

M00F05
Office of the Chief Medical Examiner
Department of Health and Mental Hygiene

Operating Budget Data

(\$ in Thousands)

	<u>FY 08</u> <u>Actual</u>	<u>FY 09</u> <u>Working</u>	<u>FY 10</u> <u>Allowance</u>	<u>FY 09-10</u> <u>Change</u>	<u>% Change</u> <u>Prior Year</u>
General Fund	\$8,751	\$9,127	\$9,467	\$339	3.7%
Contingent & Back of Bill Reductions	0	0	-32	-32	
Adjusted General Fund	\$8,751	\$9,127	\$9,435	\$308	3.4%
Federal Fund	190	194	198	4	2.1%
Contingent & Back of Bill Reductions	0	0	-1	-1	
Adjusted Federal Fund	\$190	\$194	\$197	\$3	1.8%
Reimbursable Fund	153	112	147	35	31.2%
Contingent & Back of Bill Reductions	0	0	-1	-1	
Adjusted Reimbursable Fund	\$153	\$112	\$146	\$34	30.6%
Adjusted Grand Total	\$9,094	\$9,433	\$9,779	\$346	3.7%

- The Governor's proposed allowance for fiscal 2010 increases by \$0.4 million, or 3.7%, over the fiscal 2009 working appropriation.
- Contingent reductions to eliminate the deferred compensation match for State employees at the Office of Chief Medical Examiner (OCME) reduce the allowance by \$32,779 of total funds.

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

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Personnel Data

	<u>FY 08</u> <u>Actual</u>	<u>FY 09</u> <u>Working</u>	<u>FY 10</u> <u>Allowance</u>	<u>FY 09-10</u> <u>Change</u>
Regular Positions	80.00	81.00	81.00	0.00
Contractual FTEs	<u>5.20</u>	<u>6.05</u>	<u>6.15</u>	<u>0.10</u>
Total Personnel	85.20	87.05	87.15	0.10

Vacancy Data: Regular Positions

Turnover and Necessary Vacancies, Excluding New Positions	2.43	3.00%
Positions and Percentage Vacant as of 12/31/08	6.00	7.41%

- While the above chart does not reflect any abolished regular positions in the fiscal 2010 allowance, Section 18 of the budget bill indicates that 200.0 vacant positions will be abolished within the Department of Health and Mental Hygiene.
- As of December 31, 2008, there were 6.0 vacant positions, representing 7.41% of the total workforce. Of the vacant positions, 1.0 position is a medical examiner needed to perform autopsies and investigations.

Analysis in Brief

Major Trends

Ratio of Cases Per Examiner Decreased in Fiscal 2008: The number of medical examiners allocated to the office increased from 13.6 to 15.6 between fiscal 2006 and 2008, causing the ratio of cases per examiner to drop from 313 cases per examiner to 281 cases per examiner. The National Association of Medical Examiners (NAME) accreditation limit of cases per examiner is 325. If the office should exceed that ratio, its accreditation status may be in jeopardy

Issues

NAME Accreditation Evaluation in February 2009: The Office of Chief Medical Examiner receives accreditation through NAME and has been faced with two issues that jeopardize the office's accreditation – insufficient work space and insufficient staffing level. The office will be evaluated for accreditation by NAME in February 2009 and will need to demonstrate improvement in those two areas to retain accreditation.

Recommended Actions

1. Concur with Governor's allowance.

M00F05 – DHMH – Office of the Chief Medical Examiner

M00F05
Office of the Chief Medical Examiner
Department of Health and Mental Hygiene

Operating Budget Analysis

Program Description

The mission of the Office of Chief Medical Examiner (OCME) is to:

- provide competent, professional, thorough, and objective death investigations in cases mandated in Maryland statute that assist State's Attorneys, courts, law enforcement agencies, and families;
- strengthen partnerships between federal, State, and local governments through training and education of health, legal, and law enforcement professionals;
- support research programs directed at increasing knowledge of the pathology of disease; and
- protect and promote the health of the public by assisting in the development of programs to prevent injury and death.

