Department of Health and Mental Hygiene Fiscal 2010 Budget Overview

Department of Legislative Services
Office of Policy Analysis
Annapolis, Maryland

January 2009

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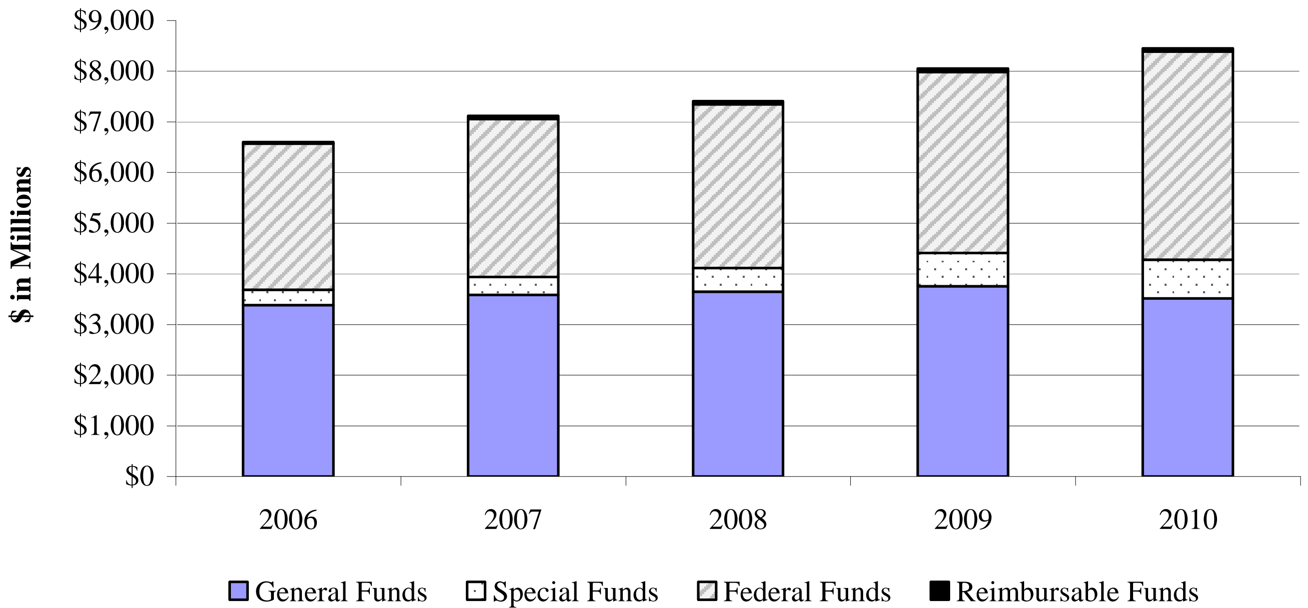
Department of Health and Mental Hygiene
Fiscal 2010 Budget Overview



Source: Department of Legislative Services; Department of Budget and Management

Department of Health and Mental Hygiene

Budget Overview: Expenditure Growth Hits the Roller-Coaster

Fiscal 2006-2010
($ in Millions)

	2006	2007	2008	2009	2010	Change 2009-10
General Funds	**$3,382**	**$3,588**	**$3,651**	**$3,754**	**$3,585**	**-$169**
Fiscal 2009 Deficiencies				$14		
Contingent, Planned, and Back of Bill Reductions				-10	-70	
Adjusted General Funds	**$3,382**	**$3,588**	**$3,651**	**$3,758**	**$3,515**	**-$243**
Special Funds	**$303**	**$348**	**$464**	**$588**	**$742**	**$154**
Fiscal 2009 Deficiencies				$65		
Contingent and Back of Bill Reductions					$22	
Adjusted Special Funds	**$303**	**$348**	**$464**	**$653**	**$764**	**$111**
Federal Funds	**$2,884**	**$3,121**	**$3,232**	**$3,512**	**$4,119**	**$607**
Fiscal 2009 Deficiencies				$61		
Contingent and Back of Bill Reductions					-$12	
Adjusted Federal Funds	**$2,884**	**$3,121**	**$3,232**	**$3,573**	**$4,106**	**$534**
Reimbursable Funds	**$36**	**$64**	**$62**	**$71**	**$69**	**-$3**
Total	**$6,604**	**$7,121**	**$7,408**	**$8,055**	**$8,454**	**$399**
Annual % Change from Prior Year	**7.3%**	**7.8%**	**4.0%**	**8.7%**	**4.9%**	

Note: Includes Fiscal 2009 Deficiencies, Fiscal 2009 Planned Reductions, Fiscal 2010 Contingent Reductions, and Fiscal 2010 Back of Bill Reductions where known. Special funds increase in fiscal 2010 to reflect transfers into the Department of Health and Mental Hygiene budget contingent on legislation to partially offset general fund reductions.

Source: Department of Legislative Services; Department of Budget and Management

Department of Health and Mental Hygiene
Fiscal 2009 Deficiencies

Program	Item	General Funds	Total Funds
Community and Family Health Administrations	Increased federal funding for Women, Infants, and Children program		$15,153,896
Community and Family Health Administrations	Supplemental funding to cover costs of the Breast and Cervical Cancer Program	$2,200,000	2,200,000
Community and Family Health Administrations	Supplemental appropriation to provide funds for antiviral purchases for Public/Private Partnership entities		1,700,011
Chronic Hospitals	Supplemental appropriation to cover the cost of the Nursing Home Provider Assessment on State hospitals	27,000	270,000
Laboratories Administration	Funding for local health department HIV testing and a variety of federally funded monitoring and testing services		1,354,541
Laboratories Administration	Funding for newborn screening activities as required by Chapter 256 of 2008	586,504	586,504
Mental Hygiene	Costs associated with the development of a statewide framework for early childhood mental health, the Baltimore City capitation project, and the Administrative Services Organization contract		1,795,775
Mental Hygiene	Increased tenant collections at the Carter Center and collections from shared services at the Finan Center		326,442
Developmental Disabilities Administration	Increased tenant collections from shared services and donations at Rosewood Center		514,060
Medicaid	Funding to offset general fund reductions made by the Board of Public Works in October 2008		31,300,000
Medicaid	Supplemental funding for the unbudgeted calendar 2009 Managed Care Organization rate increase and increased enrollment	11,400,000	60,000,000
Medicaid	Supplemental funding for higher than anticipated costs associated with health care expansion		25,000,000
Fiscal 2009 Deficiencies Total		**$14,213,504**	**$140,201,229**

Source: Department of Legislative Services; State Budget

Department of Health and Mental Hygiene
Fiscal 2009 Planned Expenditure Reductions

Program	Item	Actual Funds
Community and Family Health Administrations	Targeted local health department grants	$10,122,216
Total Fiscal 2009 Planned Expenditure Reductions		**$10,122,216**

Source: Department of Legislative Services; State Budget

Department of Health and Mental Hygiene
Fiscal 2010 Contingent Reductions

Agency/Program	Contingent Reductions	General Funds	Total Funds
Community and Family Health Administrations/Medicaid	Reduction of CRF funding for tobacco control and cessation activities by $14,000,000 in fiscal 2010 and each subsequent year and for various statewide academic health center cancer programs by $5.55 million for fiscal 2010 and 2011 after which mandatory funding returns to current levels. Fiscal 2010 reductions are actually $13,828,224 (and 5 FTE positions) and $5,400,000 respectively. Funding will be used to reduce general funds for Breast and Cervical Cancer ($14,800,000) and Medicaid ($4,428,224).	$19,228,224	$19,228,224
Regulatory Commissions/Medicaid	Use Community Health Resource Commission Fund to support PAC for fiscal 2010 and thereafter. In fiscal 2010 this reduces general funds by $9,100,000.	9,100,000	9,100,000
Department of Health and Mental Hygiene	False Claims Act	11,000,000	22,000,000
Department of Health and Mental Hygiene	MHIP Fund Swap	4,500,000	4,500,000
Department of Health and Mental Hygiene	Change in distribution of hospital assessment revenue (a reduction in the allocation intended in Chapter 245 of 2008 to reduce hospital rates) and use to offset a like general fund reduction for inpatient Medicaid expenditures	9,000,000	9,000,000
Department of Health and Mental Hygiene	Health Program Integrity Act	1,000,000	2,000,000
Department of Health and Mental Hygiene	Deferred Compensation match	2,075,276	2,580,338
Total Fiscal 2010 Contingent Reductions		**$55,903,500**	**$68,408,562**

