

**Agenda for the 11:00 a.m., Tuesday, January 14, 2014
Regular Meeting of the Oklahoma State Board of Health**

Posted at www.health.ok.gov

Oklahoma State Department of Health
1000 N.E. 10th Street – Room 1102
Oklahoma City, OK 73117-1299

I. CALL TO ORDER AND OPENING REMARKS

II. REVIEW OF MINUTES

- a) Approval of Minutes for December 10, 2013, Regular Meeting

III. PROPOSED RULEMAKING ACTIONS

Reaffirm rulemaking actions approved December 10, 2013: Due to a procedural error in meeting the statutory timeline for rule submission, the following rules Chapters are resubmitted for Board adoption. Use the below link to view proposed rulemaking actions:

<http://www.ok.gov/health/rules>

PROTECTIVE HEALTH SERVICE

b) CHAPTER 2. PROCEDURES OF THE STATE DEPARTMENT OF HEALTH

[PERMANENT] Presented by James Joslin

PROPOSED RULES:

Subchapter 29. Criminal History Background Checks [NEW]

310:2-29-1. Purpose [NEW]

310:2-29-2. [RESERVED]

310:2-29-3. Implementation [NEW]

310:2-29-4. [RESERVED]

310:2-29-5. Appeals [NEW]

AUTHORITY: Oklahoma State Board of Health; Title 63 O.S. § 1-104; Title 63 O.S. § 1-1947(T)(2) and 1-1947(Y).

SUMMARY: This proposal promulgates new rules in the procedures of the Department of Health as required in amendments to the Long Term Care Security Act (Title 63 O.S. § 1-1944 et. seq.), as adopted in 2012, House Bill 2582. This bill authorized fingerprint based criminal history background checks on those applicants who would be employed in a variety of long-term care settings as defined in the law at Title 63 O.S. Section 1-1945(4). The law at Title 63 O.S. § 1-1947(T)(2) requires that the Department shall specify rules for issuing a waiver of the disqualification or employment denial and further specifies in paragraph (Y) the State Board of Health shall promulgate rules prescribing effective dates and procedures for the implementation of a national criminal history record check for the employers and nurse aide scholarship programs defined in Section 1-1945 of Title 63 of the Oklahoma Statutes.

c) CHAPTER 100. LICENSURE OF CREMATORIES [REVOKED]

[PERMANENT] Presented by James Joslin

PROPOSED RULES: Chapter 100. Licensure of Crematories [REVOKED]

AUTHORITY: Oklahoma State Board of Health; Title 63 O.S. § 1-104; Title 59 O.S. § 396.30.

SUMMARY: This proposal revokes the rules of the Board of Health concerning the licensure of crematories. The duties and functions concerning licensure of crematories were transferred by statutory modification from the Oklahoma State Department of Health to the Oklahoma Funeral Board. The Department's authority for rulemaking was found at Title 63 O.S. 1981, § 1-331 and renumbered as 59 O.S. § 396.30 by Laws 2003, HB 1270, c. 57, § 31, effective April 10, 2003. The Oklahoma Funeral Board has adopted rules for the licensure of crematories [see Title 235 – Oklahoma Funeral Board, Chapter 10 – Funeral Services Licensing, Subchapter 14 – Crematories].

- d) **CHAPTER 276. HOME INSPECTION INDUSTRY [REVOKED]**
[PERMANENT] Presented by James Joslin
PROPOSED RULES: Chapter 276. Home Inspection Industry [REVOKED]
AUTHORITY: Oklahoma State Board of Health, Title 63 O.S. § 1-104; 59 O.S. § 1000.4.
SUMMARY: This proposal revokes the rules of the Board of Health concerning the home inspection industry. Effective November 1, 2008, the authority to "adopt, amend, repeal, and promulgate rules as may be necessary to regulate . . . home inspectors" was transferred from the Oklahoma State Department of Health to the Construction Industries Board [see 59 O.S., § 1000.4]. The Construction Industries Board promulgated emergency rules, effective November 11, 2008, and later superseded those emergency rules with permanent rules, effective July 11, 2009 [see Construction Industries Board rules OAC 158:70 and 158:10-3-5].
- e) **CHAPTER 658. INDEPENDENT REVIEW ORGANIZATION CERTIFICATION RULES**
[PERMANENT] Presented by James Joslin
PROPOSED RULES: Chapter 658. Independent Review Organization Certification Rules [REVOKED]
AUTHORITY: Oklahoma State Board of Health, Title 63 O.S. § 1-104; Title 36 O.S. § 6475.1.
SUMMARY: This proposal revokes the rules of the Board of Health concerning independent review organization certification and external review. Effective August 26, 2011, The Uniform Health Carrier External Review Act, sections 25 through 41 of House Bill 2072 (2011), transferred responsibility for external reviews and approval of independent review organizations to the Oklahoma Insurance Department [see Title 36 O.S. § 6475.1 et. seq.]. The Oklahoma Insurance Department promulgated emergency rules, effective September 12,, 2011, and later superseded those emergency rules with permanent rules, effective July 14, 2012 [see Title 365, Insurance Department, Chapter 10, Subchapter 29 - External Review Regulations.]
- f) **CHAPTER 675. NURSING AND SPECIALIZED FACILITIES**
[PERMANENT] Presented by James Joslin
PROPOSED RULES
Subchapter 9. Resident Care Services
310:675-9-9.1. Medication services [AMENDED]
AUTHORITY: Oklahoma State Board of Health; Title 63 O.S. § 1-104; Title 63 O.S. § 1-1950(C)(1).
SUMMARY: This proposal amends rules promulgated in accordance with 63 O.S. Section 1-1950(C)(1) which authorized the State Board of Health to promulgate rules necessary for proper control and dispensing of nonprescription drugs in nursing facilities. Section 310:675-9-9.1(i) addresses those procedures for maintaining nonprescription drugs for dispensing from a common or bulk supply. This proposed rule amendment deletes the requirement in OAC 310:675-9-9.1(i)(8) which limits the bulk nonprescription drugs that nursing facilities may maintain for residents. The current requirement provides that only oral analgesics, antacids, and laxatives may be dispensed from bulk supplies. This change will allow nursing facilities to maintain bulk supplies of other nonprescription drugs, such as cough medicines.

PREVENTION AND PREPAREDNESS SERVICES

- g) **CHAPTER 515. COMMUNICABLE DISEASE AND INJURY REPORTING**
[PERMANENT] Presented by Toni Frioux
PROPOSED RULES: Subchapter 1. Disease and Injury Reporting Requirements
310:515-1-3 Diseases to be reported immediately [AMENDED]
310:515-1-4 Additional diseases, conditions, and injuries to be reported [AMENDED]
AUTHORITY: Oklahoma State Board of Health, Title 63 O.S. § 1-104; and Title 63 O.S., §§ 1-502 and 1-503.
SUMMARY: The proposal updates the existing rules in accordance with recommendations from the Council of State and Territorial Epidemiologists (CSTE), the Centers for Disease Control and Prevention, and local health care partners pertaining to reportable diseases. The proposal amends the lists of reportable diseases, regarding diseases or conditions that are required to be reported to the Department. These changes minimally increase the reporting burden placed upon clinicians, have no impact on the reporting burden placed upon laboratories, and do not adversely affect the public health disease control and prevention activities.

h) CHAPTER 550. NEWBORN SCREENING PROGRAM

[PERMANENT] Presented by Toni Frioux

PROPOSED RULES:

Subchapter 1. General Provisions

310:550-1-1 [AMENDED]

310:550-1-2 [AMENDED]

Subchapter 3. Testing Of Newborns

310:550-3-1 [AMENDED]

Subchapter 5. Specimen Collection

310:550-5-1 [AMENDED]

310:550-5-2 [AMENDED]

Subchapter 7. Hospital Recording

310:550-7-1 [AMENDED]

Subchapter 13. Parent And Health Care Provider Education

310:550-13-1 [AMENDED] Subchapter

17. Follow-Up For Physicians

310:550-17-1 [AMENDED]

Subchapter 19. Reporting

310:550-19-1 [AMENDED]

Subchapter 21. Information

310:550-21-1 [AMENDED]

Appendix A Instructions For Filter Paper Sample Collection [REVOKED]

Appendix A Instructions For Filter Paper Sample Collection [NEW] Appendix B

Report Form [REVOKED]

Appendix B Report Form [NEW] Appendix C

Refusal Form [REVOKED] Appendix C

Refusal Form [NEW]

Appendix D Recommended Pulse Oximetry Screening Protocol [NEW]

Appendix E Pulse Oximetry Result Form [NEW]

AUTHORITY: Oklahoma State Board of Health, Title 63 O.S. Section 1-104; and Title 63 O.S. Sections 1-534, 1-550.5, and 1-705.

SUMMARY: This proposal requests amendatory language to the existing rule to include Severe Combined Immunodeficiency Syndrome (SCID) as a new test in the core panel of 29 genetic disorders for newborn screening (NBS) in Oklahoma, as recommended by the Advisory Committee on Heritable Disorders in Newborns and Children – Recommended Uniform Screening Panel (January 21, 2010). This proposal also adds Pulse Oximetry screening for the detection of Critical Congenital Heart Disease to existing newborn screening rules as legislated by HB 1347 (2013) [63 O.S. § 1-550.5]. The new law requires inpatient or ambulatory health care facilities licensed by the State Department of Health that provide birthing and newborn care services to perform a pulse oximetry screening on every newborn in its care prior to discharge from the birthing facility. In addition, minor changes to the newborn screening report form that is submitted by the infant's specialist or primary care provider to include additional information based on new clinical practice and the requisition/collection form to bring the rules up to date with practice. Additional documents include a recommended pulse oximetry screening protocol and a pulse oximetry screening result form.

i) CHAPTER 667. HOSPITAL STANDARDS

[PERMANENT] Presented by Toni Frioux

PROPOSED RULES: Subchapter 19. Medical Records Department

310:667-19-2 [AMENDED]

AUTHORITY: Oklahoma State Board of Health, Title 63 O.S. Section 1-104; and Title 63 O.S. Sections 1- 534, 1-550.5, and 1-705.

SUMMARY: This proposal requests amendatory language to the existing rule to include Severe Combined Immunodeficiency Syndrome (SCID) as a new test in the core panel of 29 genetic disorders for newborn screening (NBS) in Oklahoma, as recommended by the Advisory Committee on Heritable Disorders in Newborns and Children – Recommended Uniform Screening Panel (January 21, 2010). This proposal also adds Pulse Oximetry screening for the detection of Critical Congenital Heart Disease to existing newborn screening rules as legislated by HB 1347 (2013) [63 O.S. § 1-550.5]. The new law requires inpatient or ambulatory health care facilities licensed by the State Department of Health that provide birthing and newborn care services to perform a pulse oximetry screening on every newborn in its care prior to discharge from the birthing facility. In addition, minor changes to the newborn screening report form that is submitted by the infant's

specialist or primary care provider to include additional information based on new clinical practice and the requisition /collection form to bring the rules up to date with practice. Additional documents include a recommended pulse oximetry screening protocol and a pulse oximetry screening result form.

