

D53T00
Maryland Institute for Emergency Medical Services Systems

Operating Budget Data

(\$ in Thousands)

	<u>FY 02</u>	<u>FY 03</u>	<u>FY 04</u>	<u>FY 02-04</u> <u>Change</u>	<u>FY 05</u>	<u>FY 04-05</u> <u>Change</u>
Operations	\$8,244	\$8,810	\$9,248	\$1,004	\$8,895	-\$353
Contractual Services	1,152	1,140	1,392	239	999	-393
Grants	910	1,096	1,115	205	1,110	-5
Contingent & Back of Bill Reductions	0	0	0	0	-34	-34
Adjusted Grand Total	\$10,307	\$11,046	\$11,754	\$1,448	\$10,969	-\$785
Special Funds	10,102	10,161	11,307	1,206	10,704	-604
Contingent & Back of Bill Reductions	0	0	0	0	-34	-34
Adjusted Special Funds	\$10,102	\$10,161	\$11,307	\$1,206	\$10,669	-\$638
Federal Funds	205	417	447	242	300	-147
Reimbursable Funds	0	468	0	0	0	0
Adjusted Grand Total	\$10,307	\$11,046	\$11,754	\$1,448	\$10,969	-\$785
Annual % Change		7.2%	6.4%		-6.7%	

- The Maryland Institute for Emergency Medical Services Systems (MIEMSS) experienced 6.8% average annual growth from fiscal 2002 to 2004. Much of the growth is due to receipt of grants from the Department of Health and Mental Hygiene (DHMH) related to weapons of mass destruction (WMD) response.
- The fiscal 2005 allowance reflects the loss of \$756,000 in grant money from DHMH for WMD response.

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

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Personnel Data

	<u>FY 02</u>	<u>FY 03</u>	<u>FY 04</u>	<u>FY 02-04</u> <u>Change</u>	<u>FY 05</u>	<u>FY 04-05</u> <u>Change</u>
Regular Positions	95.1	93.1	92.6	-2.5	92.6	0.0
Contractual FTEs	9.1	10.4	8.1	-1.0	9.3	1.2
Total Personnel	104.2	103.5	100.7	-3.5	101.9	1.2

Vacancy Data: Regular Positions

Turnover Expectancy	1.85	2.00%
Positions Vacant as of 12/31/03	4.00	4.32%

- MIEMSS added 1.2 full-time equivalent contractuals with the fiscal 2005 allowance. This change is due to work on telecommunications projects.

Analysis in Brief

Recommended Actions

1. Concur with Governor's allowance.

Updates

Interfacility Transports: During the 2003 legislative session, significant interest was raised in the area of interfacility transports. The Maryland State Police (MSP) Aviation Division considers interfacility transports to be a secondary mission and supports commercial services performing this role. STAT MedEvac, MedSTAR, and HealthNet currently provide more than 90% of all interfacility transports. The Emergency Medical Services (EMS) Board has recommended (1) MSP continue to perform interfacility transports as an extension of scene work when timely transport is required; (2) MSP may serve as back up for interfacility transports when commercial services are not available; and (3) commercial helicopters are the first point of contact for interfacility transports of patients with invasive monitoring and advanced treatments.

Expansion of Centralized EMS Communications System: MIEMSS is in the process of expanding its centralized EMS communications system. Centralized EMS communications speeds responsiveness, improves triaging and treatment on the scene, and ensures that the patient(s) go to a facility with bed space available that is appropriate for the injuries sustained. MIEMSS' fiscal 2004 working appropriation includes \$200,000 for the expansion of centralized communications to Western Maryland (Allegany, Garrett, and Washington counties). As part of a three-year agreement, the fiscal 2005 allowance again includes \$200,000 for expansion to Western Maryland and MIEMSS plans to request another \$200,000 in fiscal 2006.

Weapons of Mass Destruction: MIEMSS has continued to play an active role in WMD preparedness. MIEMSS works with stakeholders and partners to implement the Maryland Health and Medical WMD Response Plan (published by MIEMSS and DHMH on October 11, 2001), plans and coordinates with federal officials, and coordinates with planning efforts in the national capital region.