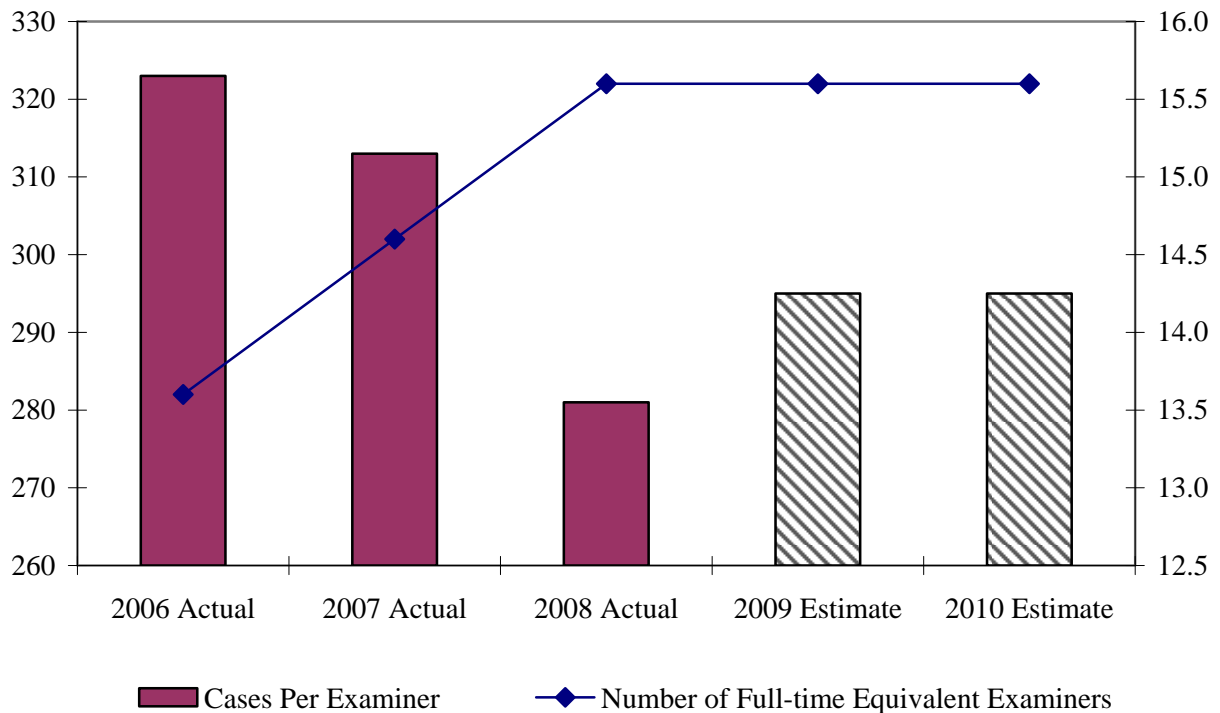
Performance Analysis: Managing for Results

The Office of the Chief Medical Examiner is required to investigate all violent or suspicious deaths, including all deaths unattended by a physician. If the cause of death cannot be established during the initial investigation, a pathologist must perform an autopsy on the deceased.

In fiscal 2007, OCME changed the reporting techniques to better reflect the caseload facing pathologists. The agency reports not only the number of autopsies performed but also the total number of cases presented for investigation. Not every death that is presented for investigation will be autopsied, but the agency reports the total number presented for investigation as it adds to the office's caseload. This change was precipitated by a change in the allowable caseload as identified by the National Association of Medical Examiners (NAME), which now includes external examinations in the total number of allowable autopsies per examiner.

Exhibit 1 shows the caseload per examiner as well as the number of full-time equivalent (FTE) medical examiners in the office. The number of medical examiners allocated to the office increased from 13.6 to 15.6 between fiscal 2006 and 2008, causing the ratio of cases per examiner to drop significantly.