COMMUNITY AND FAMILY HEALTH SERVICES

j) CHAPTER 526. DENTAL SERVICES

[PERMANENT] Presented by Jana Winfree

PROPOSED RULES: Subchapter 3. Oklahoma Dental Loan Repayment Program

310:526-3-2 [AMENDED]

310:526-3-3 [AMENDED]

AUTHORITY: Oklahoma State Board of Health; Title 63 O.S. Sections 1-103a.1 and 1-104; and Title 70 O.S. Section 1210.284.

SUMMARY:

310:526-3-2(b) The current Rule sets forth the description and operation of the Oklahoma Dental Loan Repayment Program (Program). The proposed action allows flexibility in selecting the number and types of participants and in the time period for participation in the Program. The circumstance for the Rule change is compelled by legislation, HB 2587, effective November 1, 2012. The intended effect is to allow the Advisory Committee and Department to select the appropriate number of participants based on funding and the appropriate type of participant (Oklahoma University College of Dentistry faculty or non-faculty), and allow the service obligation period to be adjusted.

310:526-3-2(d) The current Rule states that each award shall be distributed by a two-party draft made payable to the dentist and the loan agency. The proposed action states that each award shall be distributed in accordance with state law. The circumstance for the Rule change is because state preference is to distribute awards by direct deposit and the intended effect is to streamline administration of the Program. 310:526-3-3(b)(3) and (e)(5) The current Rule sets forth eligibility requirements for participants. The non-faculty participant agrees that Medicaid patients will represent 30% of all patient visits at a minimum. The proposal clarifies the count will be by number of patient visits. The rule change takes into consideration that dental software used by participants favors this type of reporting and the Department's intent to facilitate this reporting requirement.

k) CHAPTER 531. VISION SCREENING

[PERMANENT] Presented by Ann Benson

PROPOSED RULES:

Subchapter 1. General provisions

310:531-1-2. Authority [AMENDED]

310:531-1-3. Definitions [AMENDED]

Subchapter 3. Advisory Committee

310:531-3-1. Purpose [REVOKED]

310:531-3-2. Advisory Committee [REVOKED]

310:531-3-3. Rules of Order [REVOKED]

Subchapter 5. Vision Screening Standards for Children

310:531-5-2. Oklahoma Vision Screening Standards [AMENDED]

310:531-5-3. Approval of ~~Vision Screening Providers~~ vision screening providers [AMENDED]

310:531-5-5. Re-approval of vision screening providers [AMENDED]

310:531-5-6. Approval of ~~trainers of vision screening providers~~ vision screening trainers [AMENDED]

310:531-5-7. Re-approval of ~~trainers of vision screening providers~~ vision screening trainers [AMENDED]

310:531-5-8. Approval of ~~trainers of vision screening trainers~~ vision screening trainers of trainers [AMENDED]

310:531-5-9. Re-approval of ~~trainers of vision screening trainers~~ vision screening trainers of trainers [AMENDED]

Subchapter 7. Registry Enforcement for Vision Screening

310:531-7-2. Grounds for discipline [AMENDED]

310:531-7-3. Complaint investigation [AMENDED]

310:531-7-4. Summary removal [AMENDED]

310:531-7-5. Appearance before the Advisory Committee [REVOKED]

310:531-7-6. Right to a hearing

[AMENDED] Subchapter 9. Sports Eye

Safety Resource

310:531-9-1. Purpose [REVOKED]

310:531-9-2. Eye safety resource [REVOKED]

AUTHORITY: Oklahoma State Board of Health; Title 63 O.S. Sections 1-103a.1 and 1-104; and Title 70 O.S. Section 1210.284.

SUMMARY: The proposed rule changes implement provisions of Section 44, House Bill 1467, which creates the Infant and Children’s Health Advisory Council, and Section 79, which replaces the Vision Screening Advisory Committee established in 70 O.S. 2011, Section 1210.284, with the Infant and Children’s Health Advisory Council and eliminates the role of the Advisory Committee in carrying out programmatic activities. The proposed rule changes delineate the responsibilities of the Department in carrying out statewide vision screening for children.

IV. STRATEGIC MAP UPDATE PRESENTATION: Mark Newman, Ph.D., Director, Office of State and Federal Policy

V. CONSIDERATION OF STANDING COMMITTEES’ REPORTS AND ACTION

Executive Committee – Dr. Krishna, Chair

Discussion and possible action on the following:

l) Update

Finance Committee – Dr. Woodson, Chair

Discussion and possible action on the following:

m) Update

Accountability, Ethics, & Audit Committee – Ms. Wolfe, Chair

Discussion and possible action on the following:

n) Update

Public Health Policy Committee – Dr. Gerard, Chair

Discussion and possible action on the following:

o) Update

VI. PRESIDENT’S REPORT

Related discussion and possible action on the following:

p) Update

VII. COMMISSIONER’S REPORT

Discussion and possible action

VIII. NEW BUSINESS

Not reasonably anticipated 24 hours in advance of meeting

IX. PROPOSED EXECUTIVE SESSION

Proposed Executive Session pursuant to 25 O.S. Section 307(B)(4) for confidential communications to discuss pending department litigation, investigation, claim, or action; pursuant to 25 O.S. Section 307(B)(1) to discuss the employment, hiring, appointment, promotion, demotion, disciplining or resignation of any individual salaried public officer or employee and pursuant to 25 O.S. Section 307 (B)(7) for discussing any matter where disclosure of information would violate confidentiality requirements of state or federal law.

- Annual performance evaluation for the Commissioner of Health
- Discussion of potential or anticipated investigation or litigation concerning long term care issues

Possible action taken as a result of Executive Session.

X. ADJOURNMENT

STATE BOARD OF HEALTH
OKLAHOMA STATE DEPARTMENT OF HEALTH
1000 N.E. 10th
Oklahoma City, Oklahoma 73117-1299

Tuesday, December 10, 2013 11:00 a.m.

R. Murali Krishna, President of the Oklahoma State Board of Health, called the 385th regular meeting of the Oklahoma State Board of Health to order on Tuesday, December 10, 2013 at 11:01 a.m. The final agenda was posted at 11:00 a.m. on the OSDH website on December 9, 2013, and at 11:00 .m. at the building entrance on December 9, 2013.

ROLL CALL

Members in Attendance: R. Murali Krishna, M.D., President; Martha Burger, M.B.A., Secretary-Treasurer; Charles W. Grim, D.D.S.; Timothy E. Starkey, M.B.A.; Robert S. Stewart, M.D.; Cris Hart-Wolfe.

Absent: Jenny Alexopulos, D.O.; Terry Gerard, D.O.; Ronald Woodson, M.D., Vice-President

Central Staff Present: Terry Cline, Commissioner; Julie Cox-Kain, Chief Operating Officer; Henry F. Hartsell, Deputy Commissioner, Protective Health Services; Steve Ronck, Deputy Commissioner, Community and Family Health Services; Toni Frioux, Deputy Commissioner, Prevention and Preparedness Services; Mark Newman, Director of Office of State and Federal Policy; Don Maisch, Office of General Counsel; Lloyd Smith, Director of Internal Audit and Office of Accountability Systems; Leslea Bennett-Webb, Director of Office of Communications; Melissa Lang, Chief Financial Officer; VaLauna Grissom, Secretary to the State Board of Health; Commissioner’s Office; Felesha Scanlan.

Visitors in attendance: (see sign in sheet)

Call to Order and Opening Remarks

Dr. Krishna called the meeting to order. He welcomed special guests in attendance.

REVIEW OF MINUTES

Dr. Krishna directed attention to review of the minutes of the October 8, 2013 Special Board Meeting and October 8, 2013, Regular Board meeting.

Ms. Wolfe moved Board approval of the minutes of the October 8, 2013, Special Board meeting, as presented. Second Mr. Starkey. Motion carried.

AYE: Burger, Grim, Krishna, Starkey, Stewart, Wolfe

ABSENT: Alexopulos, Gerard, Woodson

Dr. Stewart moved Board approval of the minutes of the October 8, 2013, Regular Board meeting, as presented. Second Ms. Burger. Motion carried.

AYE: Burger, Grim, Krishna, Starkey, Stewart, Wolfe

ABSENT: Alexopulos, Gerard, Woodson

APPOINTMENTS

a) Home Care and Hospice Advisory Council (Presented by Henry F. Hartsell, Jr.)

Appointments: One Member

Authority: 63 O.S., § 1-103a.1

Members: The Advisory Council shall consist of seven (7) members. Membership is defined in statute.

One member, who is a representative of an association which advocates on behalf of home care or hospice issues, shall be appointed by the State Board of Health.

1 Ms. Wolfe moved Board approval for Appointment of Lavane Y. Vowell to the Home Care Hospice
2 Advisory Council as presented. Second Ms. Burger. Motion carried.
3

4 Dr. Krishna asked if there was discussion from the Board. There were no comments or questions from
5 the Board.
6

7 AYE: Burger, Grim, Krishna, Starkey, Stewart, Wolfe
8 ABSENT: Alexopulos, Gerard, Woodson
9

10 b) Advancement of Wellness Advisory Council (Presented by Julie Cox-Kain)

11 Appointments: One Member

12 Authority: 63 O.S., § 1-103a.1

13 Members: The Advisory Council shall consist of seven (7) members. Membership is defined in statute.
14 One member, who is the Executive Director of the Tobacco Settlement Endowment, shall be appointed by
15 the State Board of Health.
16

17 Ms. Wolfe moved Board approval for Appointment of Tracey Strader to the Advancement of
18 Wellness Advisory Committee as presented. Second Dr. Grim. Motion carried.
19

20 Dr. Krishna asked if there was discussion from the Board. There were no comments or questions from
21 the Board.
22

23 AYE: Burger, Grim, Krishna, Starkey, Stewart, Wolfe
24 ABSENT: Alexopulos, Gerard, Woodson
25

26 c) Infant and Children’s Health Advisory Council (Presented by Edd Rhoades)

27 Appointments: One Member

28 Authority: 63 O.S., § 1-103a.1

29 Members: The Advisory Council shall consist of seven (7) members. Membership is defined in statute.
30 One member, who is a physician licensed by the state of Oklahoma and specializes in the diagnosis and
31 treatment of childhood injuries in a trauma setting, shall be appointed by the State Board of Health.
32