D53T00 – Maryland Institute for Emergency Medical Services Systems

Analysis of the FY 2005 Maryland Executive Budget, 2004

Maryland Institute for Emergency Medical Services Systems

Operating Budget Analysis

Program Description

The Maryland Institute for Emergency Medical Services Systems (MIEMSS) was established as a State agency under legislation that became effective July 1, 1993. MIEMSS had been in existence for 20 years prior to that – first under the Department of Health and Mental Hygiene (DHMH), and then the University of Maryland at Baltimore.

Under the 1993 law, MIEMSS became a State agency under the direction of an Emergency Medical Services (EMS) Board appointed by and directly responsible to the Governor. The EMS Board is tasked with developing, adopting, and monitoring a statewide plan to ensure effective coordination and evaluation of emergency medical services. As structured, the EMS law established a system that encourages statewide participation and feedback through membership on the EMS Board and its advisory body, the State EMS Advisory Council. The EMS Board appoints the Executive Director of MIEMSS, who serves as the administrative head of the State's emergency medical services and of the operations of MIEMSS. Funding for MIEMSS comes primarily from the Maryland Emergency Medical System Operations Fund, 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.

The MIEMSS mission is to provide the resources, leadership, and oversight necessary for Maryland's EMS system to function optimally and to provide effective care to patients by reducing preventable deaths, disability, and discomfort. The MIEMSS mission addresses the need to:

- provide high quality medical care to individuals receiving emergency medical services; and
- maintain a well-functioning emergency medical services system.

Performance Analysis: Managing for Results

MIEMSS strives to provide high quality medical care to individuals receiving emergency medical services. One of MIEMSS' objectives is to help Maryland maintain trauma patient care performance above the national norm at a 95% or higher statistical level of confidence. MIEMSS manages the Maryland Trauma Registry (MTR), which details prehospital, emergency department care, inpatient care, and discharge information on all patients taken to a designated Maryland trauma center. Performance from the MTR is compared against the national norm for trauma patient care

D53T00 – Maryland Institute for Emergency Medical Services Systems

performance through a series of standardized Trauma and Injury Severity Scores analyses. MIEMSS has achieved its goal of exceeding the national norm from fiscal 2002 to 2005 at a 95% or higher statistical level of confidence.

Another MIEMSS objective is to maintain an overall inpatient complication rate of 10% or less for Maryland trauma centers by fiscal 2005. This measure is based on all nine adult and two pediatric designated trauma centers in Maryland. The complication definition is based on recommendations from the American College of Surgeons. MIEMSS achieved a 12.3% rate in fiscal 2003 and estimates reducing the rate to 10.0% by fiscal 2005.

A final MIEMSS objective is to achieve 20% witnessed sudden cardiac resuscitation upon arrival at the emergency room (ER) in 70% of jurisdictions. The definition of witnessed is a patient who was witnessed to have an event – that is when the clock starts for EMS intervention and appraisal. The goal is for EMS personnel to do all they can until the patient is delivered to the ER. MIEMSS advises that achieving around 20% witnessed resuscitation by EMS upon arrival at the ER is good performance on the national level. MIEMSS did not achieve a 20% level in 70% of all jurisdictions in fiscal 2003 but estimates increasing the rate to 75% by fiscal 2005. **Exhibit 1** provides performance measures for three MIEMSS objectives.

The Department of Legislative Services (DLS) recommends that MIEMSS consider developing a performance measure that relates to the “Golden Hour.” The “Golden Hour” is the hour immediately following a serious injury, when caring for the victim is critical to the victim’s survival. The Department of State Police (DSP) currently reports a Managing for Results measure on the “Golden Hour.” DSP reported that 92.9% of patients in calendar 2002 were delivered to the appropriate care facility within the “Golden Hour” threshold. However, the hour DSP is referring to in the performance measure begins when the Aviation Division receives a call for air ambulance transport. DLS recommends developing a performance measure that would begin from the initial 9-1-1 call. This would represent a more accurate portrayal of the “Golden Hour.”