CRF: Cigarette Restitution Fund
MHIP: Maryland Health Insurance Plan
PAC: Primary Adult Care

Source: Department of Legislative Services; State Budget

Department of Health and Mental Hygiene

Other Fiscal 2009 and 2010
Planned and Back of the Bill Actions

DHMH	Fiscal 2009:	Share of furlough savings/estimated at $1,200,000 in general fund savings for DHMH
DHMH	Fiscal 2009:	Share of 250 abolished positions/$9,200,000 in general fund savings
DHMH	Fiscal 2009:	Share of agency general fund reductions under review totaling $54,159,000
DHMH*	Fiscal 2010:	Abolition of 200 FTE vacant positions/$5,143,557 in general fund savings for DHMH
DHMH*	Fiscal 2010:	Share of contractual position reductions/$1,656,600 in general fund savings for DHMH
DHMH*	Fiscal 2010:	Share of savings from contractual renogotiations/$7,334,757 in general fund savings for DHMH
DHMH*	Fiscal 2010:	Abolition of four FTE positions from personnel classification consolidation/$241,273 in general fund savings
DHMH	Fiscal 2010:	Share of savings from personnel and workforce reductions under review/$30,000,000 in general fund savings
DHMH	Fiscal 2010:	Share of savings in health insurance costs contingent on legislation transferring the Medicare Part D subsidy to offset health insurance costs in fiscal 2010/share of $24,584,082 in total fund savings

DHMH: Department of Health and Mental Hygiene
FTE: full-time equivalent

*Reductions included in analysis

Source: Department of Legislative Services; State Budget

Department of Health and Mental Hygiene
Fiscal 2009 and 2010 Fund Transfers and Fund Transfers Contingent on Legislation

Agency/Program	Item	Fiscal 2009	Fiscal 2010
Dedicated Purpose Account	$8,000,000 in funding from the Dedicated Purpose Account to stabilize the Prince George's County Hospital System transferred instead to the general fund. These funds, intended for fiscal 2010, will be back-filled by a transfer from the Health Care Coverage Fund contingent on legislation.	$8,000,000	
Regulatory Commissions	Maryland Trauma Physician Services Fund ($17,000,000), Community Health Resources Fund ($14,000,000), and Maryland Health Care Commission Fund ($2,000,000)	33,000,000	
Health Occupations	Board of Physicians ($3,000,000) and Board of Nursing ($500,000)	3,500,000	
Health Occupations	Board of Examiners for Audiologists, Hearing Aid Dispensers, and Speech-Language Pathologists ($100,000) and Board of Occupational Therapy Practice ($100,000)		$200,000
	Senior Prescription Drug Program	2,600,000	
Total Fund Transfers		**$47,100,000**	**$200,000**

Source: Department of Legislative Services; State Budget

Department of Health and Mental Hygiene
Fiscal 2009 and Fiscal 2010 Revenue Adjustments

Agency/Program	Item	Fiscal 2009	Fiscal 2010
Department of Health and Mental Hygiene Administration	Fees collected by Vital Records for birth certificates issued to inmates who are scheduled to be released in order to facilitate their ability to get identification cards and other documents.	$70,000	$70,000
Department of Health and Mental Hygiene	Cost Settlement Revenue. Based on clearing a backlog of four years of reconciliations.	6,435,889	143,000
Developmental Disabilities Administration	Hospital patient recoveries based on the movement of dually diagnosed psychiatric/developmentally disabled patients from State psychiatric facilities into State residential centers		2,333,183
Total Revenue Adjustments		**$6,505,889**	**$2,546,183**

Source: Department of Legislative Services; State Budget

Department of Health and Mental Hygiene
Budget Overview: All Funding Sources
Fiscal 2008-2010
($ in Thousands)

	Actual 2008	Working 2009	Allowance 2010	$ Change 2009-10	% Change 2009-10
Medical Programs/Medicaid	**$4,963,126**	**$5,491,474**	**$5,810,962**	**$319,488**	**5.8%**
Provider Reimbursements	4,715,419	5,107,575	5,358,941	251,366	4.9%
Maryland Children's Health Program	182,583	194,901	193,005	-$1,896	-1.0%
Health Care Expansion	0	121,451	191,129	69,678	57.4%
Other	65,124	67,548	67,887	$340	0.5%
Mental Hygiene	**$898,906**	**$924,801**	**$964,891**	**$40,089**	**4.3%**
Program Direction	7,309	7,234	8,466	1,233	17.0%
Community Services	610,234	637,219	663,485	26,267	4.1%
Facilities	281,363	280,349	292,939	12,590	4.5%
Developmental Disabilities	**$744,104**	**$785,087**	**$815,848**	**$30,762**	**3.9%**
Program Direction	5,820	5,904	6,285	381	6.5%
Community Services	662,753	713,989	760,007	46,018	6.4%
Facilities	75,532	65,194	49,557	-15,637	-24.0%
Community and Family Health	**$311,340**	**$331,123**	**$312,354**	**-$18,769**	**-5.7%**
Targeted Local Health	71,484	61,852	61,852	0	0.0%
Women, Infants, and Children	84,671	101,838	96,972	-4,866	-4.8%
Cigarette Restitution Fund Tobacco and Cancer	43,794	40,915	29,103	-11,813	-28.9%
Other	111,391	126,518	124,428	-2,090	-1.7%
Alcohol and Drug Abuse	**$140,470**	**$148,691**	**$150,665**	**$1,973**	**1.3%**
Other Budget Areas	**$350,340**	**$374,038**	**$413,358**	**$39,320**	**10.5%**
DHMH Administration	44,446	49,220	47,110	-2,111	-4.3%
Office of Health Care Quality	15,388	17,072	17,557	485	2.8%
Health Occupations Boards	23,332	26,279	28,045	1,766	6.7%
Chronic Disease Hospitals	43,813	45,252	46,521	1,269	2.8%
AIDS Administration	67,453	70,698	70,760	61	0.1%
Chief Medical Examiner	9,094	9,433	9,779	346	3.7%
Laboratories Administration	22,927	24,425	24,399	-26	-0.1%
Health Regulatory Commissions	123,888	131,658	169,188	37,530	28.5%
Departmental Back of Bill Reductions			**-$14,135**		
Total Funding	**$7,408,288**	**$8,055,215**	**$8,453,943**	**$398,728**	**4.9%**

DHMH: Department of Health and Mental Hygiene

Note: Includes Fiscal 2009 Deficiencies, Fiscal 2009 Planned Reductions, Fiscal 2010 Contingent Reductions and Fiscal 2010 Back of Bill Reductions where known.

Source: Department of Legislative Services; State Budget

Department of Health and Mental Hygiene

Budget Overview: General Funds Only

Fiscal 2008-2010
($ in Thousands)