33 Dr. Stewart moved Board approval for Appointment of Amanda L. Bogie, M.D., to the Infant and
34 Children’s Health Advisory Council as presented. Second Mr. Starkey. Motion carried.
35

36 Dr. Krishna asked if there was discussion from the Board. There were no comments or questions from
37 the Board.
38

39 AYE: Burger, Grim, Krishna, Starkey, Stewart, Wolfe
40 ABSENT: Alexopulos, Gerard, Woodson
41

42 PROPOSED RULEMAKING ACTIONS

43 PROTECTIVE HEALTH SERVICE

44 d) CHAPTER 2. PROCEDURES OF THE STATE DEPARTMENT OF HEALTH

45 [PERMANENT] [EMERGENCY] Presented by James Joslin

46 PROPOSED RULES:

47 Subchapter 29. Criminal History Background Checks [NEW]

48 310:2-29-1. Purpose [NEW]

49 310:2-29-2. [RESERVED]

50 310:2-29-3. Implementation [NEW]

51 310:2-29-4. [RESERVED]

52 310:2-29-5. Appeals [NEW]

53 AUTHORITY: Oklahoma State Board of Health; Title 63 O.S. § 1-104; Title 63 O.S. § 1-1947(T)(2) and
54 1-1947(Y).
55

1 **SUMMARY:** This proposal promulgates new rules in the procedures of the Department of Health as
 2 required in amendments to the Long Term Care Security Act (Title 63 O.S. § 1-1944 et. seq.), as adopted
 3 in 2012, House Bill 2582. This bill authorized fingerprint based criminal history background checks on
 4 those applicants who would be employed in a variety of long-term care settings as defined in the law at
 5 Title 63 O.S. Section 1-1945(4). The law at Title 63 O.S. § 1-1947(T)(2) requires that the Department
 6 shall specify rules for issuing a waiver of the disqualification or employment denial and further specifies
 7 in paragraph (Y) the State Board of Health shall promulgate rules prescribing effective dates and
 8 procedures for the implementation of a national criminal history record check for the employers and
 9 nurse aide scholarship programs defined in Section 1-1945 of Title 63 of the Oklahoma Statutes.

10
 11 **Dr. Grim moved Board approval for Emergency Adoption of Chapter 2. Procedures of the State**
 12 **Department of Health as presented. Second Ms. Wolfe. Motion carried.**

13
 14 Dr. Krishna asked if there was discussion from the Board. There were no comments or questions from
 15 the Board.

16
 17 **AYE: Burger, Grim, Krishna, Starkey, Stewart, Wolfe**
 18 **ABSENT: Alexopulos, Gerard, Woodson**

19
 20 **Mr. Starkey moved Board approval for Permanent adoption of Chapter 2. Procedures of the State**
 21 **Department of Health as presented. Second Ms. Burger. Motion carried.**

22
 23 Dr. Krishna asked if there was discussion from the Board. There were no comments or questions from
 24 the Board.

25
 26 **AYE: Burger, Grim, Krishna, Starkey, Stewart, Wolfe**
 27 **ABSENT: Alexopulos, Gerard, Woodson**

28
 29 **CHAPTER 100. LICENSURE OF CREMATORIES [REVOKED]**

30 **[PERMANENT]** Presented by James Joslin

31 **PROPOSED RULES:** Chapter 100. Licensure of Crematories [REVOKED]

32 **AUTHORITY:** Oklahoma State Board of Health; Title 63 O.S. § 1-104; Title 59 O.S. § 396.30.

33 **SUMMARY:** This proposal revokes the rules of the Board of Health concerning the licensure
 34 of crematories. The duties and functions concerning licensure of crematories were transferred by
 35 statutory modification from the Oklahoma State Department of Health to the Oklahoma Funeral Board.
 36 The Department's authority for rulemaking was found at Title 63 O.S. 1981, § 1-331 and renumbered as
 37 59 O.S. § 396.30 by Laws 2003, HB 1270, c. 57, § 31, effective April 10, 2003. The Oklahoma
 38 Funeral Board has adopted rules for the licensure of crematories [see Title 235 – Oklahoma Funeral
 39 Board, Chapter 10 – Funeral Services Licensing, Subchapter 14 – Crematories].

40
 41 **Dr. Grim moved Board approval for Revocation of Chapter 100. Licensure of Crematories as**
 42 **presented. Second Ms. Wolfe. Motion carried.**

43
 44 Dr. Krishna asked if there was discussion from the Board. There were no comments or questions from
 45 the Board.

46
 47 **AYE: Burger, Grim, Krishna, Starkey, Stewart, Wolfe**
 48 **ABSENT: Alexopulos, Gerard, Woodson**

49
 50 e) **CHAPTER 276. HOME INSPECTION INDUSTRY [REVOKED]**

51 **[PERMANENT]** Presented by James Joslin

52 **PROPOSED RULES:** Chapter 276. Home Inspection Industry [REVOKED]

53 **AUTHORITY:** Oklahoma State Board of Health, Title 63 O.S. § 1-104; 59 O.S. § 1000.4.

54 **SUMMARY:** This proposal revokes the rules of the Board of Health concerning the home
 55 inspection industry. Effective November 1, 2008, the authority to "adopt, amend, repeal, and

1 promulgate rules as may be necessary to regulate . . . home inspectors" was transferred from the
2 Oklahoma State Department of Health to the Construction Industries Board [see 59 O.S., § 1000.4].
3 The Construction Industries Board promulgated emergency rules, effective November 11, 2008, and
4 later superseded those emergency rules with permanent rules, effective July 11, 2009 [see
5 Construction Industries Board rules OAC 158:70 and 158:10-3-5].
6

7 **Dr. Stewart moved Board approval for Revocation of Chapter 276. Home Inspection Industry as**
8 **presented. Second Ms. Wolfe. Motion carried.**
9

10 Dr. Krishna asked if there was discussion from the Board. There were no comments or questions from
11 the Board.
12

13 **AYE: Burger, Grim, Krishna, Starkey, Stewart, Wolfe**
14 **ABSENT: Alexopulos, Gerard, Woodson**
15

16 **f) CHAPTER 658. INDEPENDENT REVIEW ORGANIZATION CERTIFICATION RULES**

17 **[PERMANENT]** Presented by James Joslin

18 **PROPOSED RULES:** Chapter 658. Independent Review Organization Certification Rules [REVOKED]

19 **AUTHORITY:** Oklahoma State Board of Health, Title 63 O.S. § 1-104; Title 36 O.S. § 6475.1.

20 **SUMMARY:** This proposal revokes the rules of the Board of Health concerning independent review
21 organization certification and external review. Effective August 26, 2011, The Uniform Health Carrier
22 External Review Act, sections 25 through 41 of House Bill 2072 (2011), transferred responsibility for
23 external reviews and approval of independent review organizations to the Oklahoma Insurance
24 Department [see Title 36 O.S. § 6475.1 et. seq.]. The Oklahoma Insurance Department promulgated
25 emergency rules, effective September 12,, 2011, and later superseded those emergency rules with
26 permanent rules, effective July 14, 2012 [see Title 365, Insurance Department, Chapter 10, Subchapter 29
27 - External Review Regulations.]
28

29 **Mr. Starkey moved Board approval for Revocation of Chapter 658. Independent Review**
30 **Organization Certification Rules as presented. Second Ms. Wolfe. Motion carried.**
31

32 Dr. Krishna asked if there was discussion from the Board. There were no comments or questions from
33 the Board.
34

35 **AYE: Burger, Grim, Krishna, Starkey, Stewart, Wolfe**
36 **ABSENT: Alexopulos, Gerard, Woodson**
37

38 **g) CHAPTER 675. NURSING AND SPECIALIZED FACILITIES**

39 **[PERMANENT]** Presented by James Joslin

40 **PROPOSED RULES**

41 Subchapter 9. Resident Care Services

42 310:675-9-9.1. Medication services [AMENDED]

43 **AUTHORITY:** Oklahoma State Board of Health; Title 63 O.S. § 1-104; Title 63 O.S. § 1-1950(C)(1).

44 **SUMMARY:** This proposal amends rules promulgated in accordance with 63 O.S. Section 1-1950(C)(1)
45 which authorized the State Board of Health to promulgate rules necessary for proper control and
46 dispensing of nonprescription drugs in nursing facilities. Section 310:675-9-9.1(i) addresses those
47 procedures for maintaining nonprescription drugs for dispensing from a common or bulk supply. This
48 proposed rule amendment deletes the requirement in OAC 310:675-9-9.1(i)(8) which limits the bulk
49 nonprescription drugs that nursing facilities may maintain for residents. The current requirement provides
50 that only oral analgesics, antacids, and laxatives may be dispensed from bulk supplies. This change will
51 allow nursing facilities to maintain bulk supplies of other nonprescription drugs, such as cough
52 medicines.
53

54 **Ms. Wolfe moved Board approval for Permanent adoption of amendments to Chapter 675. Nursing**
55 **and Specialized Facilities as presented. Second Dr. Grim. Motion carried.**

1 Dr. Krishna asked if there was discussion from the Board. There were no comments or questions from
2 the Board.

3
4 **AYE: Burger, Grim, Krishna, Starkey, Stewart, Wolfe**
5 **ABSENT: Alexopulos, Gerard, Woodson**

6
7 **PREVENTION AND PREPAREDNESS SERVICES**

8 **h) CHAPTER 515. COMMUNICABLE DISEASE AND INJURY REPORTING**

9 **[PERMANENT]** Presented by Toni Frioux

10 **PROPOSED RULES:** Subchapter 1. Disease and Injury Reporting Requirements

11 310:515-1-3 Diseases to be reported immediately **[AMENDED]**

12 310:515-1-4 Additional diseases, conditions, and injuries to be reported **[AMENDED]**

13 **AUTHORITY:** Oklahoma State Board of Health, Title 63 O.S. § 1-104; and Title 63 O.S., §§ 1-502 and 1-
14 503.

15 **SUMMARY:** The proposal updates the existing rules in accordance with recommendations from the
16 Council of State and Territorial Epidemiologists (CSTE), the Centers for Disease Control and
17 Prevention, and local health care partners pertaining to reportable diseases. The proposal amends the
18 lists of reportable diseases, regarding diseases or conditions that are required to be reported to
19 the Department. These changes minimally increase the reporting burden placed upon clinicians,
20 have no impact on the reporting burden placed upon laboratories, and do not adversely affect the
21 public health disease control and prevention activities.