Exhibit 1
Program Measurement Data
Maryland Institute for Emergency Medical Services Systems
Fiscal 2001 – 2005

	<u>Actual</u> <u>2001</u>	<u>Actual</u> <u>2002</u>	<u>Actual</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>03-05</u>
Greater than or equal to a 95% statistical level of confidence that Maryland performs above the national norm in trauma patient care	Yes	Yes	Yes	Yes	Yes		
Statewide trauma center complication rate*	10.0	11.9	12.3	11.0	10.0	10.9%	-9.8%
Percent jurisdictions achieving 20% witnessed resuscitation	n/a	52%	65%	70%	75%	n/a	7.4%

* Change from 01 to 02 for this measure is due to a change in collection methodology within the Maryland Trauma Registry. The Trauma Quality Improvement Committee recommended and implemented an improved set of complication inclusion criteria. The committee accepted the American College of Surgeons' set of definitions. A national standard, and data adhering to the new standard was reported in fiscal 2002. Fiscal 2002 is the baseline for which future trends should be compared.

Source: Maryland Institute for Emergency Medical Services Systems

Fiscal 2004 Cost Containment

The fiscal 2004 working appropriation reflects the elimination of \$28,632, the appropriation for matching employee deferred compensation contributions up to \$600, through the 2003 Budget Reconciliation and Financing Act of 2003.

Governor's Proposed Budget

The fiscal 2005 allowance for MIEMSS is \$10,969,397. This represents a decrease of \$785,019 (6.7%) from the fiscal 2004 working appropriation. The change includes a \$756,000 decrease due to the loss of grant money from DHMH for weapons of mass destruction (WMD) response. MIEMSS received grant money in fiscal 2003 and 2004 to assist with implementation of two systems: the

D53T00 – Maryland Institute for Emergency Medical Services Systems

Facility Resource Emergency Database (FRED) and the Electronic Maryland Ambulance Information Systems (EMAIS). FRED is an Internet-based software application designed to speed the spread of time critical information during any large-scale emergency incident. EMAIS is a web-based system which captures emergency medical services patient data on a statewide basis. In conjunction with FRED, EMAIS will provide an integrated system to monitor, report, and respond to WMD-related incidents. The grants will help pay for hardware and software for workstations in 55 hospitals. With the loss of grants for FRED and EMAIS, the MIEMSS budget decreases by \$756,000.¹

Other changes from the fiscal 2004 working appropriation to the fiscal 2005 allowance include a \$208,000 increase in personnel expenses mainly due to increments and health insurance, a \$393,000 decrease in contractual services for equipment repair, software licenses, and data processing, and a \$51,000 increase in Department of Budget and Management (DBM) paid telecommunications due to a change in the way DBM allocates costs.² **Exhibit 2** shows the distribution of funds.

Exhibit 2
Governor's Proposed Budget
Maryland Institute for Emergency Medical Services Systems
(\$ in Thousands)

	<u>FY 03</u> <u>Actual</u>	<u>FY 04</u> <u>Approp.</u>	<u>FY 05</u> <u>Allowance</u>	<u>FY 04-05</u> <u>Change</u>	<u>FY 04-05</u> <u>% Change</u>
Special Funds	\$10,161	\$11,307	\$10,704	-\$604	-5.3%
Contingent & Back of Bill Reductions	0	0	-34	-34	
Adjusted Special Funds	\$10,161	\$11,307	\$10,669	-\$638	-5.6%
Federal Funds	\$417	\$447	\$300	-\$147	-32.9%
Reimbursable Funds	\$468	\$0	\$0	\$0	n/a
Adjusted Grand Total	\$11,046	\$11,754	\$10,969	-\$785	-6.7%

¹ Grants for FRED and EMAIS were originally received from other State agencies in fiscal 2003. However, not all grants were used in fiscal 2003 and the grants were carried over to fiscal 2004 as special funds.

² DBM changed the way it allocates telecommunications costs according to a more realistic user basis rather than the number of employees as a percentage of the State total.

D53T00 – Maryland Institute for Emergency Medical Services Systems

Where It Goes:

Personnel Expenses

Increments and other compensation	\$90
Health insurance	82
Workers' compensation and other adjustments	36

Other Changes

Loss of grant money from DHMH for WMD response	-756
Decrease in contractual services for equipment repair/maintenance, software licenses, and data processing.....	-279
Increase in DBM paid telecommunications	51
Decrease for travel.....	-14
Increase in motor vehicle costs for maintenance, gas, and parking	12
Other adjustments.....	-7

Total **-\$785**

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

Fiscal 2005 Cost Containment

The fiscal 2005 allowance reflects the elimination of \$34,473 in special funds, the appropriation for matching employee deferred compensation contributions up to \$600, contingent upon enactment of a provision in budget reconciliation legislation.