Exhibit 1
FTE Medical Examiners and the Ratio of Cases Per Examiner
Fiscal 2006-2010



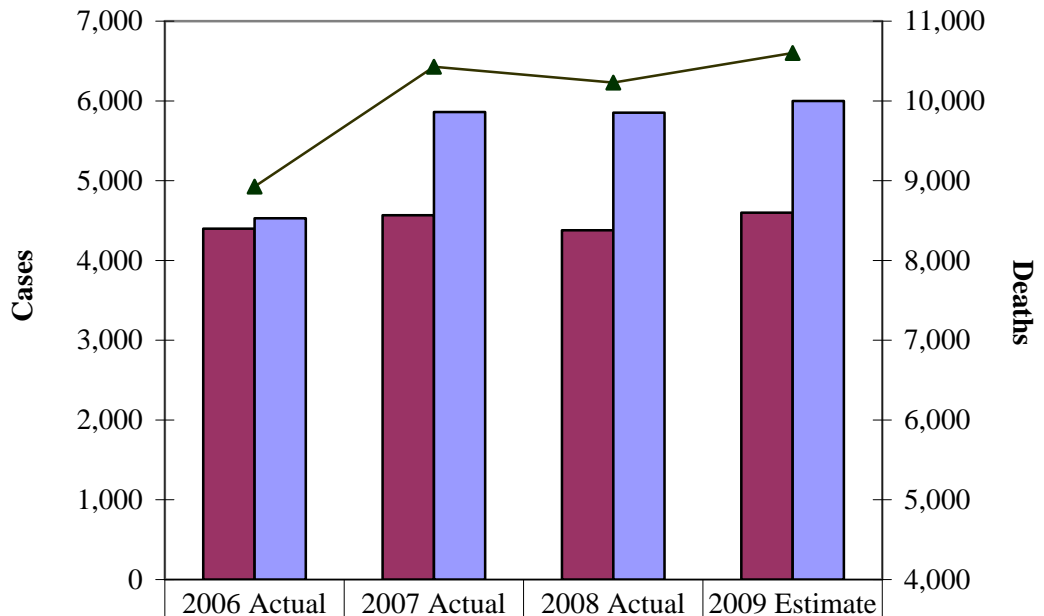
FTE: full-time equivalent

Source: Department of Health and Mental Hygiene

It is important for the agency to keep the caseload below a certain threshold to maintain NAME accreditation. The NAME recommended maximum ratio of cases per examiner is 250; a ratio of 325 cases per examiner constitutes a violation that puts accreditation in jeopardy. While fiscal 2009 estimate for cases per examiner is well below the NAME threshold, there is currently 1.0 FTE medical examiner position vacant. The vacancy will add to the caseload of the other examiners, increasing the ratio of cases per examiner for NAME accreditation.

Part of the reason for the decrease in caseload per examiner is the fact that the total number of cases investigated and autopsies performed declined slightly in fiscal 2008, as shown in **Exhibit 2**. The agency expects the total number of deaths investigated in fiscal 2009 to increase to the fiscal 2007 level.

Exhibit 2
Deaths Investigated by the Office of the Chief Medical Examiner
Fiscal 2006-2009