22
23 **Mr. Starkey moved Board approval for Permanent adoption of amendments to Chapter 515.**
24 **Communicable Disease and Injury Reporting as presented. Second Ms. Burger. Motion carried.**

25
26 Dr. Krishna asked if there was discussion from the Board. There were no comments or questions from
27 the Board.

28
29 **AYE: Burger, Grim, Krishna, Starkey, Stewart, Wolfe**
30 **ABSENT: Alexopulos, Gerard, Woodson**

31
32 **i) CHAPTER 550. NEWBORN SCREENING PROGRAM**

33 **[PERMANENT]** Presented by Toni Frioux

34 **PROPOSED RULES:**

35 Subchapter 1. General Provisions

36 310:550-1-1 **[AMENDED]**

37 310:550-1-2 **[AMENDED]** Subchapter

38 3. Testing Of Newborns

39 310:550-3-1 **[AMENDED]** Subchapter

40 5. Specimen Collection

41 310:550-5-1 **[AMENDED]**

42 310:550-5-2 **[AMENDED]**

43 Subchapter 7. Hospital Recording

44 310:550-7-1 **[AMENDED]**

45 Subchapter 13. Parent And Health Care Provider Education

46 310:550-13-1 **[AMENDED]** Subchapter 17.

47 Follow-Up For Physicians

48 310:550-17-1 **[AMENDED]**

49 Subchapter 19. Reporting

50 310:550-19-1 **[AMENDED]**

51 Subchapter 21. Information

52 310:550-21-1 **[AMENDED]**

53 Appendix A Instructions For Filter Paper Sample Collection **[REVOKED]** Appendix A

54 Instructions For Filter Paper Sample Collection **[NEW]** Appendix B Report Form

55 **[REVOKED]**

Appendix B Report Form [NEW] Appendix C
Refusal Form [REVOKED] Appendix C Refusal
Form [NEW]

Appendix D Recommended Pulse Oximetry Screening Protocol [NEW] Appendix E
Pulse Oximetry Result Form [NEW]

AUTHORITY: Oklahoma State Board of Health, Title 63 O.S. Section 1-104; and Title 63 O.S. Sections 1-534, 1-550.5, and 1-705.

SUMMARY: This proposal requests amendatory language to the existing rule to include Severe Combined Immunodeficiency Syndrome (SCID) as a new test in the core panel of 29 genetic disorders for newborn screening (NBS) in Oklahoma, as recommended by the Advisory Committee on Heritable Disorders in Newborns and Children – Recommended Uniform Screening Panel (January 21, 2010). This proposal also adds Pulse Oximetry screening for the detection of Critical Congenital Heart Disease to existing newborn screening rules as legislated by HB 1347 (2013) [63 O.S. § 1-550.5]. The new law requires inpatient or ambulatory health care facilities licensed by the State Department of Health that provide birthing and newborn care services to perform a pulse oximetry screening on every newborn in its care prior to discharge from the birthing facility. In addition, minor changes to the newborn screening report form that is submitted by the infant’s specialist or primary care provider to include additional information based on new clinical practice and the requisition/collection form to bring the rules up to date with practice. Additional documents include a recommended pulse oximetry screening protocol and a pulse oximetry screening result form.

Dr. Stewart moved Board approval for Permanent adoption of amendments to Chapter 550 Newborn Screening Program as presented. Second Ms. Wolfe. Motion carried.

Dr. Krishna asked if there was discussion from the Board. There were no comments or questions from the Board.

AYE: Burger, Grim, Krishna, Starkey, Stewart, Wolfe

ABSENT: Alexopoulos, Gerard, Woodson

j) CHAPTER 667. HOSPITAL STANDARDS

[PERMANENT] Presented by Toni Frioux

PROPOSED RULES: Subchapter 19. Medical Records Department
310:667-19-2 [AMENDED]

AUTHORITY: Oklahoma State Board of Health, Title 63 O.S. Section 1-104; and Title 63 O.S. Sections 1- 534, 1-550.5, and 1-705.

SUMMARY: This proposal requests amendatory language to the existing rule to include Severe Combined Immunodeficiency Syndrome (SCID) as a new test in the core panel of 29 genetic disorders for newborn screening (NBS) in Oklahoma, as recommended by the Advisory Committee on Heritable Disorders in Newborns and Children – Recommended Uniform Screening Panel (January 21, 2010). This proposal also adds Pulse Oximetry screening for the detection of Critical Congenital Heart Disease to existing newborn screening rules as legislated by HB 1347 (2013) [63 O.S. § 1-550.5]. The new law requires inpatient or ambulatory health care facilities licensed by the State Department of Health that provide birthing and newborn care services to perform a pulse oximetry screening on every newborn in its care prior to discharge from the birthing facility. In addition, minor changes to the newborn screening report form that is submitted by the infant’s specialist or primary care provider to include additional information based on new clinical practice and the requisition /collection form to bring the rules up to date with practice. Additional documents include a recommended pulse oximetry screening protocol and a pulse oximetry screening result form.

Mr. Starkey moved Board approval for Permanent adoption of amendments to Chapter 667. Hospital Standards as presented. Second Dr. Grim. Motion carried.

Dr. Krishna asked if there was discussion from the Board. There were no comments or questions from the Board.

AYE: Burger, Grim, Krishna, Starkey, Stewart, Wolfe

ABSENT: Alexopoulos, Gerard, Woodson

COMMUNITY AND FAMILY HEALTH SERVICES

k) CHAPTER 526. DENTAL SERVICES

[PERMANENT] Presented by Jana Winfree

PROPOSED RULES: Subchapter 3. Oklahoma Dental Loan Repayment Program

310:526-3-2 [AMENDED]

310:526-3-3 [AMENDED]

AUTHORITY: Oklahoma State Board of Health; Title 63 O.S. Sections 1-103a.1 and 1-104; and Title 70 O.S. Section 1210.284.

SUMMARY:

310:526-3-2(b) The current Rule sets forth the description and operation of the Oklahoma Dental Loan Repayment Program (Program). The proposed action allows flexibility in selecting the number and types of participants and in the time period for participation in the Program. The circumstance for the Rule change is compelled by legislation, HB 2587, effective November 1, 2012. The intended effect is to allow the Advisory Committee and Department to select the appropriate number of participants based on funding and the appropriate type of participant (Oklahoma University College of Dentistry faculty or non-faculty), and allow the service obligation period to be adjusted.

310:526-3-2(d) The current Rule states that each award shall be distributed by a two-party draft made payable to the dentist and the loan agency. The proposed action states that each award shall be distributed in accordance with state law. The circumstance for the Rule change is because state preference is to distribute awards by direct deposit and the intended effect is to streamline administration of the Program. 310:526-3-3(b)(3) and (e)(5) The current Rule sets forth eligibility requirements for participants. The non-faculty participant agrees that Medicaid patients will represent 30% of all patient visits at a minimum. The proposal clarifies the count will be by number of patient visits. The rule change takes into consideration that dental software used by participants favors this type of reporting and the Department's intent to facilitate this reporting requirement.

Dr. Grim moved Board approval for Permanent adoption of amendments to Chapter 526. Dental Services as presented. Second Ms. Wolfe. Motion carried.

Dr. Krishna asked if there was discussion from the Board. There were no comments or questions from the Board.

AYE: Burger, Grim, Krishna, Starkey, Stewart, Wolfe

ABSENT: Alexopoulos, Gerard, Woodson

l) CHAPTER 531. VISION SCREENING

[PERMANENT] Presented by Ann Benson

PROPOSED RULES:

Subchapter 1. General provisions

310:531-1-2. Authority [AMENDED]

310:531-1-3. Definitions [AMENDED]

Subchapter 3. Advisory Committee

310:531-3-1. Purpose [REVOKED]

310:531-3-2. Advisory Committee [REVOKED]

310:531-3-3. Rules of Order [REVOKED]

Subchapter 5. Vision Screening Standards for Children

310:531-5-2. Oklahoma Vision Screening Standards [AMENDED]

310:531-5-3. Approval of ~~Vision Screening Providers~~ vision screening providers [AMENDED]

310:531-5-5. Re-approval of vision screening providers [AMENDED]

310:531-5-6. Approval of ~~trainers of vision screening providers~~ vision screening trainers [AMENDED]

310:531-5-7. Re-approval of ~~trainers of vision screening providers~~ vision screening trainers [AMENDED]

- 1 310:531-5-8. Approval of ~~trainers of vision screening~~ trainers vision screening ~~trainers of trainers~~
- 2 [AMENDED]
- 3 310:531-5-9. Re-approval of ~~trainers of vision screening~~ trainers vision screening ~~trainers of trainers~~
- 4 [AMENDED]
- 5 Subchapter 7. Registry Enforcement for Vision Screening
- 6 310:531-7-2. Grounds for discipline [AMENDED]
- 7 310:531-7-3. Complaint investigation [AMENDED]
- 8 310:531-7-4. Summary removal [AMENDED]
- 9 310:531-7-5. Appearance before the Advisory Committee [REVOKED]
- 10 310:531-7-6. Right to a hearing [AMENDED]
- 11 Subchapter 9. Sports Eye Safety Resource
- 12 310:531-9-1. Purpose [REVOKED]
- 13 310:531-9-2. Eye safety resource [REVOKED]
- 14 **AUTHORITY:** Oklahoma State Board of Health; Title 63 O.S. Sections 1-103a.1 and 1-104; and Title
- 15 70 O.S. Section 1210.284.
- 16 **SUMMARY:** The proposed rule changes implement provisions of Section 44, House Bill 1467, which
- 17 creates the Infant and Children’s Health Advisory Council, and Section 79, which replaces the Vision
- 18 Screening Advisory Committee established in 70 O.S. 2011, Section 1210.284, with the Infant and
- 19 Children’s Health Advisory Council and eliminates the role of the Advisory Committee in carrying out
- 20 programmatic activities. The proposed rule changes delineate the responsibilities of the Department in
- 21 carrying out statewide vision screening for children.

22

23 **Ms. Burger moved Board approval for Permanent adoption of amendments to Chapter 531 Vision**

24 **Screening as presented. Second Dr. Grim. Motion carried.**

25

26 Dr. Krishna asked if there was discussion from the Board. There were no comments or questions from

27 the Board.