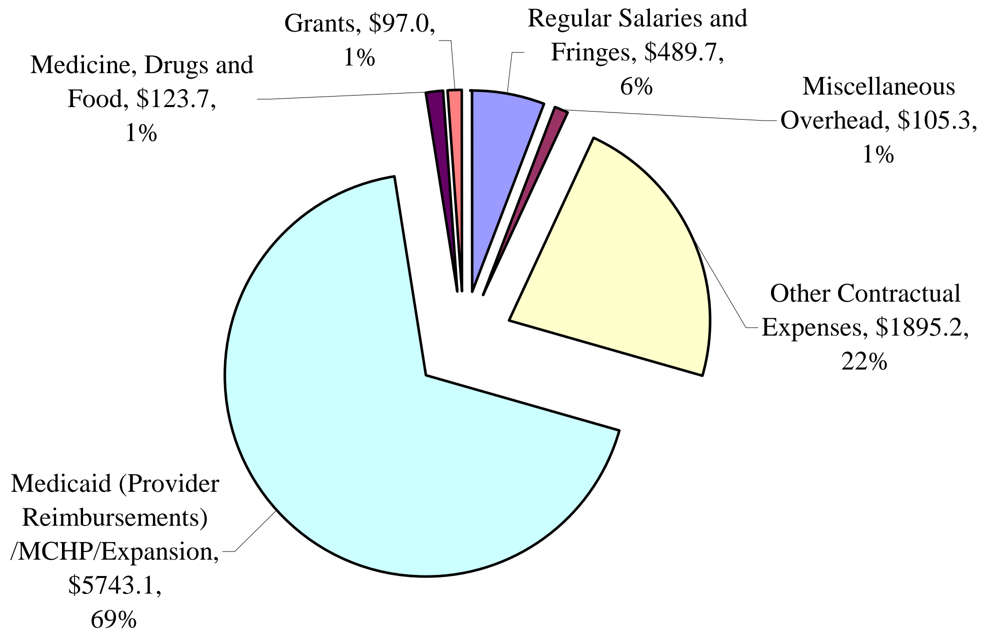
	Actual 2008	Working 2009	Allowance 2010	$ Change 2009-10	% Change 2009-10
Medical Programs/Medicaid	**$2,238,380**	**$2,326,569**	**$2,064,456**	**-$262,113**	**-11.3%**
Provider Reimbursements	2,142,109	2,225,567	1,967,678	-257,889	-11.6%
Maryland Children's Health Program	63,595	67,768	61,790	-5,978	-8.8%
Health Care Expansion	0	0	0	0	0.0%
Other	32,676	33,234	34,988	1,754	5.3%
Mental Hygiene	**$626,342**	**$629,921**	**$662,675**	**32,755**	**5.2%**
Program Direction	5,698	5,545	6,296	751	13.5%
Community Services	346,628	353,050	375,048	21,998	6.2%
Facilities	274,016	271,326	281,331	10,005	3.7%
Developmental Disabilities	**$472,411**	**$483,037**	**$493,147**	**$10,110**	**2.1%**
Program Direction	4,424	4,341	4,685	344	7.9%
Community Services	392,860	414,448	439,811	25,363	6.1%
Facilities	75,127	64,248	48,652	-15,597	-24.3%
Community and Family Health	**$119,998**	**$113,483**	**$99,318**	**-$14,165**	**-12.5%**
Targeted Local Health	71,484	61,841	61,852	11	0.0%
Women, Infants, and Children	250	177	250	73	41.2%
Cigarette Restitution Fund	15	1,250	1,250	0	0.0%
Other	48,249	50,215	35,966	-14,249	-28.4%
Alcohol and Drug Abuse	**$86,791**	**$94,318**	**$95,867**	**$1,549**	**1.6%**
Other Budget Areas	**$107,098**	**$110,796**	**$113,369**	**$2,573**	**2.3%**
DHMH Administration	26,627	27,600	27,568	-33	-0.1%
Office of Health Care Quality	9,759	10,502	10,715	213	2.0%
Health Occupations Boards	346	304	333	29	9.6%
Chronic Disease Hospitals	39,025	39,615	40,999	1,384	3.5%
AIDS Administration	4,465	4,498	4,148	-350	-7.8%
Chief Medical Examiner	8,751	9,127	9,435	308	3.4%
Laboratories Administration	18,125	19,150	20,171	1,021	5.3%
Health Regulatory Commissions	0	0	0	0	0.0%
Departmental Back of Bill Reductions			**-$14,135**		
Total Funding	**$3,651,019**	**$3,758,123**	**$3,514,697**	**-$243,427**	**-6.5%**

DHMH: Department of Health and Mental Hygiene

Note: Includes Fiscal 2009 Deficiencies, Fiscal 2009 Planned Reductions, Fiscal 2010 Contingent Reductions and Fiscal 2010 Back of Bill Reductions where known.

Source: Department of Legislative Services; State Budget

Department of Health and Mental Hygiene
Functional Breakdown of Spending
Fiscal 2010 Allowance
($ in Millions)



MCHP: Maryland Children's Health Program

Note: Includes Fiscal 2009 Deficiencies, Fiscal 2009 Planned Reductions, Fiscal 2010 Contingent Reductions and Fiscal 2010 Back of Bill Reductions where known.

Source: Department of Legislative Services; State Budget

Proposed Budget Changes
Department of Health and Mental Hygiene
($ in Thousands)

	General Fund	Special Fund	Federal Fund	Reimb. Fund	Total
2009 Working Appropriation	$3,758,123	$652,875	$3,572,720	$71,496	$8,055,215
2010 Governor's Allowance	3,514,696	764,107	$4,106,325	68,815	8,453,943
Amount Change	-243,427	111,232	533,604	-2,681	398,728
Percent Change	-6.5%	17.0%	14.9%	-3.8%	4.9%

Where It Goes:		
Major Personnel Expense Changes	**$6,813**	
Employee and retiree health insurance pay-as-you-go costs		15,790
Additional costs to open new wing at Perkins (exclusive of transfers from other facilities)		6,447
Regular earnings (increment annualization)		4,400
Retirement contribution		4,362
New positions: 8 FTEs (special funds)		444
Other fringe benefit adjustments		-728
Turnover		-892
Overtime		-1,231
Deletion of deferred compensation (contingent on legislation)		-2,580
Deletion of funds relating to reduction of Other Post Employment Benefits' unfunded liability		-3,732
Abolished positions: 290.4 FTEs (primarily from Rosewood and Springfield)		-15,467
Specified Back of the Bill Reductions	**-$14,135**	
Section 18 vacant positions reduction		-5,144
Section 23 contractual position reduction		-1,657
Section 24 contract savings		-7,335
Major Programmatic Changes (Exc. Medicaid)	**$83,497**	
Alcohol and Drug Abuse Administration		
Provider rate adjustment (0.9%)		1,225
Drug court treatment (reimbursable funds)		783
Mental Hygiene Administration		
Community mental health fee-for-service enrollment and utilization		18,825
Fee-for-service provider rate adjustment (0.9% or 3% for inpatient)		7,011
Energy loan payments and associated services contract		2,186
Administration Services Organization contract		1,494

Where It Goes:

Item		Amount
Off-grounds medical care		1,032
Early Childhood Mental Health initiative (federal funds)		906
Grants and contracts provider rate adjustment (0.9%)		489
Savings contingent on passage of the Maryland False Claims Act		-2,000
Developmental Disabilities Administration		
Annualization of previously funded community services		13,910
Expansion of services to transitioning youth (608 FTEs)		9,587
Provider rate adjustment		6,453
Rate rebasing for all community services		6,061
Deinstitutionalization (64 clients from State psychiatric facilities)		5,005
Emergency placements (35 FTEs)		3,073
Waiting List Equity Fund placements (40 FTEs)		2,836
Utilization review contract to assess level of need		563
Money Follows the Person funding		367
Regional offices		162
Savings contingent on passage of the Maryland False Claims Act		-2,000
Nonpersonnel cost savings associated with the closure of Rosewood		-8,801
Community and Family Health Administrations		
Targeted local health formula (a fiscal 2009 and 2010 funding reduction of $10.1 million per year is proposed)		0
Office of Preparedness and Response reduced federal grant funding		-3,503
Women, Infants, and Children Food Program (supplemental nutrition grants and counseling)		-4,866
Decrease of CRF funding for statewide academic health centers and tobacco prevention programs		-11,813
Other Programs		
Health Regulatory Commissions: Increase in Uncompensated Care Fund based on revised uncompensated care formula		35,078
Grant for the University of Maryland Medical System ($3 million) and other trauma centers		3,200
AIDS: New federal HIV testing grant (federal funds)		1,255
AIDS: Reduced costs for Maryland Aids Drug Assistance Program		-1,850
Major Information Technology Projects (CHRIS and EVRS)		-3,171
Medicaid/Medical Care Programs Administration	**$321,182**	
Medicaid enrollment growth (3.9%) primarily in the Temporary Cash Assistance population		154,708
Medicaid medical inflation and utilization		80,608
Increased costs of health care expansion to parents		69,678
Money Follows the Person Slots for the Living at Home Waiver and Older Adults Waiver		16,884

Where it Goes:	
Costs for legal aliens budgeted according to actual fiscal 2008 costs rather than the legal mandate	15,260
Increase in the cost of the clawback payment	7,169
Increased funding for comprehensive long-term care evaluations that assist in keeping individuals in the community	2,388
Funding for the administrative costs associated with the new Dental Administration Services Organization contract	2,322
Older Adults Waiver and Living at Home provider increases of 0.9%	959
Reduction in the cost of the Medicaid Information Technology Architecture contract	-1,500
Savings contingent on passage of the Health Program Integrity Act	-2,000
Increased collection of third party liability recoveries	-7,295
Savings contingent on passage of the Maryland False Claims Act	-18,000
Other	1,371
Total	**$398,728**

CHRIS: Computerized Hospital Record Information System
CRF: Cigarette Restitution Fund
EVRS: Electronic Vital Records System
FTEs: full-time equivalents

Note: Includes Fiscal 2009 Deficiencies, Fiscal 2009 Planned Reductions, Fiscal 2010 Contingent Reductions and Fiscal 2010 Back of Bill Reductions where known.