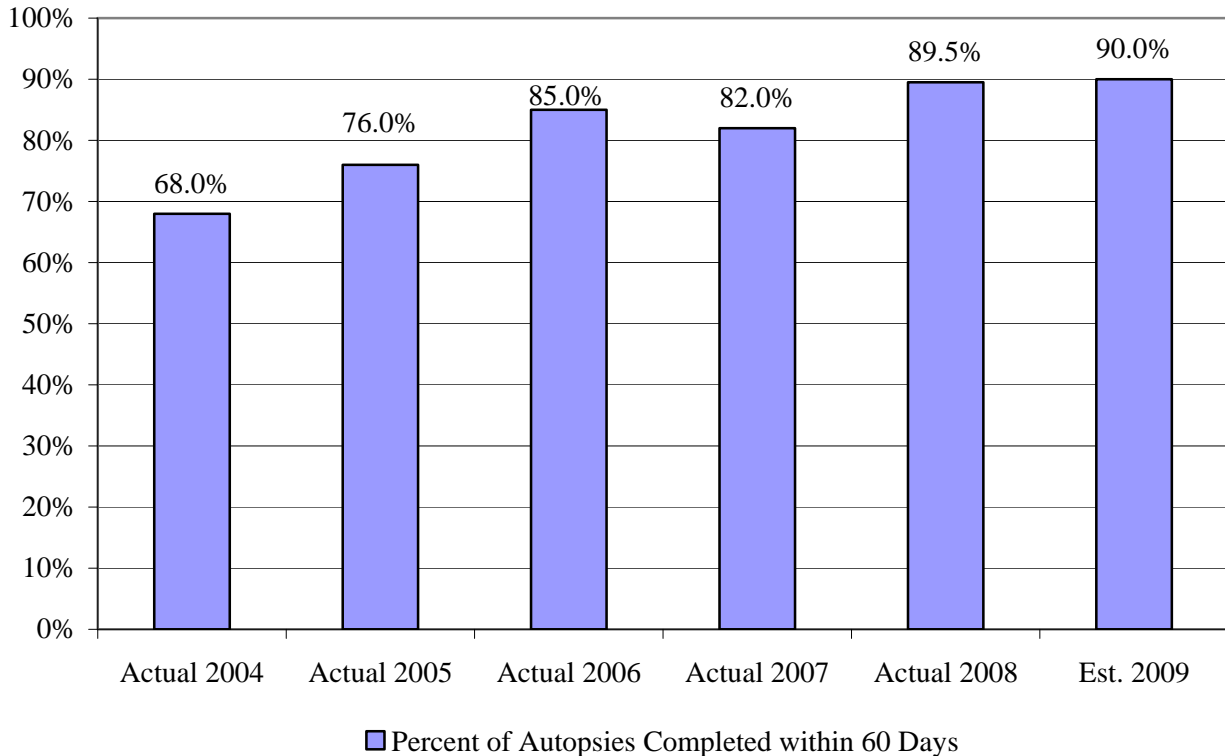


Cases Examined	4,398	4,567	4,378	4,600
Cases Dismissed	4,528	5,861	5,852	6,000
Total Deaths Investigated	8,926	10,428	10,230	10,600

Source: Department of Health and Mental Hygiene

Another goal of OCME is to complete and forward autopsy reports to the State’s Attorney’s Office within 60 working days following the investigation. **Exhibit 3** shows the percent of autopsies completed within 60 days. That number was slowly rising between fiscal 2004 and 2006 to a high of 85% but dipped slightly in fiscal 2007 to 82%. The addition of a new office secretary position in fiscal 2008 helped the agency to approach its goal of 90% of cases completed within 60 days. The agency expects the improvement to continue in fiscal 2009.

Exhibit 3
Percent of Autopsies Reported within 60 Days
Fiscal 2004-2009



Source: Department of Health and Mental Hygiene

Fiscal 2009 Actions

Impact of Cost Containment

The Board of Public Works (BPW) met twice during the interim to reduce costs across the Executive Branch agencies. In June 2008, actions taken by BPW reduced personnel expenses in OCME by \$40,577 in general funds and \$439 in federal funds.

In October 2008, actions taken by BPW reduced OCME's budget further for personnel expenses that eliminated Other Post Employment Benefits (OPEB) funding and used statewide employee health insurance balances in lieu of budgeted funds (\$131,328) and reduced funding for motor vehicle operations (\$11,137).

Additionally, the Governor announced the implementation of a furlough plan for State employees for fiscal 2009 based on salary level, resulting in an estimated \$81,881 general fund reduction for OCME. While State employees have already taken two furlough days, the action has not yet been formally approved by BPW. There may still be other BPW actions that affect the fiscal 2009 working appropriation, but action has not been taken, and the impact on OCME is unknown.

Proposed Budget

As shown in **Exhibit 4** the Governor's proposed allowance for fiscal 2010 increases by \$0.3 million, or 3.7%, over the fiscal 2009 working appropriation. Special fund support increases by \$0.3 million, or 3.4%; federal fund support increases by \$3,404; and reimbursable fund support increases by \$34,311.