28

29 **AYE: Burger, Grim, Krishna, Starkey, Stewart, Wolfe**

30 **ABSENT: Alexopulos, Gerard, Woodson**

31

32 **2014 LEGISLATION**

33 Mark Newman, Ph.D., Director, Office of State and Federal Policy

34

35 **1. Prohibit the sale of e-cigarettes to minors**

- 36 • Oklahoma state law is currently silent on the sale of e-cigarettes to minors
- 37 • Research shows that e-cigarette use more than doubled in U.S middle and high school students
- 38 from 2011 to 2012
- 39 • In 2012, more than 1.78 million middle and high school students nationwide experimented
- 40 with e-cigarettes
- 41 • Three-quarters of those who tried e-cigarettes also tried combustible tobacco products
- 42 • E-cigarette/vapor products contain carcinogens and nicotine, which is toxic and highly
- 43 addictive
- 44 • Youth should not have access to e-cigarette or vapor products because nicotine can negatively affect
- 45 the developing brain
- 46 • Among e-cigarette/vapor products the concentration of chemical contaminants and nicotine has
- 47 been shown to vary greatly. This means these unregulated products may provide uncontrolled doses
- 48 of harmful contaminants
- 49 • Some studies suggest that as many as a quarter of smokers surveyed began using e- cigarettes or
- 50 vapor products prior to switching to tobacco products. The variety of flavors, misleading claims,
- 51 and marketing that encourages use indoors increases concerns that these products may be used as a
- 52 gateway to cigarettes or other lit tobacco products for some people, and may keep smoking rates
- 53 unacceptably high

54 ***Policy Proposal***

- 1 • State law already prohibits the sale of tobacco products to minors
- 2 • Legislation is needed to amend the definition of “tobacco product” to clarify that it includes any
- 3 product that is made or derived from tobacco. This would include e- cigarettes
- 4 • This definition is consistent with current court rulings and FDA intent to regulate e-cigarettes as
- 5 “other tobacco products”

6 **2. Require multi-unit housing smoking disclosure for prospective renters**

- 7 • Many children with asthma and other chronic conditions affected by secondhand smoke exposure
- 8 are unwillingly exposed when living in multi-unit housing
- 9 • When smoking is allowed in one area of a building, smoke can and will spread to other areas
- 10 within the building
- 11 • There is no safe level of exposure to secondhand smoke
- 12 • There are more than 7,000 chemicals that have been identified in secondhand smoke, at least 250 of
- 13 those are known to be harmful such as hydrogen cyanide, carbon monoxide and ammonia
- 14 • Approximately 212,782 Oklahoma households live in multi-unit housing (2 or more)
- 15 • Approximately 15% of Oklahoma housing units are multi-unit structures (2 or more)
- 16 • Among Oklahoma children ages birth to 14, there were 3,258 in-patient hospital days for asthma
- 17 in 2010 with total charges of approximately \$13,219,494
- 18 • A 30% reduction in hospitalizations for asthma among young adults would save approximately
- 19 \$611,800 per year

20 ***Policy Proposal***

- 21 • State law already requires disclosure for potential toxins that can result when
- 22 methamphetamine has been found to be manufactured in one unit of a multi-unit housing
- 23 complex
- 24 • Legislation is needed to amend the disclosure statute to also include whether smoking is permitted on
- 25 the property and locations in which it is permitted

26 **3. Provide a tax credit for the construction of residential storm shelters or safe-rooms**

- 27 • The events of this past spring (2013) have reminded us that even with the advanced warning and
- 28 storm prediction systems in our state, tornadoes can strike suddenly and unpredictably
- 29 • In extremely violent EF4 and EF5 storms, the only protection from a direct hit is in a basement or
- 30 tornado shelter. Few homes in Oklahoma have been built with basements, but, there are many
- 31 options for the installing a storm shelter in a home
- 32 • There is a safe room rebate program through the Oklahoma Department of Emergency Management
- 33 (SoonerSafe) and it is estimated that more than 11,000 shelters have been built through this program
- 34 following the May 1999 tornadoes
- 35 • Applicants are selected randomly and can receive up to \$2,000 rebate *after* installing a safe room.
- 36 The rebate is not taxable. However, individuals are not eligible to receive a rebate through this
- 37 program if they have already built a safe room and must wait until they see if they qualify for the
- 38 rebate before they can build
- 39 • The Oklahoma Constitution provides for up to one hundred square feet of a Safe room installed
- 40 after January 1, 2002 shall be exempt from taxation
- 41 • There are currently no tax credits in place to further incentivize building a tornado shelter

42 ***Policy Proposal***

- 43 • This bill would create a one-time tax credit to individuals and families for the construction of a
- 44 residential above or below ground storm shelter
- 45 • Recommend that this tax credit only apply to families using an Oklahoma company to construct
- 46 or install their storm shelter or safe-room and Oklahoma manufactured safe rooms and storm
- 47 shelters
- 48 • Recommend that the tax credit be in existence for a defined time period of two or three years and not
- 49 be indefinite

51 **CONSIDERATION OF STANDING COMMITTEES' REPORTS AND ACTION**

52 **Executive Committee**

53 Dr. Krishna reminded Board members of the approved 2014 Board of Health Meeting Dates. The Tulsa
54 Board of Health has requested to move the 2014 Tri-Board meeting from October 14, 2013 to October 7th in

1 order to allow better attendance of both the Tulsa and Oklahoma City-County Boards. The location will
2 remain the same. Both City-County Boards have requested consideration to move the annual Tri-Board
3 meeting from October to either September or November beginning in 2015.
4

5 Dr. Krishna directed Board attention to the 2014 Board Work calendar for review and approval.
6

7 **Dr. Grim moved Board approval of the 2014 Board Work calendar as presented. Second Mr.**
8 **Starkey. Motion carried.**
9

10 Dr. Krishna asked if there was discussion from the Board. There were no comments or questions from
11 the Board.
12

13 **AYE: Burger, Grim, Krishna, Starkey, Stewart, Wolfe**
14 **ABSENT: Alexopulos, Gerard, Woodson**
15

16 **Finance Committee**

17 Ms. Burger directed attention to the Financial Brief provided to each Board member and presented the
18 following SFY 2014 Finance Report and Board Brief as of November 19, 2013:

- 19 • Approximately \$424 million budgeted for state fiscal year 2014
- 20 • Forecasted expenditure rate of 97.94% through June 30, 2014
- 21 • “Green Light” overall for Department, with one division in “Yellow Light” status: Public Health
22 Infrastructure.

23
24 The *Financial Brief* this month focuses on the Department’s plans for dealing with a potential second
25 federal government shutdown in mid-January.

- 26 • Sixteen grants that could be affected, of which nine grants fall within the Continuity of Operations
27 priorities.
- 28 • Some programs are funded partially with state funding, thus are not impacted unless a shutdown extends
29 for several months.
- 30 • Key Programmatic Effects:
 - 31 ○ Medicare medical and long term care inspections: activities will be limited to urgent situations
32 as defined by Medicare.
 - 33 ○ WIC: In absence of a budget agreement by December 13, 2013, the WIC program will issue
34 only 30 day food instruments in order to have sufficient grant available to pay for existing
35 liabilities if no new funding is available after January 15, 2014.
 - 36 ○ OHIP: Reduce flagship activities such as the Shape Your Future campaign.
 - 37 ○ Infectious Disease Programs: mission critical services will be maintained.

38 *See Attachment A.*
39

40 **Dr. Grim moved Board approval of the Finance Committee Report as presented. Second Mr. Starkey.**
41 **Motion carried.**
42

43 Dr. Krishna asked if there was discussion from the Board. There were no comments or questions from
44 the Board.
45

46 **AYE: Burger, Grim, Krishna, Starkey, Stewart, Wolfe**
47 **ABSENT: Alexopulos, Gerard, Woodson**
48

49 **Accountability, Ethics, & Audit Committee**

50 The Accountability, Ethics, & Audit Committee met with Lloyd Smith. Ms. Wolfe reported that there are no
51 known significant audit issues to report at this time. Ms. Wolfe directed attention to the Internal Audit Plan for
52 year 2014 for review and approval (*See Attachment B*).
53

54 **Ms. Wolfe moved Board approval of the 2014 Audit Plan as presented. Second Dr. Grim. Motion**
55 **carried.**

1
2 Dr. Krishna asked if there was discussion from the Board. There were no comments or questions from
3 the Board.

4
5 **AYE: Burger, Grim, Krishna, Starkey, Stewart, Wolfe**

6 **ABSENT: Alexopulos, Gerard, Woodson**

7
8 **Public Health Policy Committee**

9 Mr. Starkey reported that the Policy Committee met on Tuesday, December 10, 2013. Mr. Starkey and Dr.
10 Grim were present. Both met with Mark Newman at the Oklahoma State Department of Health in Oklahoma
11 City, Oklahoma. The Policy Committee discussed the OHIP and other partner support for the legislative
12 agenda already adopted by the BOH, reviewed the talking points and fact sheets associated with the
13 proposed legislation, and other issues related to the coming legislative session. Copies of the finalized
14 talking points will be sent electronically to each member of the BOH in the January Board Packet.

15
16 If members of the Board have any questions regarding any policy issues or proposed legislation, please do
17 not hesitate to contact Mark Newman for additional information or to provide input.

18
19 The next meeting of the Policy Committee will be prior to the January Board Meeting.

20
21 **PRESIDENT'S REPORT**

22 Dr. Krishna indicated that under the provisions of the Oklahoma Central Purchasing Act (Title 74§ 85.1, et.
23 al) Terry L. Cline, Ph.D., Oklahoma Commissioner of Health, as chief administrative officer of the
24 Oklahoma State Department of Health has the authority to declare an emergency in a situation in which
25 human life or safety is in imminent danger or significant property interests are threatened with imminent
26 destruction.

27
28 Whenever the chief administrative office declares an emergency, he/she shall notify the State Board of
29 Health, and the Administrator, Construction and Properties Division, Department of Central Service, of such
30 action within 10 days. Such notification shall contain a statement of reasons for the action, and shall be
31 recorded in the official minutes of the State Board of Health.

32
33 On December 7, 2013, Commissioner Cline declared the following public health emergency:

34 Due to the extremely cold temperatures this past weekend, the air handling unit located in the lab wing of the
35 OSDH Central Office building experienced ruptures of the chilled and heated water coils. Due to the depth
36 and the close proximity of the coils to each other, the repairs to fix the coils were not possible while the units
37 are in place. The ruptured coils were capped off once the entire system drained. The steam and chilled
38 water systems were refilled and the remainder of the building is now functional providing heat to the OSDH
39 Central Office Building. The heating and chilled water coils are now disconnected those units are not
40 operational. The OSDH is attempting to locate a contractor who can assist with removal and repair or
41 replacement of the coils completely.

42
43 Dr. Krishna asked Dr. Cline to provide detail regarding the declaration of emergency. Dr. Cline explained
44 the age of the building equipment is approximately 45 years old which hampered the ability to cut off water
45 in the basement lab wing jeopardizing equipment and supplies. After several hours the water was able to be
46 shut down which permitted OSDH to minimize the damage however, some supplies and equipment were
47 impacted.