Department of Health and Mental Hygiene
Regular Employees
Fiscal 2008-2010

	Actual 2008	Working 2009	Allowance 2010	Change 2009-10	% Change 2009-10
DHMH Administration	468.2	464.0	459.0	-5.0	-1.1%
Office of Health Care Quality	194.4	194.2	194.2	0.0	0.0%
Health Occupations Boards	222.3	245.8	252.8	7.0	2.8%
Community and Family Health Administrations	340.4	335.4	334.4	-1.0	-0.3%
AIDS Administration	111.0	105.0	105.0	0.0	0.0%
Chief Medical Examiner	80.0	81.0	81.0	0.0	0.0%
Chronic Hospitals	566.3	556.1	556.1	0.0	0.0%
Laboratories Administration	254.0	252.0	247.0	-5.0	-2.0%
Alcohol and Drug Abuse Administration	62.0	60.0	60.0	0.0	0.0%
Mental Hygiene Administration	**3,345.7**	**3,181.2**	**3,146.2**	**-35.0**	**-1.1%**
Administration	95.4	91.4	91.4	0.0	0.0%
Institutions	3,250.4	3,089.9	3,054.9	-35.0	-1.1%
Developmental Disabilities Administration	**1,159.0**	**1,052.7**	**803.3**	**-249.4**	**-23.7%**
Administration	175.8	174.5	174.5	0.0	0.0%
Institutions	983.2	878.2	628.8	-249.4	-28.4%
Medical Care Programs Administration	600.0	614.8	614.8	0.0	0.0%
Health Regulatory Commissions	90.6	94.6	95.6	1.0	1.1%
Back of the Bill Reduction			-200.0		
Total Regular Positions	**7,493.9**	**7,236.7**	**6,749.3**	**-487.4**	**-6.7%**

DHMH: Department of Mental Health and Hygiene

Note: Carter Center will lose all but 11 full-time equivalents (FTEs) effective October 1, 2009, with 89 FTEs switched to Perkins and 23.3 FTEs abolished. The DHMH Administration fiscal 2010 employee count reflects four abolished positions in Section 19 of the budget bill. The Community and Family Health Administrations' fiscal 2010 employee count reflects five abolished positions contingent on legislation.

Source: State Budget

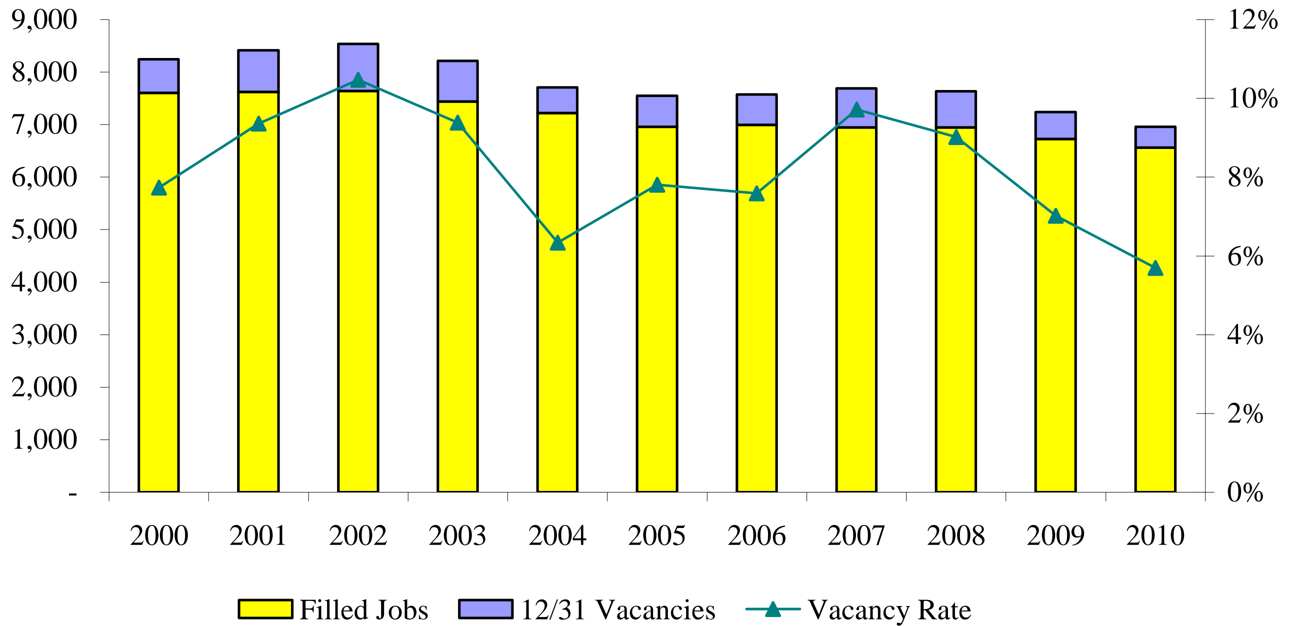
Department of Health and Mental Hygiene
Regular Employees – Vacancy Rates
December 31, 2008

	FTE Vacancies	FTE Positions	Vacancy Rate
DHMH Administration	21.00	464.00	4.5%
DHMH Office of Health Care Quality	14.80	194.20	7.6%
DHMH Health Occupation Boards	21.00	245.80	8.5%
DHMH Community and Family Health Administration	22.00	335.40	6.6%
DHMH AIDS Administration	11.00	105.00	10.5%
DHMH Office of the Chief Medical Examiner	6.00	81.00	7.4%
DHMH Chronic Disease Services	43.00	556.10	7.7%
DHMH Laboratories Administration	15.00	252.00	6.0%
DHMH Alcohol and Drug Abuse Administration	4.50	60.00	7.5%
DHMH Mental Hygiene Administration	193.35	3,181.20	6.1%
DHMH Developmental Disabilities Administration	109.00	1,052.70	10.4%
DHMH Medical Care Programs Administration	39.3.00	614.80	6.4%
DHMH Health Regulatory Commissions	8.00	94.60	8.5%
DHMH Total	**507.95**	**7,236.70**	**7.0%**

DHMH: Department of Health and Mental Hygiene
FTE: full-time equivalent

Source: State Budget; Department of Budget and Management

Department of Health and Mental Hygiene
Regular Employee Filled Jobs and Vacancy Rates
Fiscal 2000-2010



FTEs: full-time equivalents

Note: Fiscal 2010 data is authorized positions and budgeted turnover rate. Excludes additional fiscal 2009 and 2010 position cuts per the Back of the Bill.