Personnel

Personnel expenses increase by \$144,146 in fiscal 2010, as shown by Exhibit 4. The single largest contributor to the increase is employee and retiree health insurance (\$191,074). Other increases to personnel include the State contribution to employee retirement (\$82,350) and other fringe benefits (\$60,042).

In fiscal 2009, the medical examiners received a salary adjustment of \$0.1 million, resulting in a relative decrease to the fiscal 2010 budget. It does not appear that the adjustment was annualized in the fiscal 2010 allowance for regular earnings. **The agency should comment on whether there is sufficient funding included in the fiscal 2010 allowance to continue to pay staff at the fiscal 2009 level.** Other decreases include the elimination of the deferred compensation match, elimination of OPEB funding, and decreased workers' compensation premiums.

Operating

Nonpersonnel expenses increase the budget by \$0.2 million. Reimbursable funds from the Governor's Office of Crime Control and Prevention will be used to replace laboratory equipment and to purchase a computerized tomography scanner from the University of Maryland Hospital (\$87,510). Funds are needed to reimburse the deputy medical examiners (DMEs) and county forensic investigators (CFIs) for their role in investigating deaths. OCME uses DMEs and CFIs as a first-level of screening for suspicious deaths to determine whether or not a full autopsy is required. The reimbursement rate has increased from \$55 to \$80 per investigation, resulting in an increase in costs for fiscal 2010 (\$78,717). Lastly, fuel and utility costs increase in fiscal 2010 (\$81,721).

Medical supplies for the office decrease the budget by \$17,064, and the cost associated with the purchase of a Voice over Internet Protocol in fiscal 2009 are not carried over to fiscal 2010 (\$43,101).

Exhibit 4
Proposed Budget
DHMH – Office of the Chief Medical Examiner
(\$ in Thousands)

How Much It Grows:	<u>General</u> <u>Fund</u>	<u>Federal</u> <u>Fund</u>	<u>Reimb.</u> <u>Fund</u>	<u>Total</u>
2009 Working Appropriation	\$9,127	\$194	\$112	\$9,433
2010 Allowance	<u>9,467</u>	<u>198</u>	<u>147</u>	<u>9,811</u>
Amount Change	\$339	\$4	\$35	\$378
Percent Change	3.7%	2.1%	31.2%	4.0%
Contingent Reductions	-\$32	-\$1	-\$1	-\$33
Adjusted Change	\$308	\$3	\$34	\$346
Adjusted Percent Change	3.4%	1.8%	30.6%	3.7%

Where It Goes:

Personnel Expenses	\$144	
Employee and retiree health insurance		\$191
State contribution to retirement		82
Other fringe benefit adjustments		60
Salary adjustment for medical examiners in fiscal 2009		-103
Elimination of deferred compensation match		-33
Other Post Employment Benefits liability		-30
Workers' compensation premium assessment		-19
Turnover adjustments		-4
Operating Expenses	\$202	
Lab equipment replacement and CT scan purchase utilizing reimbursable funds from the Governor's Office of Crime Control and Prevention		88
Fuel and utilities		82
Reimbursement for deputy medical examiner and county forensic investigators per investigation.....		79
Contractual employment expenses		13
Purchase of a Voice over Internet Protocol telephone system in fiscal 2009.....		-43
Medical Supplies based on a three-year average		-17
Total		\$346

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

Issues

1. NAME Accreditation Evaluation in February 2009

The Office of Chief Medical Examiner receives accreditation through NAME. Accreditation applies to offices and systems, not individual practitioners. Accreditation is essential to any medical examiner's office because it affords the office legal authority in a court of law, and perhaps more importantly, it gives credibility to the agency to use in recruiting and retaining medical examiners. OCME has been faced with two issues that jeopardize the office's NAME accreditation – insufficient work space and insufficient staffing level. The office will be evaluated for accreditation by NAME in February 2009 and will need to demonstrate improvement in those two areas to retain accreditation.