Recommended Actions

1. Concur with Governor's allowance.

Updates

1. Interfacility Transports

During the 2003 legislative session, significant interest was raised in the area of interfacility transports. Interfacility transports are defined as “the movement of trauma or other critically ill patients from one hospital to another in order to quickly obtain some higher level of medical care required for patient survival.” Roughly 80% of the Maryland State Police (MSP) Aviation Division’s mission is EMS related. The overwhelming majority of flights performed are accident scene evacuations. The Aviation Division considers interfacility transports to be a secondary mission. In recent years, interfacility transports have represented a little under 4% of all EMS-related flights. The Aviation Division supports commercial services performing the role of interfacility transports.

Three commercial air ambulance services operate in Maryland: STAT MedEvac, MedSTAR, and HealthNet. The companies abide by the provisions of Title 30 of the *Code of Maryland Regulations*, providing specific regulations for all commercial ambulance services in Maryland. Commercial air ambulances are held to these regulations by the MIEMSS Office of Commercial Licensing and Regulation.³ The three companies performed around 90% of all Maryland interfacility transports in fiscal 2002 and 2003. **Exhibit 3** provides total interfacility transport data from fiscal 2002 to 2003.

Exhibit 3
Interfacility Transports
Fiscal 2002 – 2003

	<u>FY 2002</u>		<u>FY 2003</u>	
Commercial Services	2,703	89.6%	2,875	91.9%
State Police	314	10.4%	255	8.1%
Total	3,017	100.0%	3,130	100.0%

Source: Maryland Institute for Emergency Medical Services Systems

According to the MIEMSS Interhospital Guidelines, MSP helicopters are used “primarily to do scene transports and are available to provide interfacility transport for patients with time-critical transport needs.” MIEMSS advises that all requests for interfacility transports by MSP are screened by a systems communications operator using a protocol for dispatch. The protocols are related to when an interfacility transport should occur, not whether a commercial carrier or MSP should perform the transport. The EMS Board has recommended (1) MSP continue to perform interfacility transports as an extension of scene work when timely transport is required; (2) MSP may serve as

³ In the past, MIEMSS proposed regulations specific to air ambulances but they were withdrawn from consideration.

back up for interfacility transports when commercial services are not available; and (3) commercial helicopters are the first point of contact for interfacility transports of patients with invasive monitoring and advanced treatments.

2. Expansion of Centralized EMS Communications System

MIEMSS is in the process of expanding its centralized EMS communications system. Centralized EMS communications speeds responsiveness, improves triaging and treatment on the scene, and ensures that the patient(s) go to a facility with bed space available that is appropriate for the injuries sustained. In jurisdictions without dedicated, centralized EMS communications, communications operators are responsible for fire and police dispatch in addition to EMS. Fire and police often assume a higher response priority, leaving EMS communications stations unstaffed. Additionally, centralized communications bring new equipment to rural jurisdictions with older equipment.

Before the expansion of the centralized communications system, only the Baltimore and Washington metropolitan areas and Southern Maryland had centralized systems. Since MIEMSS began to expand the communications capabilities throughout the State in fiscal 2002, two regions have been completed. The upper Eastern Shore area (Talbot, Queen Anne's, Kent, Caroline, and Dorchester counties) and Frederick County are completed. St. Mary's County is expected to be completed by March 2004. MIEMSS' fiscal 2004 working appropriation includes \$200,000 for the expansion of centralized communications to Western Maryland (Allegany, Garrett, and Washington counties). As part of a three-year agreement, the fiscal 2005 allowance again includes \$200,000 for expansion to Western Maryland and MIEMSS plans to request another \$200,000 in fiscal 2006. After completion of expansion to Western Maryland, MIEMSS plans to request \$200,000 in fiscal 2007 for expansion to the lower Eastern Shore (Somerset, Wicomico, and Worcester). **Exhibit 4** provides schedule and cost information for the expansion of centralized EMS communications.