48
49 **Dr. Stewart moved Board approval to accept the Declaration of Emergency as presented. Second Ms.**
50 **Burger. Motion carried.**

51
52 Dr. Krishna asked if there was discussion from the Board. There were no comments or questions from
53 the Board.

54
55 **AYE: Burger, Grim, Krishna, Starkey, Stewart, Wolfe**

1 **ABSENT: Alexopulos, Gerard, Woodson**

2
3 **COMMISSIONER'S REPORT**

4 Dr. Cline thanked Dr. Krishna and the Board for their diligence in the comprehensive review of
5 rulemaking actions. The rulemaking actions are critical to the responsibilities of the OSDH so the
6 personal time spent away from families in review of these rules is appreciated.

7
8 Dr. Cline briefly discussed the first budget meeting attended at the Office of Management
9 Enterprise Services. The budget meeting went well and the OSDH is expected to receive a flat
10 budget as there are several line items within overall state budget that will require additional
11 funding. Dr. Newman has done a great job of keeping his finger on the pulse and highlighting
12 concerns. There has recently been some attention around ecigarettes. Dr. Cline thanked Leslea
13 Bennett-Webb for her working in shaping the message around ecigarettes and getting that
14 information out. He also thanked individuals like Jaclyn Cosgrove who understand the risk and lure
15 of ecigarettes to certain populations and do a great job of informing the public. The OSDH is
16 currently awaiting an FDA ruling on ecigarettes which was expected in October but delayed due to
17 the government shutdown. Because of the delays, it has been necessary to identify the risk to the
18 public and issue a cautionary note to the public.

19
20 Next, Dr. Cline highlighted two collaborative efforts to increase awareness of deaths due to
21 prescription drug misuse; the multi-state United Health Foundation (UHF) and the Association of
22 State and Territorial Health Officials (ASTHO). There are two other state agencies, Department of
23 Mental Health and Substance Abuse (DMHSAS) and the Department of Tourism who are joining
24 these efforts in order to address the health and wellness of their employees.

25
26 Lastly, he highlighted the Million Hearts Campaign. This collaboration with the Centers for
27 Disease Control (CDC) and ASTHO will address high rates of cardiovascular disease. The OSDH
28 competitively bid for funding to participate in this campaign. The OSDH did receive funding and
29 although the funding will not match the efforts, the work is valuable and needs to be done.
30 Technical assistance will also be provided and will focus on payment reform in Southeast
31 Oklahoma where there are significantly high rates of cardiovascular disease. Julie Cox-Kain
32 recently lead a team to Washington to share best practices.

33
34 The report concluded.

35
36 **NEW BUSINESS**

37 No new business.

38
39 **PROPOSED EXECUTIVE SESSION**

40 **Ms. Burger moved Board approval to go in to Executive Session at 12:04 AM** pursuant to 25
41 O.S. Section 307(B)(4) for confidential communications to discuss pending department litigation,
42 investigation, claim, or action; pursuant to 25 O.S. Section 307(B)(1) to discuss the employment, hiring,
43 appointment, promotion, demotion, disciplining or resignation of any individual salaried public officer or
44 employee and pursuant to 25 O.S. Section 307 (B)(7) for discussing any matter where disclosure of
45 information would violate confidentiality requirements of state or federal law.

- 46 ○ Annual performance evaluation for the Office of Accountability Systems Director & Internal
47 Audit Unit Director, and Board of Health Secretary
- 48 ○ Discussion of potential or anticipated investigation or litigation concerning long term care
49 issues

50 **Second Mr. Starkey. Motion carried.**

51
52 **AYE: Burger, Grim, Krishna, Starkey, Stewart, Wolfe**

1 **ABSENT: Alexopulos, Gerard, Woodson**

2
3 **Ms. Wolfe moved Board approval to move out of Executive Session. Second Ms. Burger. Motion carried.**

4
5 **AYE: Burger, Grim, Krishna, Starkey, Stewart, Wolfe**

6 **ABSENT: Alexopulos, Gerard, Woodson**

7
8 **Ms. Wolfe moved Board approval to accept the annual performance evaluations for VaLauna Grissom**
9 **and Lloyd Smith as presented. Second Dr. Grim. Motion Carried.**

10
11 **AYE: Burger, Grim, Krishna, Starkey, Stewart, Wolfe**

12 **ABSENT: Alexopulos, Gerard, Woodson**

13
14 **ADJOURNMENT**

15 **Mr. Grim moved Board approval to Adjourn. Second Mr. Starkey. Motion carried.**

16
17 **AYE: Burger, Grim, Krishna, Starkey, Stewart, Wolfe**

18 **ABSENT: Alexopulos, Gerard, Woodson**

19
20 The meeting adjourned at 1:28 p.m.

21
22 Approved

23 _____
24 R. Murali Krishna, M.D.

25 President, Oklahoma State Board of Health

26 January 14, 2014



Creating a State of Health

Impacts of a January Federal Shutdown on the Oklahoma State Department of Health November 15, 2013

Federal funding comprises 56% of the Oklahoma State Department of Health's (OSDH) total operating budget. In the event of an extended federal government shutdown in January 2014, the OSDH will revert to operating federal programs consistent with its Continuity of Operations Plan (COOP). The federal shutdown will impact agency mission critical priority programs for mandates and infectious disease control. These efforts are a priority of the agency and would need to be sustained throughout the shutdown.

The OSDH guiding principles during this planning effort include 1) maintaining mission critical functions and 2) preventing the furlough of agency staff through short term redirection of efforts to other funded programs. Achieving these goals will require implementing efficiency measures including the following:

- Suspend or reduce agency contracts (*see attachment A for list of contractors impacted by federal shutdown*)
- Delay refill of vacant positions
- Eliminate or reduce travel
- Suspend education and training efforts
- Reduce supply purchases

Federal Grants, Contracts and Cooperative Agreements impacted:

The OSDH has sixteen federal grants, cooperative agreements or contracts with implementation dates between October 2013 and February 2014. The first nine fall within the COOP priorities.

COOP Priorities

- Inspection and complaint investigation in medical and nursing facilities
- Viral Hepatitis Prevention (Infectious Disease)
- Prevention & Treatment of Tuberculosis (Infectious Disease)
- HIV Prevention (Infectious Disease)
- HIV Surveillance (Infectious Disease)
- Immunization (Infectious Disease)
- Newborn Screening case management
- Clinical Laboratory Improvement Amendments (CLIA) - Clinical laboratory inspection
- Women, Infants and Children (WIC) supplemental nutrition program

Other Programs

- Maternal and Child Health (MCH)
- Perinatal and Reproductive Health
- Early Case Capture (pediatric cancer)
- Community Based Child Abuse Prevention
- Preventive Health and Health Services Block
- Rape Prevention Education
- Birth Defects Registry

Federal programs exempt from the shutdown or federal funding is available through FFY'14 :

- CLIA
- Immunization
- Enhancing Cancer Registries for Early Case Capture of Pediatric (funding available)
- Community Based Child Abuse (funding available)
- Medicare Contracts for the Inspection of Medical and Long Term Care – The following inspections are exempt from the shutdown:
 - Complaint investigations alleging harm
 - Certain federal enforcement actions
 - Certain surveys necessary to prevent Medicare termination
 - Immediate threats to life or safety

Note: Non-exempt activities include new Medicare applicants and certain facility types (for example, Medicare only dialysis units). There are few Medicare only facilities and the OSDH will commit to investigating serious complaints in these facilities during a shutdown.

Federal programs impacted by a federal government shutdown:

Infectious Disease Programs

Infectious disease programs are considered mission critical to the OSDH. The primary focus of these programs is to prevent and control the spread of infectious disease and they are mandated by the State of Oklahoma. In general, infectious disease programs are funded with a combination of federal, state, fee and local funding allowing an opportunity to use non-federal funds during a shutdown. Four of the five infectious disease programs will be impacted by a federal shutdown (immunization will be exempt) and support 55 FTE. The OSDH will initiate cost saving measures but will maintain these mission critical services in order to protect the public from disease outbreaks.

Women, Infants and Children (WIC)

The WIC program is a 100% federally funded program and represents approximately 16% of the total OSDH budget. The monthly cost of administering the WIC program is approximately \$5.2 million.

Supplemental Food - If a continuing resolution or budget agreement is not reached by December 13, 2013, the OSDH will begin issuing 30 day food instruments to limit the obligations within current projected funding levels. If the shutdown occurs on January 15, 2013, WIC services will be discontinued immediately to ensure availability of funding for outstanding obligations. If the agency has a small amount of remaining food funds it will provide vouchers to pregnant and breastfeeding women and infants at nutritional risk until the funds are exhausted. Discontinuance of food instruments impacts approximately 90,000 pregnant and breastfeeding women and children who will not receive supplemental food to ensure proper nutrition each month.

Nutrition Services and Administration (NSA) - The WIC program will have NSA funding until March 2014 to process outstanding obligations. Contracts for 16 independent clinics to administer food vouchers will be suspended effective January 15, 2014. This program supports approximately 70 FTE statewide who will be redirected (if possible) into other funded programs.

Two programs are not within the OSDH COOP priorities but are partially state funded and can continue to operate for a partial year:

Maternal and Child Health (MCH) Block Grant

The MCH program is 57% federally funded and receives a block grant that began a new funding cycle October 1, 2013 and supports approximately 47 FTE and 6 contracts. Utilizing the required 3 to 4 state match, efforts could be supported through May 2014.

Perinatal and Reproductive Health

Perinatal and Reproductive Health will begin a new federal funding cycle effective December 1, 2013, supports approximately 48 FTE and contributes 22% to the total program. Utilizing state and local funds, the program could be supported through September 2014

Three additional programs are not within the OSDH COOP priorities and will be impacted by a federal shutdown. If a shutdown occurs in January the agency would discontinue the following programs:

Preventive Health and Health Services Block Grant is purely 100% federally funded and began a new funding cycle October 1, 2013. Federal funding supports approximately 8 FTE and 2 contracts. All FTE would be redirected to other funded programs and contracts would be suspended. Suspension of these programs will impact OHIP flagship activities such as wellness efforts, the Shape Your Future campaign and other strategic priorities such as reducing motor vehicle crash deaths.

Rape Prevention Education began a new funding cycle November 1, 2013, supports approximately 3.4 FTE and 4 contracts. Program efforts will continue through January 31, 2014 due to a 3 month cost extension. If no resolution occurs by the end of the grant extension staff currently funded through this program would be redirected into other funded activities and the contracts suspended. Impacts include disruption in rape prevention education efforts statewide in community organizations and schools which reach about 20,000 people each year.

