoverable Costs</b>	<b>\$7,964,000</b>	<b>\$9,105,000</b>	<b>\$9,540,000</b>	<b>\$9,757,000</b>	<b>\$9,978,000</b>
EMS Operations Fund Subsidy	3,200,905	3,264,923	3,362,871	3,463,757	3,567,670
<b>Unrecoverable Costs Absorbed by the UMMS</b>	<b>-\$4,763,095</b>	<b>-\$5,840,077</b>	<b>-\$6,177,129</b>	<b>-\$6,293,243</b>	<b>-\$6,410,330</b>
Percent of Unrecoverable Costs Supported by Subsidy	40.19%	35.86%	35.25%	35.50%	35.76%

Source: University of Maryland Medical System

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- **Excess Uncompensated Care:** For fiscal 2004, uncompensated care at the R Adams Cowley Shock Trauma Center is estimated to be \$38 million, or 31% of Shock Trauma’s gross patient services revenue. The amount recovered through patient rates will be \$30.9 million of the total \$38 million of uncompensated care. Therefore, \$7.1 million of uncompensated care will not be recovered in patient rates. The \$7.1 million of excess uncompensated care represents 5.80% of Shock Trauma’s \$122,728,000 in gross patient revenue for fiscal 2004.

UMMS advises that their level of uncompensated care far exceeds that of any other Maryland hospital largely because of the unique emergency care mission of the R Adams Cowley Shock Trauma Center. The center’s high level of uncompensated care results primarily from the following: (1) the center treats a high percentage of patients who either have no health insurance or are underinsured; (2) health care cost containment measures such as higher coinsurance and deductibles, and increasing use of health management organizations has resulted in unpaid patient liabilities and increased denial of hospital reimbursement requests; and (3) the emergency nature of Shock Trauma admissions makes it impossible to screen patients for ability to pay prior to rendering service. In recent years this situation has been exacerbated by hospital patient rate freezes imposed by the HSCRC.

**Exhibit 4** shows the amount of excess uncompensated care not recovered through patient rates as a percentage of gross patient revenues.

**Exhibit 4**

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**Shock Trauma Center Analysis of Uncompensated Care  
Fiscal 1999 through 2005**

<u>Fiscal Year</u>	<u>Gross Patient Revenue</u>	<u>Excess Uncompensated Care</u>	<u>Excess Uncompensated Care as a Percentage of Gross Patient Revenues</u>
1999 Actual	\$85,790,000	\$4,922,000	5.74%
2000 Actual	85,496,000	4,792,000	5.60%
2001 Actual	100,032,000	5,738,000	5.74%
2002 Actual	114,123,000	6,619,000	5.80%
2003 Projected	120,322,000	6,979,000	5.80%
2004 Estimated	122,728,000	7,119,000	5.80%
2005 Estimated	125,183,000	7,261,000	5.80%

Source: University of Maryland Medical System

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- **Standby Costs:** Standby costs are associated with maintaining around-the-clock coverage in the trauma resuscitation area, operating, and recovery rooms. The Shock Trauma Center also maintains 24-hour attending physician coverage for trauma surgery, anesthesia, orthopedic surgery, and neurosurgery. The center's unique size and statewide PARC designation requires it to maintain a level of standby capacity that exceeds that of any other regional hospital or trauma center in Maryland. Consequently, designation as the statewide PARC results in significant expenditures, as the center must maintain a state of readiness at the highest level of care for treating the most severely injured adults in Maryland. As shown in Exhibit 3, standby costs not recovered in patient rates are projected to be \$2,356,000 in fiscal 2004. Exhibit 3 also shows that these unrecoverable costs have slowly increased since fiscal 2001.
- **Research and Education:** As the core clinical resource for Maryland's EMS system, the Shock Trauma Center has an active research program. With data collected on each patient treated, the center can predict patient outcomes by specific types of injuries. The research extends to pre-hospital and rehabilitation services. In addition, the Shock Trauma Center serves as an educational resource for physicians, medical students, nurses, nursing students, other health care professionals, and pre-hospital providers. Unrecoverable research and education costs increased moderately from fiscal 2001 through fiscal 2004. HSCRC rates do not allow for research and education costs to be recovered in rates.

### **Equipment and Facility Renewal**

The fiscal 2004 allowance for aid to UMMS includes \$3.5 million in special funds from MEMSOF to assist UMMS with its efforts to replace and modernize its aging equipment and technology at the R Adams Cowley Shock Trauma Center. Funding for this initiative first appeared in the fiscal 2001 budget when \$3.5 million in special funds from MEMSOF were provided. As a result of the increase of the motor vehicle registration fee with Chapter 33, Acts of 2001, fiscal 2002 and 2003 also saw a \$3.5 million appropriation for these costs through a budget amendment. The fiscal 2004 allowance again includes \$3.5 million for equipment and facility renewal. The \$3.5 million appropriation is expected to continue through fiscal 2005.