Due to the geographic size and population of the State of Maryland, there is only one Chief Medical Examiner's office that serves the entire State and its residents. However, that is not the case in all states where total population and geographic size is much higher. In those cases, there could be multiple death investigation jurisdictions per state. There is no national standard for providing autopsy and death investigation services – some offices employ board certified pathologists while others contract with a local physician. Maryland's OCME is 1 of 54 jurisdictions across the country that holds NAME accreditation. However, there are many more jurisdictions that do not meet the standards of NAME, or who have had accreditation but subsequently lost it due to lack of funding or qualified physicians. Maryland is not alone in its struggle to retain NAME accreditation.

The standards set by NAME, on which accreditation is granted, represent minimum standards for an adequate medicolegal system and emphasize policies and procedures over professional work product. NAME accreditation is embodied in an Accreditation Checklist which is used during an inspection to evaluate whether or not the facility meets the NAME standards for accreditation.

During the inspection, facilities are judged against two standards – phase I and phase II. Phase I standards are not considered by NAME to be absolutely essential requirements; violations in these areas will not directly or seriously affect the quality of work or significantly endanger the welfare of the public or staff. Phase II standards are considered by NAME to be essential requirements; violations in these areas may seriously impact the quality of work and adversely affect the health and safety of the public or staff. Moreover, phase II violations could result in loss of accreditation.

Two phase II standards that have been a source of concern for OCME in the past include adequate work space and a reasonable pathologist workload. Phase II violations in either of these areas could lead to loss of accreditation for OCME.

Adequate Work Space

According to the NAME Accreditation Checklist, a phase II violation occurs when an office does not have sufficient space, equipment, and facilities to support the jurisdiction's medicolegal death investigations. This has been an ongoing issue with OCME as their work space is not adequate

to complete the growing number of investigations performed each day. The current building in which OCME works does not offer enough space for the number of autopsies that the office performs annually. Specifically, the facility has too few autopsy tables to accommodate the growing work load; insufficient storage space for medical records and tissue samples; inadequate refrigeration for bodies; an inadequate heating, ventilation, and air conditioning system; limited capacity to handle a multiple fatality incident; and a problem with water seepage in the basement.

To remedy the situation and retain accreditation, the Governor included \$47.8 million in the fiscal 2009 capital budget to begin construction on a new building space for OCME. Although the building is not expected to be completed by the February inspection for NAME accreditation, the construction should show sufficient evidence of a good faith effort to correct the space issue currently facing OCME. The fiscal 2010 capital budget includes \$2.8 million to equip the new facility. **Exhibit 5** shows the distribution of expenses for the new OCME building.

Exhibit 5
Capital Expenses for New Chief Medical Examiner Building
Fiscal 2008-2010
(\$ in Millions)