Source: Department of Legislative Services; Department of Health and Mental Hygiene

Department of Health and Mental Hygiene
Contractual Employees (FTEs)
Fiscal 2008-2010

	Actual 2008	Working 2009	Allowance 2010	Change 2009-10	% Change 2009-10
DHMH Administration	15.88	17.59	13.59	-4.00	-22.7%
Office of Health Care Quality	5.05	5.15	5.40	0.25	4.9%
Health Occupations Boards	13.95	4.25	6.15	1.90	44.7%
Community and Family Health Administrations	8.53	11.08	10.56	-0.52	-4.7%
AIDS Administration	2.11	11.17	1.00	-10.17	-91.0%
Chief Medical Examiner	5.20	6.05	6.15	0.10	1.7%
Chronic Hospitals	20.86	21.75	21.12	-0.63	-2.9%
Laboratories Administration	2.42	2.78	4.28	1.50	54.0%
Alcohol and Drug Abuse Administration	2.41	5.00	5.00	0.00	0.0%
Mental Hygiene Administration	218.53	237.69	230.96	-6.73	-2.8%
Administration	1.04	3.42	3.42	0.00	0.0%
Institutions	217.49	234.27	227.54	-6.73	-2.9%
Developmental Disabilities Administration	62.74	82.85	36.79	-46.06	-55.6%
Administration	3.93	9.87	9.50	-0.37	-3.7%
Institutions	58.81	72.98	27.29	-45.69	-62.6%
Medical Care Programs Administration	42.08	44.00	43.43	-0.57	-1.3%
Health Regulatory Commissions	1.00	1.00	0.00	-1.00	-100.0%
Total Contractual Positions	**400.76**	**450.36**	**384.43**	**-65.93**	**-14.6%**

DHMH: Department of Health and Mental Hygiene
FTEs: full-time equivalents

Note: Excludes any estimate of DHMH's share of additional fiscal 2010 abolished contractual positions per the Back of the Bill.

Source: State Budget

Department of Health and Mental Hygiene
Budget Overview: Selected Caseload Measures
Fiscal 2007-2010

	Actual 2007	Actual 2008	Working 2009	Allowance 2010	Change 2009-10	% Change 2009-10
Medical Programs/Medicaid						
Medicaid Enrollees	525,971	532,082	565,939	599,000	33,061	5.8%
Maryland Children's Healthcare Program	106,009	108,504	110,564	112,000	1,436	1.3%
Medicaid Expansion to Parents	0	0	25,000[1]	31,991	6,991	28.0%
Primary Adult Care	23,000	29,221	29,500	30,000	500	1.6%
Developmental Disabilities Administration						
Residential Services	5,036	5,105	5,518	5,648	130	2.4%
Day Services	6,056	6,153	6,484	6,574	90	1.4%
Supported Employment	3,712	3,932	4,633	5,241	608	13.1%
In-home support services	7,893	8,090	8,194	8,213	19	0.2%
Other alternative residential support services[2]	1,934	1,980	2,011	2,055	44	2.2%
Average daily census at institutions	358	324	242	161	-81	-33.5%
Mental Hygiene Administration						
Average daily populations at State-run psychiatric hospitals:						
Hospitals excluding RICAs and Assisted Living	1,186	1,112	1,118	1,070	-48	-4.3%
RICAs	85	75	59	59	0	0.0%
Assisted Living	93	101	99	102	3	3.0%
Total	**1,364**	**1,288**	**1,276**	**1,231**	-45	-3.5%
Number receiving community mental health services						
Medicaid eligible	78,434	82,256	81,665	82,480	815	1.0%
Medicaid-ineligible	15,499	17,126	17,000	17,170	170	1.0%
Total	**93,933**	**99,382**	**98,665**	**99,650**	985	1.0%
Alcohol and Drug Abuse Administration						
Clients served in various settings	60,196	59,341	61,177	62,085	908	1.5%

RICAs: Regional Institutions for Children and Adolescents

[1]As of early January, enrollment for the Medicaid Expansion to Parents was almost 25,000 which is 20% higher than the Department of Health and Mental Hygiene's estimate for the entire fiscal year.

[2]Other alternative residential support services includes Community Supported Living Arrangements, Self Directed Services, and Individual Family Care

Source: Department of Legislative Services; Department of Health and Mental Hygiene

Issues

1. Cigarette Restitution Fund Issues

The Cigarette Restitution Fund (CRF) was established by Chapter 173 of 1999 and is supported by payments made under the Master Settlement Agreement (MSA). Through the MSA, the settling manufacturers will pay the litigating parties – 46 states (4 states, Florida, Minnesota, Texas, and Mississippi had previously settled litigation), 5 territories, and the District of Columbia – approximately $206 billion over the next 25 years and beyond, as well as conform to a number of restrictions on marketing to youth and the general public.

CRF Programmatic Support

The distribution of MSA funds among the states is determined by formula, with Maryland receiving 2.26% of MSA monies which are adjusted for inflation, volume, and prior settlements. In addition, the State will collect 3.30% of monies from the Strategic Contribution Fund, distributed according to each state's contribution toward resolution of the state lawsuits against the major tobacco manufacturers.

The use of the CRF is restricted by statute in a variety of ways. For example:

- at least 50% of the funds must be appropriated to eight health- and tobacco-related priorities including tobacco production alternatives, tobacco control and cessation, cancer prevention, treatment and research, and substance abuse treatment and prevention;
- at least 30% of the funds must be appropriated to Medicaid; and
- at least 0.15% of the fund is dedicated to enforcement of Title 16, Subtitle 5 of the Business Regulation Article (Escrow Requirements for Nonparticipating Tobacco Product Manufacturers) by the Office of the Attorney General.

Exhibit 1 provides CRF revenue and expenditure detail for fiscal 2008 to 2010. A number of points may be made from this exhibit:

- Since the adoption of the 2009 budget, a number of key changes have occurred to the CRF budget:
  - Available revenues have increased by $15.5 million because the Administration has elected not to make a provision for the potential escrowing of funds received in April 2009 based on a nonparticipating manufacturer's (NPM) adjustment as has been true in the past three fiscal years. This adjustment is based on an expected agreement between the states and participating manufacturers that will release the full amount of the NPM withhold from fiscal 2008 and apply those funds to the anticipated withhold in April 2009. This essentially eliminates the adjustment for fiscal 2009.

Exhibit 1
Cigarette Restitution Fund Budget Estimates
Fiscal 2008-2010
($ in Millions)

	2008 Actual	2009 Legislative	2009 Working	2010 Allowance	*2010 Adjusted Allowance*	2009 Leg. – 2010 Adj. Allowance Change
Beginning Fund Balance	$12.9	$9.6	$9.6	$1.7	*$1.7*	
Settlement Payments	148.7	149.0	148.8	147.4	*147.4*	
NPM and other shortfalls in payments[1]	-11.9	-16.5	-1.0	0.0	*0.0*	
Other Adjustments[2]	37.3	35.7	36.1	35.7	*35.7*	
Subtotal	**$187.0**	**$177.8**	**$193.5**	**$184.8**	***$184.8***	
Prior Year Recoveries	2.4		1.0			
Total Available Revenue	**$189.3**	**$177.8**	**$194.5**	**$184.8**	***$184.8***	**$7.0**
Health						
Tobacco	17.2	18.4	16.7	18.4	*4.6*	-13.9
Cancer	25.4	27.5	21.9	27.5	*22.1*	-5.4
Substance Abuse	17.1	17.1	17.1	17.1	*17.1*	0.0
Medicaid	106.7	97.5	125.0	110.5	*114.9*	17.4
Administration	0.9	1.0	0.9	1.1	*1.1*	0.1
Breast and Cervical Cancer					*14.8*	14.8
Subtotal	**$167.4**	**$161.5**	**$181.6**	**$174.5**	***$174.5***	**$13.0**
Other						
Aid to Nonpublic School	3.6	3.7	3.7	2.5	*2.5*	-1.2
Crop Conversion	8.3	8.5	7.0	7.0	*7.0*	-1.5
Attorney General	0.4	0.5	0.4	0.5	*0.5*	0.0
Subtotal	**$12.3**	**$12.7**	**$11.1**	**$10.0**	***$10.0***	**-$2.7**
Total Expenses	**$179.8**	**$174.2**	**$192.8**	**$184.5**	***$184.5***	**$10.3**
Ending Fund Balance	**$9.6**	**$3.6**	**$1.7**	**$0.3**	***$0.3***	**-$3.3**

[1]The Nonparticipating Manufacturer adjustment represents the bulk of this total adjustment.

[2]Other adjustments include the strategic contribution payments and the National Arbitration Panel award.

NPM: Nonparticipating Manufacturer

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

Source: Department of Legislative Services; Department of Budget and Management

  - Total spending has increased to reflect these higher available revenues. However, the revised fiscal 2009 CRF spending plan also reflects additional changes in spending priorities. For example, the Board of Public Works (BPW) cost containment actions have reduced tobacco cessation and Statewide Academic Health Center cancer programs by $1.7 million and $5.6 million respectively, and the tobacco crop conversion program by $1.5 million. All of the additional revenues made available by the revision to the NPM adjustment and the cost containment actions have been moved to Medicaid to back-fill for general fund cost containment actions made by BPW.