Exhibit 4
Cost of Expansion of Centralized EMS Communications
Fiscal 2002 – 2007

<u>Counties</u>	<u>Start Date</u>	<u>Completion Date</u>	<u>One-time Cost to State</u>	<u>Ongoing Costs</u>
Caroline, Dorchester, Kent, Queen Anne's, and Talbot (upper Eastern Shore)	FY 02	Completed	\$135,000	\$45,000
Frederick	FY 02	Completed	none ¹	none
St. Mary's ²	FY 02	March 2004	none ³	none
Allegany, Garrett, and Washington (Western Maryland)	FY 04	FY 06	\$600,000 ⁴	\$50,000
Somerset, Wicomico, and Worcester (lower Eastern Shore)	FY 06	FY 07	\$200,000 ⁵	\$50,000

¹ One-time cost to State and ongoing costs for Frederick County are paid for within MIEMSS' existing communications budget.

² St. Mary's County was originally scheduled for completion by June 2003 – it is now scheduled for completion in March 2004 due to a delay in the county's 800 MHz conversion process.

³ One-time cost to State and ongoing costs for St. Mary's County are paid for within MIEMSS' existing communications budget.

⁴ \$200,000 annually from fiscal 2004 to 2006.

⁵ \$200,000 in fiscal 2007.

Source: Maryland Institute for Emergency Medical Services Systems

3. Weapons of Mass Destruction

MIEMSS has continued to play an active role in WMD preparedness. MIEMSS works with stakeholders and partners to implement the Maryland Health and Medical WMD Response Plan (published by MIEMSS and DHMH on October 11, 2001), plans and coordinates with federal officials, and coordinates with planning efforts in the national capital region. Maryland hospitals have received letters of notification on the amount of U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration funding they have been allocated this year. In fiscal 2004 funds should be available for grant applications for joint and cooperative efforts between hospitals and other community agencies and organizations to increase regional preparedness.

D53T00 – Maryland Institute for Emergency Medical Services Systems

Significant MIEMSS WMD-related activities include participation in the Governor’s Office of Homeland Security Program Review Committee, the DHMH Bioterrorism Advisory Committee, Washington Council of Government committees, and working with the HHS Office of Emergency Response. MIEMSS also continues to develop FRED and EMAIS to help spread time critical information during any large-scale emergency incident.

Current and Prior Year Budgets

Current and Prior Year Budgets Maryland Institute for Emergency Medical Services Systems (\$ in Thousands)

	<u>General Fund</u>	<u>Special Fund</u>	<u>Federal Fund</u>	<u>Reimb. Fund</u>	<u>Total</u>
Fiscal 2003					
Legislative Appropriation	\$0	\$10,106	\$100	\$0	\$10,206
Deficiency Appropriation	0	0	0	0	0
Budget Amendments	0	55	397	663	1,115
Cost Containment	0	0	0	0	0
Reversions and Cancellations	0	0	-80	-194	-274
Actual Expenditures	\$0	\$10,161	\$417	\$468	\$11,046
Fiscal 2004					
Legislative Appropriation	\$0	\$10,525	\$100	\$0	\$10,625
Cost Containment	0	0	0	0	0
Budget Amendments	0	782	347	0	1,129
Working Appropriation	\$0	\$11,307	\$447	\$0	\$11,754

Fiscal 2003

Fiscal 2003 expenditures at MIEMSS totaled \$11.0 million, which is \$0.8 million more than the legislative appropriation. The \$0.8 million increase occurred with a \$55,000 increase in special funds, \$317,000 net increase in federal funds, and \$469,000 net increase in reimbursable funds.

Special funds increased by \$55,000 with an amendment that increased funds to match expenditures for the Commercial Ambulance Licensing/Inspection division.

Federal funds increased by a net of \$317,000 with a \$397,396 increase in budget amendments and an \$80,000 decrease in cancellations. The three amendments were (1) an increase of \$199,727 to enable MIEMSS to grant funds to health providers for the purpose of obtaining automated external defibrillators; (2) an increase of \$157,669 to enable MIEMSS to match expenditures utilized from the Emergency Medical Services for Children (EMSC) program; and (3) an increase of \$40,000 to enable the agency to match expenditures utilized from the Maryland EMSC Supplement for Trauma/EMS Assessment program. The \$80,000 decrease in cancellations was due to federal funds not spent during fiscal 2003 for the EMSC federal grant program provided by HHS, Health Resources and Services Administration.