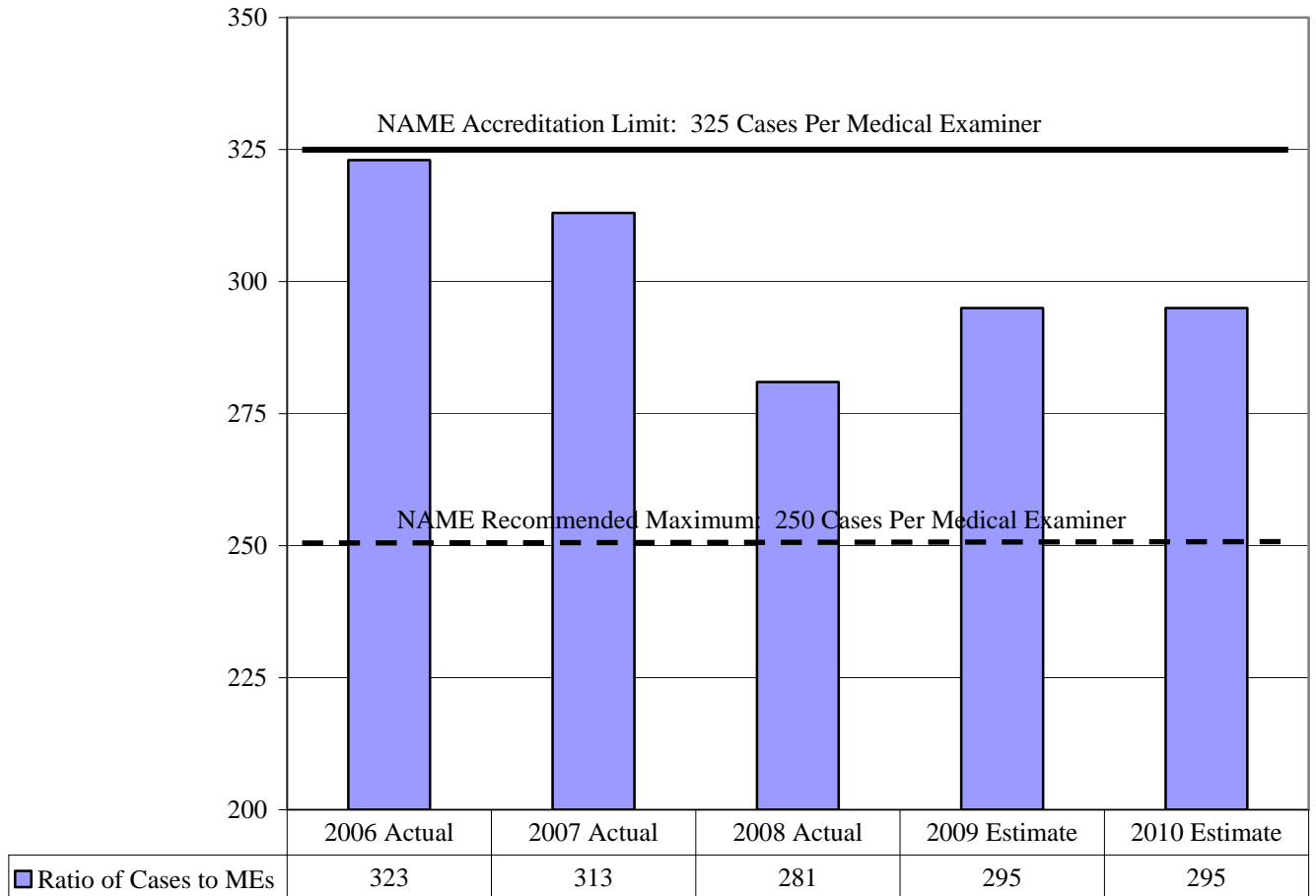
	<u>2008</u> <u>Appropriation</u>	<u>2009</u> <u>Appropriation</u>	<u>2010</u> <u>Request</u>	<u>Total</u>
Planning	\$5.101	\$0.000	\$0.000	\$5.101
Construction	1.600	47.807	0.000	49.407
Equipment	0.000	0.000	2.846	2.846
Total	\$6.701	\$47.807	\$2.846	\$57.354

Source: Department of Health and Mental Hygiene

Medical Examiner Workload

Another major requirement for accreditation is to maintain a certain level of examinations per pathologist, or medical examiner per year. NAME sets a recommended level of 250 examinations per pathologist and an absolute limit of 325 examinations per pathologist per year. **Exhibit 6** shows the average number of examinations per medical examiner as well as the NAME limit between fiscal 2006 and 2010. The acceptable ratio of examinations per pathologists includes external examinations as well as autopsies as referenced in the section above.

**Exhibit 6
Average Number of Cases Per Medical Examiner
Fiscal 2006-2010**



MEs: medical examiners

NAME: National Association of Medical Examiners

Source: Department of Health and Mental Hygiene

The agency should comment on the projected ratio of cases per examiner given the fact that there is currently a vacant medical examiner position. The agency should also update the committees as to the status of the new building.