- The fiscal 2010 allowance continues to assume that no NPM escrow adjustment will be made. As discussed below, the basis for this assumption is unclear.

- Available CRF revenues are $9.7 million lower in fiscal 2010 compared to fiscal 2009, primarily because of a lower opening fund balance.

- The fiscal 2010 allowance meets the appropriate statutorily mandated funding levels for the various programs. The allowance reflects:

  - Reduced funding for non-public textbooks by almost $1.2 million.

  - Level funding of the crop conversion program at the reduced fiscal 2009 working appropriation level.

- However, as also shown in the exhibit, the fiscal 2010 allowance contains adjustments to expenditures contingent on the passage of legislation. Specifically, tobacco cessation and Statewide Academic Health Center cancer programs are proposed to be reduced by $13.8 million and $5.4 million, respectively, with this funding used to back-fill for general fund reductions of $14.8 million in the Breast and Cervical Cancer program and $4.4 million in Medicaid.

Legal Challenges to the Master Settlement Agreement

Legal actions by manufacturers participating in the MSA continue to influence the amount of tobacco settlement revenues available to the states. These manufacturers contend that manufacturers not participating in the agreement have increased market share by exploiting legal loopholes to reduce their escrow payments to the states, giving those manufacturers a competitive advantage in the pricing of their products.

The MSA authorizes participating manufacturers that lose a certain share of the market to withhold three times the amount of their losses. This withholding is known as a NPM adjustment. The agreement allows participating manufacturers to pursue this adjustment on an annual basis. In April 2005, the participating manufacturers gave notice to state Attorneys General that they were pursuing an NPM adjustment with respect to a loss of market share in sales year 2003. A similar adjustment was sought for sales years 2004 and 2005.

According to the MSA, the litigants must meet a three-prong test in order to reduce their MSA payments:

- There must be a demonstrated market share loss by participating manufacturers.

- If a market share loss is demonstrated, participation in the MSA must be ruled as a significant factor contributing to that loss.

- A state must be found to be not diligently enforcing its qualifying statute in that specific sales year. The qualifying statute is intended to level the playing field with respect to price between participating and nonparticipating tobacco manufacturers by requiring nonparticipating manufacturers to either join the MSA or make refundable deposits into an escrow account based on the number of cigarettes they sell in the state. Maryland formally adopted its qualifying statute in Chapter 169 of 1999, subsequently amended in 2001 and 2004.

  In terms of the three-pong test noted above:

  - It is accepted that manufacturers participating in the MSA have lost market share since the MSA was signed.

  - In March 2006, an arbitrator ruled that the MSA was a significant factor contributing to the participating manufacturers' 2003 loss of market share thus allowing a 2003 NPM adjustment (Maryland's share of this adjustment was $26.0 million). A similar ruling has been made for sales years 2004 and 2005. As a result of these rulings, tobacco manufacturers were entitled to reduce Master Settlement payments and place that reduced funding into escrow pending the resolution of this litigation. Some did so, while others chose to continue to make its payments under the MSA and those payments are reflected in state CRF revenues but are nonetheless subject to dispute. To date, Maryland has had $44.0 million of Master Settlement payments placed into escrow.

In terms of the litigation on the diligent enforcement of the qualifying statute, the State lost an effort to have the litigation decided by court rather than arbitration, and that is where the determination will ultimately be made.

As noted in prior years, the potential consequences of this litigation are significant. If one state wins diligent enforcement, that state's share of the NPM adjustment will be deducted from those states that are found not to have diligently enforced. Consequently, if Maryland is found not to have diligently enforced its qualifying statute, it is possible that Maryland's share of the 2003 adjustment could exceed $26.0 million, rising up to the value of the State's full 2006 Master Settlement payment, or approximately $158.2 million. The actual amount would depend on how many other states are found not to have diligently enforced their qualifying statute. A similar process could occur for subsequent sales years.

As noted above, the Administration is making assumptions with regard to NPM adjustments in its fiscal 2009 and fiscal 2010 that have a marked impact on available revenues. With regard to the fiscal 2009 adjustment, this assumption appears sound. As an inducement to all states to enter into arbitration to resolve the NPM issue, the participating manufacturers have agreed to release withheld funding attributed to sales year 2005 (fiscal 2008) and allow the states to use that funding to offset the anticipated withhold of funds for sales year 2006 expected in April 2009.

The assumption not to withhold funds in fiscal 2010 is perhaps more questionable. To be sure, some observers believe that beginning in 2009, states should have a much stronger case that the MSA does not permit any downward NPM adjustment to its MSA payments. This argument is based on the states' increased efforts to enforce laws relating to NPM payments and to document that enforcement starting in 2006 or earlier when the tobacco manufacturers began asserting their NPM adjustment claims.

Additionally, should the participating manufacturers pursue an NPM adjustment based on loss of market share, there will be a new arbiter who will determine whether participation in the MSA was a significant factor contributing to that loss. That change of arbiter may also prove important in determining whether an NPM adjustment will occur in April.

However, at this point, unless the states win the significant factor ruling in sales year 2006 (which should be resolved by the end of February 2009) or arbitration settles the NPM issue in favor of the states for sales year 2003, it must be expected that participating manufacturers will continue to pursue the NPM adjustment.

Securitization of CRF Revenues

In the 2008 session, House Bill 1597 proposed to establish a Maryland Tobacco Settlement Securitization Authority to issue bonds secured by MSA revenues. While the bill was unsuccessful, the chairs of the House Appropriations and Government Operations committees did write a letter to the Treasurer asking that office to study the issue. A response to that request is expected in June 2009. To date, at least 17 states, including California and New York, have sold bonds based on future tobacco settlement payouts.

2. Prince George's County Hospital Authority

Background

Chapter 680 of 2008 established the Prince George's County Hospital Authority as a State entity to implement a competitive bidding process for transferring the Prince George's County Health System (the system) to a new owner or owners. The health system consists of a number of parts: Prince George's Hospital Center, a 269-bed acute-care hospital and regional referral center; Laurel Regional Hospital, a 138-bed acute-care community hospital; the Gladys Spellman Specialty Hospital and Nursing Center, a 110-bed comprehensive care and chronic care facility; and the Bowie Health Center.

The system has been faced with financial difficulties for the past several years. The system has experienced lost market share, revenue losses, low liquidity, significant deferred capital needs, poor bond ratings, and a disadvantageous payor mix. Both the State and Prince George's County have provided significant financial support. Without that financial support, the system would have faced operational deficits of $19.7 million in fiscal 2008, almost $14.0 million in fiscal 2007, and just over $6.8 million in fiscal 2006. To date, through October 2008, fiscal 2009 net income without government grant support was -$8.2 million.

Chapter 680 of 2008

The legislation establishing the Hospital Authority included a specific time frame for the process of transferring the system to a new owner. As shown in **Exhibit 2**, up until the most recent deadline, the legislative deadlines established by the legislation have been met. As also shown in the exhibit, as those deadlines have been met, ongoing and future financial commitments have also been triggered.

Exhibit 2
Fulfillment of Chapter 680 of 2008
Deadlines and Funding Commitments

Item	Deadline	Comment
Authority to begin work.	Earlier of all members being appointed or 30 days after the Authority is established.	Deadline met.
Appointment of representatives to negotiate a funding commitment to stabilize and facilitate the transfer of the system to a new owner.	10 days within the establishment of the Authority.	Deadline met.
Agreement to a long-term financial commitment.	60 days within the establishment of the Authority (with the possibility for a 30-day extension).	Agreement made. Beginning in fiscal 2011, for five years the State and county will each provide $15 million in operating support (for a total of $150 million). Beginning in fiscal 2012, for three years the State will also provide $8 million in capital support (for a total of $24 million). The fiscal 2010 capital budget includes $24 million beginning in fiscal 2012 although allocated $4 million in that year and $10 million in each of fiscal 2013 and 2014.