Reimbursable funds increased by a net of \$469,000 with a \$662,900 increase in budget amendments and a \$194,495 decrease in cancellations. The three amendments were (1) an increase of \$388,000 attained from DHMH to cover the cost for the Maryland Health and Emergency Preparedness and Response Program and to cover the cost for the EMS Quality Assurance Project; (2) an increase of \$250,900 attained from the Maryland Department of Transportation – State Highway Administration (SHA) to cover the cost for the EMS Training and Equipment Project and to cover the cost for the Special Needs/Hospital CPS Assistant Project to attempt to gain further endorsement and enforcement of Maryland Occupant Protection laws; and (3) an increase of \$24,000 attained from DHMH to provide further assistance for the EMS Quality Assurance Project. The \$194,495 decrease in cancellations was due to reimbursable funds not spent during fiscal 2003 for grants such as EMS Quality Assurance, EMSC, and Emergency and Preparedness and Response. The grants came from DHMH and SHA.

Fiscal 2004

The fiscal 2004 working appropriation is \$11,754,416. This represents a \$1,129,105 increase from the fiscal 2004 legislative appropriation. The change occurs with the following four amendments: (1) an amendment increasing special funds by \$781,919 for a grant from DHMH to allow MIEMSS to perform new FRED and EMAIS operations for WMD response; (2) a \$200,186 increase in federal funds from HHS to enable MIEMSS to grant funds for automated external defibrillators (AEDs) to health providers serving rural jurisdictions and provide training for AEDs; (3) a \$107,000 increase in federal funds from HHS enabling MIEMSS to match expenditures utilized from the EMSC program; and (4) a \$40,000 increase in federal funds for a trauma assessment grant from HHS.

**Object/Fund Difference Report
Maryland Institute for Emergency Medical Services Systems**

<u>Object/Fund</u>	<u>FY03 Actual</u>	<u>FY04 Working Appropriation</u>	<u>FY05 Allowance</u>	<u>FY04 - FY05 Amount Change</u>	<u>Percent Change</u>
Positions					
01 Regular	93.10	92.60	92.60	0	0%
02 Contractual	10.40	8.10	9.30	1.20	14.8%
Total Positions	103.50	100.70	101.90	1.20	1.2%
Objects					
01 Salaries and Wages	\$ 6,193,194	\$ 6,178,742	\$ 6,421,064	\$ 242,322	3.9%
02 Technical & Spec Fees	402,382	385,967	397,028	11,061	2.9%
03 Communication	1,100,014	1,278,101	1,329,407	51,306	4.0%
04 Travel	117,477	114,500	101,000	-13,500	-11.8%
06 Fuel & Utilities	36,887	35,200	35,200	0	0%
07 Motor Vehicles	170,815	165,886	178,075	12,189	7.3%
08 Contractual Services	1,140,409	1,391,619	998,900	-392,719	-28.2%
09 Supplies & Materials	201,465	280,500	249,500	-31,000	-11.1%
10 Equip - Replacement	69,985	39,000	38,500	-500	-1.3%
11 Equip - Additional	448,827	705,750	76,750	-629,000	-89.1%
12 Grants, Subsidies, Contracts	1,096,451	1,115,186	1,110,186	-5,000	-0.4%
13 Fixed Charges	68,466	63,965	68,260	4,295	6.7%
Total Objects	\$ 11,046,372	\$ 11,754,416	\$ 11,003,870	-\$ 750,546	-6.4%
Funds					
03 Special Fund	\$ 10,160,863	\$ 11,307,230	\$ 10,703,684	-\$ 603,546	-5.3%
05 Federal Fund	417,105	447,186	300,186	-147,000	-32.9%
09 Reimbursable Fund	468,404	0	0	0	0.0%
Total Funds	\$ 11,046,372	\$ 11,754,416	\$ 11,003,870	-\$ 750,546	-6.4%

Note: The fiscal 2004 appropriation does not include deficiencies, and the fiscal 2005 allowance does not reflect contingent reductions.