Recommended Actions

1. Concur with Governor's allowance.

Current and Prior Year Budgets

Current and Prior Year Budgets Office of the Chief Medical Examiner (\$ in Thousands)

	<u>General Fund</u>	<u>Special Fund</u>	<u>Federal Fund</u>	<u>Reimb. Fund</u>	<u>Total</u>
Fiscal 2008					
Legislative Appropriation	\$8,173	\$0	\$181	\$97	\$8,451
Deficiency Appropriation	0	0	0	0	0
Budget Amendments	585	0	9	56	650
Cost Containment	-7	0	0	0	-7
Reversions and Cancellations	0	0	0	0	0
Actual Expenditures	\$8,751	\$0	\$190	\$153	\$9,094
Fiscal 2009					
Legislative Appropriation	\$9,155	\$0	\$194	\$112	\$9,461
Cost Containment	-183	0	0	0	-183
Budget Amendments	156	0	0	0	156
Working Appropriation	\$9,127	\$0	\$194	\$112	\$9,433

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

Fiscal 2008

In fiscal 2008, the budget for the Office of the Chief Medical Examiner closed at \$9.1 million, an increase of \$0.6 million over the legislative appropriation.

General fund appropriation increased by approximately \$0.6 million due to a fiscal 2008 cost-of-living adjustment (\$103,822), a budget amendment to accommodate an increased number of death investigations and reimbursements paid for body transports (\$286,091), an increase to cover fuel and utility rates (\$93,490), and a budget amendment to cover salary expenses (\$101,404). Cost containment actions approved by BPW in July 2007 decreased general fund appropriation by \$6,863.

Federal fund appropriation increased by \$9,144 to cover equipment replacement. Reimbursable fund appropriation increased by \$56,062 to replace an outdated telephone system (\$43,101) and a liquid chromatograph (\$12,961).

Fiscal 2009

The fiscal 2009 working appropriation has decreased from the original legislative appropriation due to cost containment actions taken by BPW for reductions to personnel and motor vehicle expenses (\$183,481). The decrease is partially offset by budget amendments that increased the budget for a fiscal 2009 cost-of-living adjustment (\$112,271) and an annual salary review adjustment for laboratory scientists (\$43,374).

**Object/Fund Difference Report
DHMH – Office of the Chief Medical Examiner**

<u>Object/Fund</u>	<u>FY08 Actual</u>	<u>FY09 Working Appropriation</u>	<u>FY10 Allowance</u>	<u>FY09 - FY10 Amount Change</u>	<u>Percent Change</u>
Positions					
01 Regular	80.00	81.00	81.00	0	0%
02 Contractual	5.20	6.05	6.15	0.10	1.7%
Total Positions	85.20	87.05	87.15	0.10	0.1%
Objects					
01 Salaries and Wages	\$ 6,644,680	\$ 7,014,707	\$ 7,191,632	\$ 176,925	2.5%
02 Technical and Spec. Fees	569,843	505,343	604,116	98,773	19.5%
03 Communication	54,132	56,140	54,467	-1,673	-3.0%
04 Travel	2,885	4,386	3,773	-613	-14.0%
06 Fuel and Utilities	382,836	313,520	395,241	81,721	26.1%
07 Motor Vehicles	34,954	14,801	15,244	443	3.0%
08 Contractual Services	753,820	888,787	883,368	-5,419	-0.6%
09 Supplies and Materials	520,448	568,078	551,357	-16,721	-2.9%
10 Equipment – Replacement	78,615	54,896	99,420	44,524	81.1%
11 Equipment – Additional	33,620	0	0	0	0.0%
13 Fixed Charges	17,784	12,418	12,807	389	3.1%
Total Objects	\$ 9,093,617	\$ 9,433,076	\$ 9,811,425	\$ 378,349	4.0%
Funds					
01 General Fund	\$ 8,751,226	\$ 9,127,224	\$ 9,466,658	\$ 339,434	3.7%
05 Federal Fund	189,743	193,847	197,851	4,004	2.1%
09 Reimbursable Fund	152,648	112,005	146,916	34,911	31.2%
Total Funds	\$ 9,093,617	\$ 9,433,076	\$ 9,811,425	\$ 378,349	4.0%

Note: The fiscal 2009 appropriation does not include deficiencies. The fiscal 2010 allowance does not include contingent reductions.