Item	Deadline	Comment
Short-term funding commitment.	Agreement to a long-term financial commitment within statutory timeframe.	Agreement made. Fiscal 2009 commitment of $12 million appropriated (special fund transfer from Dedicated Purpose Account – originally appropriated in fiscal 2008). Fiscal 2010 allowance includes $12 million from the Health Care Coverage Fund, contingent on legislation.
Issuance of request for proposals for the sale or transfer of the system.	Within 90-120 days of the establishment of the Authority depending on the signing of the long-term funding agreement.	Deadline met. Two phase bidding process begun September 2008.
Proposed agreement to transfer the system to a new owner or owners.	Prior to the beginning of the 2009 session.	60-day extension submitted January 14, 2009.
	If no agreement is forthcoming a report shall be submitted prior to the session explaining why the Authority has been unable to make a final selection. A 60-day extension for the submission of a proposal may also be requested.	Under Chapter 680, the State and County are relieved of their long-term financial obligations if no final agreement has been reached within 60 days of the beginning of session.

Source: Department of Legislative Services; Prince George's County Hospital Authority.

Conclusion

Although system management continues to implement a stabilization plan encompassing such key areas including as patient safety and quality of care, physician development, system growth, and pension plan restructuring, it is conceded that significant financial support for operations and capital replacement will be required to develop the health care delivery system that is desired for the county. The Hospital Authority and other agencies have worked diligently to fulfill both the intent and deadlines contained in Chapter 680. However, to date, the work has not resulted in the development of an agreement for the transfer of the system to a new owner or new owners.

The Authority has submitted a request for a 60-day extension as it continues to deliberate on the responses it has received with regard to the sale of the system. However, the national economic outlook has clearly had a negative impact on the interest of health care entities in assuming ownership of the system. Indeed, the Authority noted in its recent request for an extension that "**the likelihood is high that none of the bids that come to fruition will satisfy the statutory mandate to transfer**

the entire system as it currently exists to a viable entity or entities capable of transforming it into a self-sustaining operation."

Thus, the Authority has also indicated that if no bidders are positioned to assume complete control over all of the components of the system, it will seek a change in its legislative mandate. Specifically:

- the option to allow the sequential sale of pieces of the system; and
- legislative direction to jointly develop, together with appropriate agencies and regulatory commissions, alternative plans to meet the county's health care needs through a reconfiguration of the system. Specific emphasis would be placed on the role of Prince George's Hospital Center in any such reconfigured system.

Clearly the Authority believes that it will be able to sell individual assets, and that such sales could increase the long-term chances of transferring all of the parts of the system to new ownership.

3. Measuring Progress in Health

Introduction

In recent years, significant emphasis has been placed on the use of quantifiable outcomes as a means of gauging the efficacy of government programs. In the health arena, a wide array of outcome measures can be found. Within the State's statutory Managing for Results (MFR) framework, for example, the Department of Health and Mental Hygiene (DHMH) highlights 11 key goals and monitors progress towards those goals using 36 performance measures. However, this represents just the tip of iceberg of the goals, performance measures, and other input and output data reported by the department in budget documents. These goals and performance measures typically form the basis for measuring program performance in the Department of Legislative Services' budget analyses and other documents.

Another layer of performance measurement is the Governor's widely reported StateStat process. For DHMH, this process typically involves monthly meetings. While these meetings may focus on performance measures that form part of the department's MFR (for example, minority business enterprise purchasing levels), there is also a focus on program/policy implementation (for example, take-up of the various health insurance expansion options provided under Chapter 7 of the Special Session of 2007 and the implementation of a name-based HIV/AIDS reporting system to replace the prior unique identifier system).

In terms of public access to this process, available StateStat information on the Internet provides monthly data on a wide variety of areas that relate to performance and program management. As with any data, the interpretation of what is available remains up to the viewer. Certainly no analysis of the significant amount of program data accompanies the data, providing, for

example, context and program history. Happily, then, policy analysts retain some amount of relevance in even this era of more transparent government.

America's Health Rankings, 2008

One of the contexts often not readily available in the discussion of the available MFR and StateStat data is Maryland performance relative to other states. There are often good reasons why those comparisons, while superficially appealing in any discussion of program performance in Maryland, should not be made, not least whether data used in such comparisons is truly alike. Indeed, comparisons typically yield greater insight into the unique characteristics of each state as much as offering specific policy prescriptions that lower-performing states can readily adopt. Nonetheless, comparative health rankings are made and have their uses.

One of the more comprehensive nationwide health rankings is developed by the United Health Foundation (a nonprofit, private foundation established by UnitedHealth Group), the American Public Health Association (an organization representing public health professionals), and Partnership for Prevention (a national nonprofit organization dedicated to health improvement). Since 1990 in a publication entitled *America's Health: State Health Rankings,* individual state rankings have been produced using data that represents a broad range of issues affecting a population's health, that is available at a state level, and that is current. Data and the ranking methodology are regularly reviewed by a large panel of public health experts and can change from year-to-year.

The purpose of these rankings is two-fold: to stimulate public conversation concerning health in the states and to provide information to facilitate citizen participation in discussions about health policy.

Data is collected in two broad categories:

- Risk factors, which are in turn broken into four groupings:
  - personal behaviors (prevalence of smoking, prevalence of binge drinking, and prevalence of obesity);
  - community environment (high school graduation, violent crime offenses, infectious disease, children in poverty, occupational fatalities, and air pollution);
  - public health policies (lack of health insurance, per capita public health spending, and immunization coverage); and
  - clinical care (adequacy of prenatal care, availability of primary care physicians, and preventable hospitalizations).
- Outcomes (poor mental health days, poor physical health days, cardiovascular deaths, cancer deaths, infant mortality, premature death, and geographic disparity).

A new risk factor for 2008 is air pollution. This factor measures the fine particulates in the air. These particulates, which can enter the deepest portions of the lungs, are shown to have an adverse effect on health including decreased lung function, aggravated asthma, development of

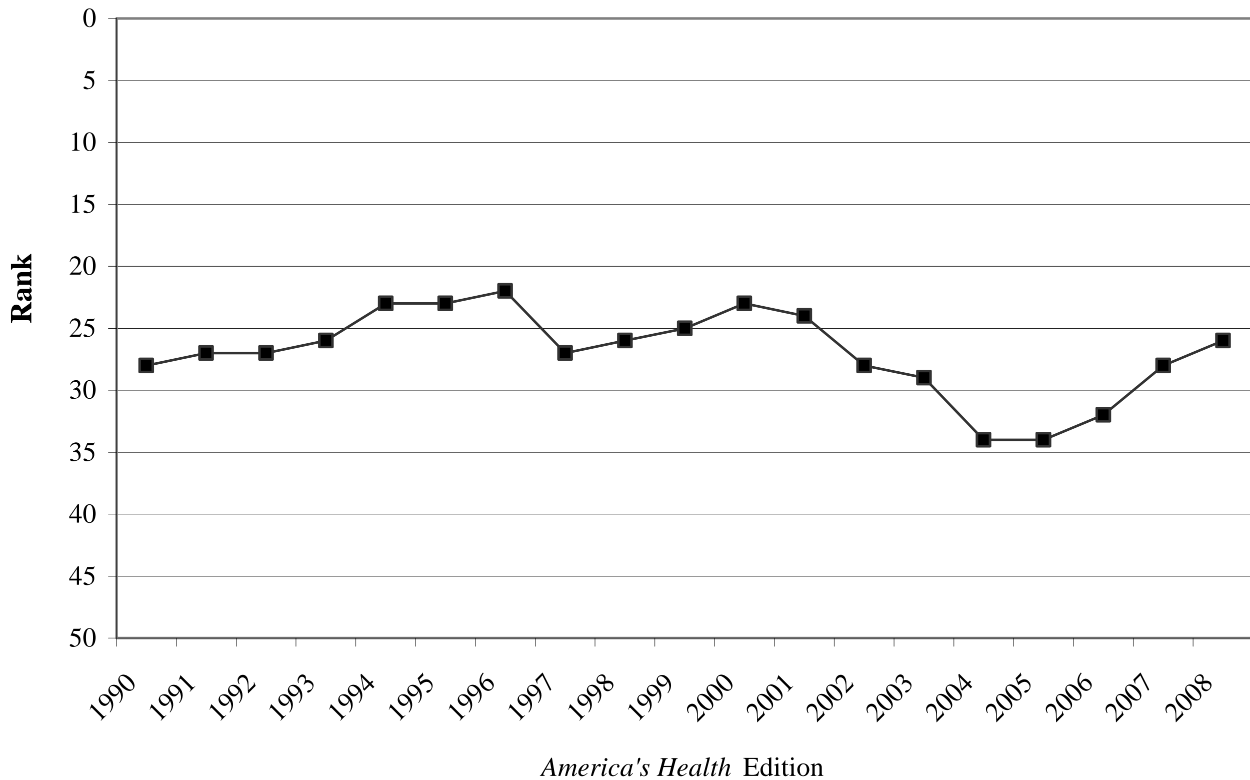
chronic bronchitis, irregular heartbeat, nonfatal heart attacks, and premature death in people with lung and heart disease.