Birth Defects Registry will begin a new funding cycle February 1, 2014 and supports 2 FTE. The program will be temporarily suspended and staff efforts would be redirected into other funded programs of the agency. Suspension will cause a backlog of birth defect reports and record abstraction. Research into causes of birth defects would be delayed, leading to the loss of new preventive measures, such as education on the importance of folic acid before and during pregnancy.

The following assumptions were made in this document:

- Duration of an extended federal government shutdown will be no longer than 2/15/14
- No major emergency response event necessitating surge capacity, increased staffing levels or shift in priorities (based on the event)
- Predictable pattern of obligation and expenditure
- Redirection of staff, contract suspensions and furloughs (only if necessary) are available for non-COOP priorities
- All OSDH grant awards made in FFY '13 continue to be authorized and available in FFY'14
- Federal shutdown exemptions remain unchanged from October 2013 shutdown

ATTACHMENT A
Oklahoma State Department of Health
Federal Shutdown Impact - Contract Detail
As of Nov 7, 2013

WIC	
Vendor	Location (City)/Notes
Direct Services	
Area Medical Foundation	Seiling
Center Ok Amer Ind Hlth Clinic	Oklahoma City
Comm Hlth Ctrs/mary Mahoney	Oklahoma City
Cordell Mem Hosp Authority	Cordell
Elizabeth Eshelman	Norman
Guiding Right Inc	Midwest City & Moore
Halie Summers	Oklahoma
Hope Center	Edmond
Jenna Holland	El Reno
Margaret Hudson Program	Tulsa
Morton Comprehensive Hlth Svs	Tulsa
Neighborhood Services Org	Oklahoma City
Newman Memorial Hospital Inc	Shattuck
Ok City-county Hlth Dept/occhd	Oklahoma City
Ok Community Hlth Svces Inc	Oklahoma City
Roger Mills Mem Hosp Authority	Cheyenne
Springer, Katrina	Ardmore
Texas County Commissioners	Guymon
Texas County Health Dept.	Guymon
Tulsa City/county Hlth Dept	Tulsa
Education/Training/Admin Functions	
Hca Hlth Svc Of Ok DbA Ou Med	Oklahoma City (training)
Hospitality Now	Statewide - Mystery Shopper
Ok Association Of Broadcasters	OKC/Statewide Public Broadcaster Program
Ou/college Of Continuing Educ.	Statewide/OKC - Workforce Development
Solutran, Inc	Statewide - Banking Services
Univ Of Alaska Anchorage	Statewide - Online Training
Visual Image Advertising	Statewide - Agency Media
Western Michigan University	Online Education

Maternal and Child Health	
Vendor	Location (City)/Notes
Clinical Services	
Allison Lindsey Goree	Statewide
Tulsa City/county Hlth Dept	Tulsa
Univ Hospital Authority	Oklahoma City/Statewide (Lab Testing)
Ok St Dept Of Education	Statewide
Carpenter, Jo Ann, M.d.	Ada
Chleborad, Janice L.	Woodward
Forrestal, D.o., James	Chandler
Furgeson, Michael	El Reno & Yukon
Myra Gregory Do	Poteau & Stigler
Ok City-county Hlth Dept/occhd	Oklahoma City
Pittsburg County Hlth Dept #61	McAlester
Education/Prevention	
Assn. Of Women's Health, Obste	Oklahoma City - Speaker
Oklahoma Family Network	Oklahoma City/Statewide
Ouhsc	Oklahoma City/Statewide - Poison Control
Ouhsc Board Of Regents	Statewide - Breastfeeding Hotline
Ouhsc/ob/gyn Prntl Con Rf Opec	OKC/Statewide - Breastfeeding Hotline
Schools For Healthy Lifestyles	Statewide - School Health Infrastructure
Visual Image Advertising	Statewide - Agency Media
Shissler, Joyce	Oklahoma City - Birth Defects Registry Consultation

Perinatal and Reproductive Health

Vendor	Location (City)/Notes
Clinical Services	
Allison Lindsey Goree	Statewide
Barbara Mcendree Arnp Pc	Statewide
Bombach, Roger M Md	Beaver & Guymon
Conklin, T.h. Jr.	Stigler
E Louise Foster, Inc	Duncan, Chickasha, Anadarko
Edwards, Coy J., M.d.	Tahlequah
Gary Matthews	Beaver
Horton, Terry Md	Vinita
John Clark Osborn, M.d.	Miami
Jones, Susan J Do	Garvin
Jordan, Elesha	Statewide
Kimberly Barnes	Statewide
Krieger, Michael, M.d.	Hobart
Mease Medical Corp - Mease	Seminole
Melanie Dunn	Alva
Memorial Hosp Of Texas County	guymon
Myra Gregory Do	Statewide
Norman Osteo. Primary Care	Norman
Ok City-county Hlth Dept/occhd	Oklahoma City
Pyles, Tracy Md	Stillwater
Rush, Patricia	Statewide
Shawnee Medical Center Clinic	Shawnee
Stone, Voyer Lynne	Statewide
Susan Wright Mann	Statewide
Taguchi Womens Clinic, Pllc	Stillwater
Tulsa City/county Hlth Dept	Tulsa
Univ Hospital Authority	Oklahoma City/Statewide (Lab Testing)
Willis, William A., Md	Poteau
Zumwalt, Gerald C., M.d.	Sapulpa
Education	
Ouhsc Board Of Regents	Statewide
Youth Services Of Tulsa Inc.	Tulsa (Community Based Education and Outreach)

Prevent Block Grant **

Vendor	Location (City)/Notes
Domestic Violence Intervention Services	Tulsa
Oklahoma Coalition on Domestic Violence/Sexual Assault	OKC (statewide)
** similar goals/services as RPE grant	

Rape Prevention Education

Vendor	Location (City)/Notes
YWCA of OKC	OKC
Domestic Violence Inter Svcs	Tulsa
Help In Crisis, Inc.	Tahlequah
Stillwater Domestic Violence	Stillwater

**Oklahoma State Department of Health
Annual Internal Audit Plan
State Fiscal Year 2014**

Introduction

The annual audit plan is used as a blueprint for maximizing audit coverage, optimally using audit resources and providing the greatest benefit to Agency Management and Oklahoma taxpayers. An annual audit plan is prepared at the beginning of each fiscal year and is based on input solicited from each of the deputy commissioners and their finance officers through a comprehensive complex risk assessment approach and concerns of the Accountability, Ethics and Audit Committee of the Board of Health and the Internal Audit Staff.

A risk assessment approach was used to identify and rank the importance of all Department major activities and programs. Based on the complexity of Department operations, geographical dispersion and the current understanding of functional areas, the audit plan for fiscal year 2013 - 2014 has been developed using criteria to assess risk and prioritize audit projects. Among these criteria are:

- Concerns from the Board of Health, Commissioner of Health, State Auditor's and Inspector's Office, and Internal Audit Unit
- Audits requested by Division management
- Financial risk
- Federal compliance risk
- Miscellaneous (internal control environment, potential effect on state of health, performance measures, time since last audit, etc...)
- Availability of audit resources

The Internal Audit Unit anticipates changes to the plan may become necessary if issues of greater risk arise throughout the fiscal period.

The following brief narratives discuss areas that the Internal Audit Unit will review utilizing current resources.

County Health Department Audits

The Oklahoma State Department of Health maintains 88 county health department locations in 68 counties throughout the State, which provide a variety of health services to the public. Of the \$382.0 million Agency budget for SFY-14, the county health departments are budgeted approximately \$206.8 million, which includes \$27.0 million of local millage funds (county payroll reimbursement). The county health departments also have an additional \$31.0 million of local millage funds (in addition to the 206.8 million) available for direct maintenance and operation expenditures. The budgeted expenditures equate to 63% of the Agency's total expenditures, indicating a significant need to continue to provide audit coverage to this area.

The Internal Audit Unit will continue striving to review county health department processes once every 3 years, with emphasis placed on compliance with Agency Policies, Federal Guidelines, Cash Receipts and Receivables, Pharmacy Inventory, (including Immunization Vaccines), Travel Reimbursement Processes, County Fixed Asset Inventory, Temporary Food License, Expenditures (LEP), Fixed Assets, Purchase Orders, Contracts and including Influenza Billing, Collection and Depositing Processes and Cell Phone testing when appropriate.

Federal Monitoring Requirements

Independent Audit Reports

The Internal Audit Staff plans to further enhance the Agency's monitoring requirements as set forth in the Federal Office of Management and Budget (OMB) Circular A-133 by continuing to ensure local governments, non-profit organizations and institutions of higher education who are contracted to perform services on behalf of OSDH using Federal funds have an Independent Audit performed. Contractors are required by contractual language to submit the Independent Audit Reporting forms to the Federal Audit Clearing house on an annual basis, if Federal expenditure thresholds are met. These audit report forms are reviewed for any findings pertaining to OSDH awards. Any findings are resolved by the Internal Audit Unit or forwarded to the appropriate program area for resolution.

The Internal Audit Unit will continue to monitor subrecipients of State and/or Federal awards as required by OMB Circular A-133.

Invoice Validation

Additionally, the Internal Audit Unit will review supporting documentation of vendor invoices as part of the overall Agency contract monitoring process. Based on a contractor risk analysis performed by the OSDH Procurement Unit, the Internal Audit Unit will request supporting documentation of paid vendor invoices for review of proper supporting documentation.

Internal Agency and Contract Audits

The Internal Audit Unit anticipates reviewing procedures, internal controls, proper use of funds and supporting documentation, compliance with Federal regulations and state statutes, proper supporting documentation for matching funds and safeguarding of assets, as applicable, for the following areas of concern:

- MIECHV grants
- Compliance with Agency Policy – Human Resources
- Personnel Transactions/Adjustments/Longevity/Benefits – Human Resources
- Subrecipient Contract Monitoring & Administration (limited to activities of contract monitor and contract administrator)
- Indirect Cost Pool Structure, Calculation and Implementation
- Immunization Regular
- Immunization Service – Contract Monitoring of Vaccine Inventory
- VFC Immunization

The Internal Audit Unit will review the items above as audit staff time will permit.