### **Additional State Funds to UMMS**

From fiscal 2000 through 2003, the UMMS budget included \$3.0 to \$3.25 million budgeted in the Department of Health and Mental Hygiene (DHMH) to reimburse UMMS for losses incurred in its urban primary care system. The funding was intended as a three-year general fund commitment spanning from fiscal 2000 through 2002.

State assistance began with a \$3.25 million fiscal 2001 appropriation and \$3.25 million deficiency appropriation for fiscal 2000. UMMS received a \$3.25 million grant for urban primary care from DHMH in fiscal 2002. Fiscal 2002 was intended to represent the final year of State subsidies for losses incurred in the urban primary care system. However, an amendment to Chapter 440, Acts of 2002 (the Budget Reconciliation and Financing Act of 2002) authorized the transfer of \$3.0 million from the Dedicated Purpose Fund to UMMS for urban primary care. In effect, this provided a fourth year of funding despite the three-year funding agreement. DHMH's budget does not include funding for urban primary care in fiscal 2004. UMMS has indicated that failure to receive State funding for these urban primary care centers

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may cause the eventual closure of the centers.

**DLS recommends that UMMS brief the committees on any effect the loss of \$3.0 million for operation of the urban primary care centers will have on the hospital’s ability to operate its network of urban primary care centers.**

UMMS also receives funding from the Cigarette Restitution Fund (CRF) for cancer and tobacco-related disease research activities of approximately \$16.1 million in the fiscal 2004 allowance. A complete analysis of the CRF will be provided in the Department of Legislative Services’ Tobacco Settlement Overview.

**Performance Analysis**

**Exhibit 5** provides selected performance data for the Shock Trauma Center. General use of the center can be measured from the facilities admission rate. Annual admissions increased at a moderate annual rate of 1.8% from fiscal 2001 to 2003. Originally designed to serve a maximum of 3,500 patients, the Shock Trauma Center admitted 6,915 patients in fiscal 2002. The center has dealt with an admission rate far in excess of what the facility was designed to handle through the implementation of technological advances in acute trauma care and internal restructuring of patient flow management policies. The impact of these technological advances and managerial practices is most apparent in the steady rate of patient average length of stay. From fiscal 2001 to 2003, the average length of stay remained very level, at or near 4.45 days. The trends in patient admissions and average length of stay drive two other patient-volume indicators: average daily census and patient days. The average daily census of the Shock Trauma Center and number of total patient days increased at moderate rates from fiscal 2001 to 2003. The average daily census increased at a rate of 1.7%, and the number of total patient days increased at a rate of 1.8%. UMMS reported one patient diversion during fiscal 2002 and expects to experience 3 patient diversions from fiscal 2003 through 2004. The low numbers of patient diversions shows Shock Trauma’s ability to efficiently operate even during periods of heavy patient inflow.

**Exhibit 5**

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**Program Measurement Data  
University of Maryland Medical System  
Fiscal 2001 through 2005**

	<u>Actual</u> <u>2001</u>	<u>Actual</u> <u>2002</u>	<u>Proj.</u> <u>2003</u>	<u>Est.</u> <u>2004</u>	<u>Est.</u> <u>2005</u>	<u>Ann.</u> <u>Chg.</u> <u>01-03</u>	<u>Ann.</u> <u>Chg.</u> <u>01-05</u>
Admissions	6,996	6,915	7,256	7,356	7,456	1.8%	1.6%
Average length of stay	4.45	4.54	4.45	4.45	4.45	0.0%	0.0%
Average daily census	85.4	86.0	88.4	89.6	90.8	1.7%	1.5%
Patient days	31,167	31,389	32,277	32,714	33,159	1.8%	1.6%
Patient diversions	0	1	3	3	3	n/a	n/a

Source: University of Maryland Medical System

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***Recommended Actions***

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1. Concur with Governor's allowance.

## ***Updates***

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### **1. Proposed Legislation Establishes Maryland Trauma Physician Services Fund**

House Bill 1 (HB 1) establishes the Maryland Trauma Physician Services Fund to subsidize the documented costs of physician uncompensated care provided to trauma patients. If enacted the bill will take effect July 1, 2003.

The fund will be administered by the Maryland Health Care Commission (MHCC) and the Health Services Cost Review Commission (HSCRC). The fund consists of a \$2 motor vehicle liability insurance policy surcharge collected by insurers who offer, sell, or deliver motor vehicle liability insurance policies in the State. MHCC and HSCRC must develop a methodology to calculate uncompensated care costs incurred by physicians who are eligible to receive reimbursement. Special fund revenues to the Maryland Trauma Physician Services Fund are estimated at approximately \$8.6 million in fiscal 2004. Special fund expenditures could increase by approximately \$9.03 million beginning in fiscal 2004. The \$9.03 million increase includes \$8.6 million in physician reimbursements and \$433,892 for MHCC and HSCRC administrative expenditures.