A new outcome for 2008 is geographic disparity which measures the variation in age-adjusted mortality rate among counties within a state. The assertion is that ideally, health and mortality should be equal among the populations of every county within a state and not vary by physical location. The specific measure is based on the all-cause mortality rate for the counties and the State as a whole.

Data for each component is appropriately adjusted and weighted and combined into a single state overall health score. Risk factors ultimately contribute 70% of a state's overall score, with outcomes 30%.

As shown in **Exhibit 3**, in the 2008 edition of *America's Health* Maryland's overall ranking based on this combined health score is 26, the third straight year of improvement. The State achieves this higher ranking despite very mixed trends in terms of short-term trends on risk and outcome factors.

Exhibit 3
***America's Health*: State Health Rankings**
1990-2008
Maryland



Source: *America's Health*, State Health Rankings, 2008 Edition

Of particular note, as shown in **Exhibit 4**, are improvements in the violent crime rate, the percentage of immunization coverage among children 19 to 35 months, and premature deaths. The most significant worsening in a data category was in the prevalence of obesity, which remains a key challenge for Maryland.

Finally, a closer look at the one new outcome, geographic disparity, reveals county mortality differences that are not unexpected based on the various regional issues present in Maryland (see **Exhibit 5**). Generally, central Maryland counties have three-year average mortality rates below or, in the case of Howard County, significantly below the State average; the Western Maryland and Eastern Shore counties and Baltimore City have above or significantly above average mortality rates. While these differences reflect many issues that are well-known to policymakers in terms of access to health care, poverty and so forth, it should be noted that the disparities between the jurisdictions in Maryland is actually less than the national average despite the State's relatively poor comparative ranking.

Exhibit 4
Various Health Outcomes and Risk Factors
Maryland and Maryland's National Ranking: 1990, 2007, and 2008

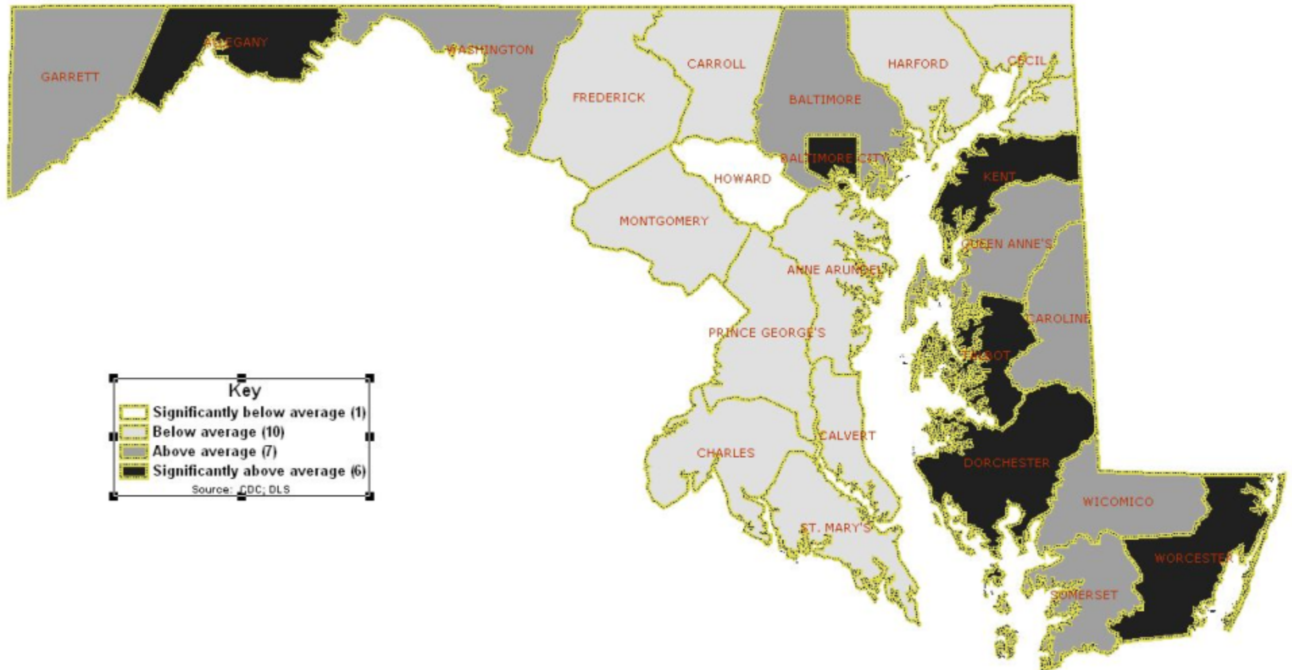
	1990		2007		2008			
Outcome	**Maryland**	**Maryland Rank**	**Maryland**	**Maryland Rank**	**Maryland**	**Maryland Rank**	**Long-term Trend**	**Short-term Trend**
Cardiovascular Deaths (Deaths Per 100,000 Population)	409	28	310.8	30	301.6	29	✓	✓
Cancer Deaths (Deaths Per 100,000 Population)	219.7	49	201.2	32	198.9	31	✓	✓
Infant Mortality (Deaths Per 1,000 Live Births)	11.6	41	7.5	33	7.1	31	✓	✓
Premature Death (Years Lost Per 100,000 Population)	9,145	36	7,889	33	7,615	27	✓	✓
Poor Mental Health Days (Days in Previous 30 Days)		n/a	3.1	17	3.2	19		×
Poor Physical Health Days (Days in Previous 30 Days)		n/a	3.0	6	3.2	12		×
Geographic Disparity (Relative standard deviation)		n/a	13.0	36	13.0	36		✓
Risk Factor								
Prevalence of Smoking (% of Population)	29.7	26	17.7	7	17.1	10	✓	✓
Prevalence of Obesity (% of Population)	12.0	29	24.9	23	26.3	25	×	×
High School Graduation (% of Incoming 9th Graders)	76.5	25	79.5	17	79.3	20	✓	×
Prevalence of Binge Drinking (% of Population)		n/a	12.9	12	13.2	12		×
Violent Crime (Offenses Per 100,000 Population)	768.0	45	679.0	43	642.0	42	✓	✓
Lack of Health Insurance (% without Coverage)	8.9	11	13.6	24	13.8	25	×	×
Infectious Disease (Cases Per 100,000 Population)	41.1	38	36.9	48	37.0	49	✓	×
Children in Poverty (% of Persons Under 18)	16.4	17	10.9	6	11.6	5	✓	×
Occupational Fatalities (Deaths Per 100,000 Workers)	5.7	5	5.2	18	4.9	17	✓	✓
Air Pollution (Micrograms of fine particles/cubic meter)			14.2	39	13.9	38		✓
Per capita Public Health Spending ($ Per Person)		n/a	111.0	6	126.0	5		✓
Immunization Coverage (% of Children 19-35 Months Receiving Selected Vaccines)		n/a	80.1	29	92.4	2		✓
Adequacy of Prenatal Care (% of Pregnant Women Receiving Adequate Care)			70.1	38	67.9	n/a		
Primary Care Physicians (Number per 100,000 population)			179.0	1	178.6	1		×
Preventable Hospitalizations (Discharges per 1,000 Medicare enrollees)			75.1	26	75.1	26		Level

Note: Year refers to year that the ranking is made. The data used to make that ranking are the most current available.

Source: *America's Health*, State Health Rankings, 2008 Edition

Exhibit 5

Maryland: Comparative Mortality Rates



Source: Department of Legislative Services; Federal Centers for Disease Control