The adequacy of physician reimbursement for trauma care has been an issue for several years, particularly with the advent of managed care. To address funding needs, Chapter 33, Acts of 2001 established a panel to study the potential funding needs of trauma centers participating in the State's Emergency Medical Services System that do not receive funding under MEMSOF. To date, the report has not been submitted. The report will provide a statement of the background and history of the trauma system, its funding, and a clear definition of the current problems and proposed solutions.

### **2. Mass Casualty Preparedness**

The new definition of "emergency preparedness" has expanded beyond normal disaster situations such as train derailments and multi-vehicle interstate crashes. Mass casualty disaster preparedness now requires the planning, logistics, and skill sets to respond to the health and medical demands of explosive, chemical, biological, and nuclear/radiologic terror. In collaboration with the Maryland Institute for Emergency Medical Services Systems (MIEMSS), the Department of Health and Mental Hygiene (DHMH), the Maryland Emergency Management Agency (MEMA), and the Maryland Hospital Association (MHA), the Medical Center and Shock Trauma are establishing the infrastructure to support the receipt of 50 to 200 patients for the first 24 to 48 hours following a terrorism event. In July 2002, Shock Trauma participated in the Freestate Response 2002 Drill designed to test capacity to handle a major terrorist attack. Shock Trauma is working to upgrade surveillance and laboratory diagnostic capability, decontamination capacity, communications, and information infrastructure and security.

## *Current and Prior Year Budgets*

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### Current and Prior Year Budgets Aid to University of Maryland Medical System (\$ in Thousands)

	<u>General Fund</u>	<u>Special Fund</u>	<u>Federal Fund</u>	<u>Reimb. Fund</u>	<u>Total</u>
<b>Fiscal 2002</b>					
Legislative Appropriation	\$2,748	\$3,265	\$0	\$0	\$6,013
Deficiency Appropriation	0	0	0	0	0
Budget Amendments	0	3,500	0	0	3,500
Reversions and Cancellations	0	0	0	0	0
<b>Actual Expenditures</b>	<b>\$2,748</b>	<b>\$6,765</b>	<b>\$0</b>	<b>\$0</b>	<b>\$9,513</b>
<b>Fiscal 2003</b>					
Legislative Appropriation	\$2,593	\$6,863	\$0	\$0	\$9,456
Budget Amendments	-127	0	0	0	-127
<b>Working Appropriation</b>	<b>\$2,466</b>	<b>\$6,863</b>	<b>\$0</b>	<b>\$0</b>	<b>\$9,329</b>

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

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**Fiscal 2002**

Fiscal 2002 expenditures for the University of Maryland Medical System totaled \$9,513,329, which is \$3.5 million more than the legislative appropriation. The \$3.5 million increase in special funds reflects an amendment that provided funds for UMMS efforts to replace and modernize its aging equipment and technology at the R Adams Cowley Shock Trauma Center. Funding for this initiative was made possible with an increase in the motor vehicle registration fee (strengthening MEMSOF).

**Fiscal 2003**

In fiscal 2003, the legislative appropriation was decreased by \$127,000 from \$2,593,102 to \$2,466,102. The \$127,000 decrease reflects a fiscal 2003 cost containment reduction for the Montebello Rehabilitation Center general fund operating subsidy.

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Appendix 2

Object/Fund Difference Report  
Aid to University of Maryland Medical System

<u>Object/Fund</u>	<u>FY02 Actual</u>	<u>FY03 Working Appropriation</u>	<u>FY04 Allowance</u>	<u>FY03 - FY04 Amount Change</u>	<u>Percent Change</u>
<b>Objects</b>					
12 Grants,Subsidies,Contr	\$ 9,513,329	\$ 9,455,973	\$ 9,677,269	\$ 221,296	2.3%
<b>Total Objects</b>	<b>\$ 9,513,329</b>	<b>\$ 9,455,973</b>	<b>\$ 9,677,269</b>	<b>\$ 221,296</b>	<b>2.3%</b>
<b>Funds</b>					
01 General Fund	\$ 2,748,406	\$ 2,593,102	\$ 2,713,512	\$ 120,410	4.6%
03 Special Fund	6,764,923	6,862,871	6,963,757	100,886	1.5%
<b>Total Funds</b>	<b>\$ 9,513,329</b>	<b>\$ 9,455,973</b>	<b>\$ 9,677,269</b>	<b>\$ 221,296</b>	<b>2.3%</b>

Note: Fiscal 2003 appropriations and fiscal 2004 allowance do not include cost containment and contingent reductions.