2014 Risk Analysis
Agency's Highest Risk Programs/Activities
For Audit Consideration for 2014

<u>Overall Score</u>	<u>Auditable Units/Processes</u>	<u>Total</u>
Internal Audit's 2014 Focus Reviews (Excluding CHD Reviews)		
b	MIECHV	n/a
6	Subrecipient Contract Monitoring and Administration (limit to activities of Monitor and Admin.)	3.40
11	Compliance with Agency Policy - Human Resources	3.10
12	Personnel Transactions/Adjustments/Longevity/Benefits - Human Resources	3.10
14	Long Term Care Services	3.10
15	Immunization Regular	2.95
16	Immunization Service - Contract Monitoring of Vaccine Inventory	2.95
21	VFC Immunization	2.80
24	Coordinated Chronic Disease Grant	2.70
37	Consumer Protection **	2.50
38	Medical Facilities Service	2.50
54	Emergency Medical System	2.15
59	Athletic Commission	2.10
Reviewed as part of the County Health Dept. Audit Procedures		
1	County Inventory	4.25
2	Compliance with Purchasing Act	4.15
3	CHD - Cash Handling Procedures (Change Funds, Receipt and Deposit)	3.75
5	Cash Receipts and Receivables	3.60
7	LEP Processes	3.25
8	Fee Collection in accord with statute	3.25
13	Pharmaceutical Inventory	3.10
Removed from 2013 Consideration		
+ 4	Internal Controls Fixed Assets Inventory	3.70
a 9	Terrorism Preparedness and Response	3.20
a 10	Compliance with State Purchasing Act	3.15
+ 18	Trauma	2.90
+ 23	Pharmaceutical Inventory & Credit - Central Office only	2.70

Tickmark Legend

- + Completed audit in last 5 years or currently in process
- a Process removed from consideration for the current year due to lower financial risk and/or based on comments with the evaluation team
- b Activities were not part of Risk Assessment. Added to audit plan per auditor judgement/discussion with financial coordinators.

- * Activities were not part of Risk Assessment. Added to the risk assessment based on auditor's judgment
- ** This includes Food, MicroPig, Tattoo, Alarm, Barber, Pools, Hearing Aide, Fire Extinguisher, Body Piercing
- *** This includes HMO, Certificate of Need, Managed Care, Facility Licensure

Color Legend

Administrative Services
Community Health Services
Protective Health Services
Disease and Prevention Services

Note: Total Risk Score is based on a scale from 1 to 5. The higher the score, the higher the risk related to the auditable unit.

Measurement of importance	15%	10%	15%	10%	15%	15%	5%	5%	10%	1.00
<u>Auditable Units/Processes</u>	<u>Federal Requirements</u>	<u>State Statutes</u>	<u>Dollar or Transaction Volume*</u>	<u>Adequacy & Effectiveness of the system of Monitoring, Oversight & Supervisory Controls</u>	<u>Previous Audit Findings and/or Questioned Costs In Last two yrs</u>	<u>History of fraud or abuse in this process or practice</u>	<u>Complexity or volatility of activities</u>	<u>Competency of Staff Responsible</u>	<u>Staff physically handle cash or other assets</u>	<u>Total</u>
	1 = nonfederal 3 = some federal 5 = federal	1 = no 5 = yes	1 = < \$500,000; <50 2 = \$500,000 - \$1.5 mil.; 51-150 3 = \$1.5 mil. - \$3 mil.; 151-300 4 = \$3 mil. - \$6 mil.; 301-500 5 = \$6 mil.<; 500<	1 = good I/C's 3 = moderate 5 = poor I/C's	1 = no findings 5 = prev. findings	1 = no history 5 = history	1 = not complex 3 = avg. complex 5 = very complex	1 = very experienced 3 = avg. experience 5 = not experienced	1 = doesn't handle cash 5 = handles cash	

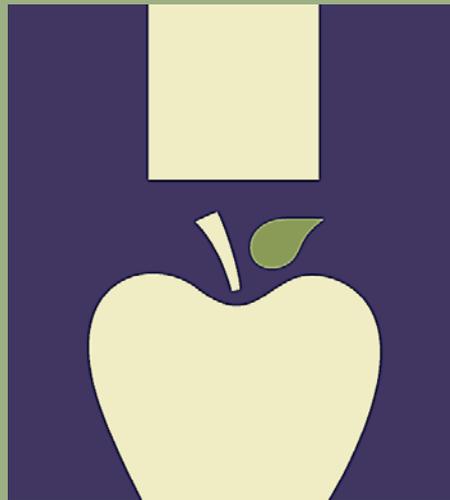
County Inventory	3	5	5	3	5	5	3	2	5	4.25
Compliance with Purchasing Act	5	5	4	1	5	5	3	1	5	4.15
CHD - Cash Handling Procedures (Change Funds, Receipt and Deposit)	3	5	2	5	3	5	3	3	5	3.75
Internal Controls Fixed Assets Inventory	3	5	5	1	5	5	3	3	1	3.70
Cash Receipts and Receivables	3	5	1	3	5	5	3	1	5	3.60
Subrecipient Contract Monitoring and Administration	3	5	5	1	5	3	3	3	1	3.40
LEP Processes	1	1	5	1	5	5	1	2	5	3.25
Fee Collection in accord with statute	1	5	2	1	5	5	3	1	5	3.25
Terrorism Preparedness and Response	5	1	5	3	5	1	5	1	1	3.20
Compliance with State Purchasing Act	1	5	5	1	3	5	4	3	1	3.15
Compliance with Agency Policy	3	5	5	5	1	1	5	5	1	3.10
Personnel Transactions/Adjustments/Longevity/Benefits	3	5	5	5	1	1	5	5	1	3.10
Pharmaceutical Inventory	5	5	5	1	1	1	3	1	5	3.10
Long Term Care Services	5	5	5	3	1	1	5	3	1	3.10
Immunization Regular	3	5	4	1	5	1	3	3	1	2.95
Immunization Service - Contract Monitoring of Vaccine Inventory	3	5	4	3	1	1	3	3	5	2.95
Trauma	1	5	5	3	5	1	3	1	1	2.90
VFC Immunization	3	5	3	1	5	1	3	3	1	2.80
Pharmaceutical Inventory & Credit - Central Office only	3	1	5	1	5	1	5	1	1	2.70
Coordinated Chronic Disease Grant	5	1	1	3	5	1	3	5	1	2.70
Consumer Protection **	3	5	5	1	1	1	5	1	1	2.50
Medical Facilities Service	5	5	3	1	1	1	5	1	1	2.50
Emergency Medical System	3	5	2	3	1	1	3	1	1	2.15
Boxing Commission	1	5	1	3	1	1	3	1	5	2.10

- Administrative Services**
- Community and Family Health Services**
- Protective Health Service**
- Disease & Prevention Services**

Strategic Map Update

Public Health Policy & Advocacy Development

OKLAHOMA STATE DEPARTMENT OF HEALTH · JANUARY 2014



Mark S. Newman, Ph.D.

Director, Office of State and Federal Policy

Oklahoma State Department of Health Strategic Map: SFY 2011-2015

**Achieve Targeted Improvements in the
Health Status of Oklahomans**

**Improve Targeted
Health Outcomes**

**Achieve Improvements
In Oklahoma Health
Improvement Plan
(OHIP) Flagship Issues**

**Focus on Core Public
Health Priorities**

**Reduce Health
Inequities**

**Lead Public Health
Policy & Advocacy
Development**

**Target Campaigns on
Community Needs,
Return on Investment,
& Scientific Evidence**

**Identify & Establish
Public Health
Champions**

**Serve as Educational
Resource on the Value
of All Public Health
Issues**

**Strengthen Public
Health Systems**

**Evaluate
Infrastructure to
Support Public
Health Systems**

**Employ Strategies for
Public Health
Workforce
Recruitment**

**Achieve Accreditation
& Create a Quality
Improvement Culture**

**Achieve Compatible
Health Information
Exchange Across
Public/Private Sectors**

**Foster Collaborative
Relationships With
Public & Private
Partnerships**

**Leverage
Resources
for Health Outcome
Improvement**

**Facilitate Access to
Primary Care**

Focus on Prevention

**Use Comparative
Effectiveness Research
& Evaluate Science**

**Monitor Funding
Opportunities**

**Educate & Strategically
Plan for Health
Systems Change**

**Engage Communities to Leverage Effectiveness
Utilize Social Determinants of Health & Whole Person Wellness Approaches
Responsibly Align Resources to Maximize Health Outcomes**



Lead Public Health Policy & Advocacy Development

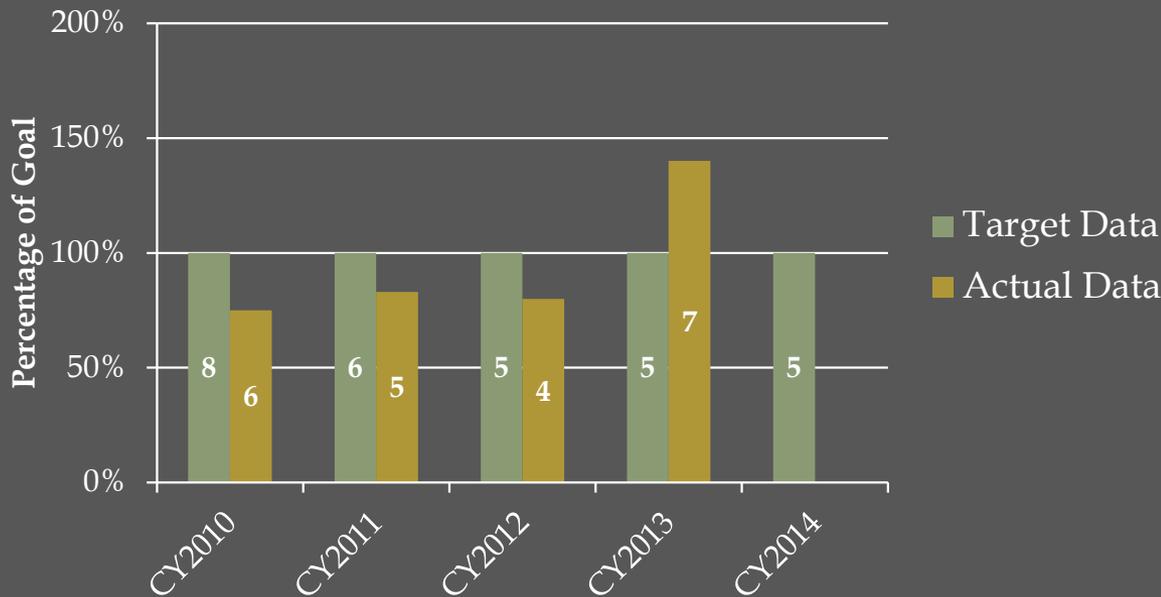
Goals:

- ✓ Target Campaigns on Community Needs, Return on Investment, & Scientific Evidence
- ✓ Identify & Establish Public Health Champions
- ✓ Serve as Educational Resource on the Value of All Public Health Issues



Target Campaigns on Community Needs, Return on Investment, & Scientific Evidence

Oklahoma State Department of Health (OSDH) Bills Enacted



OSDH proposed legislation incorporates population-based successes through scientific evidence

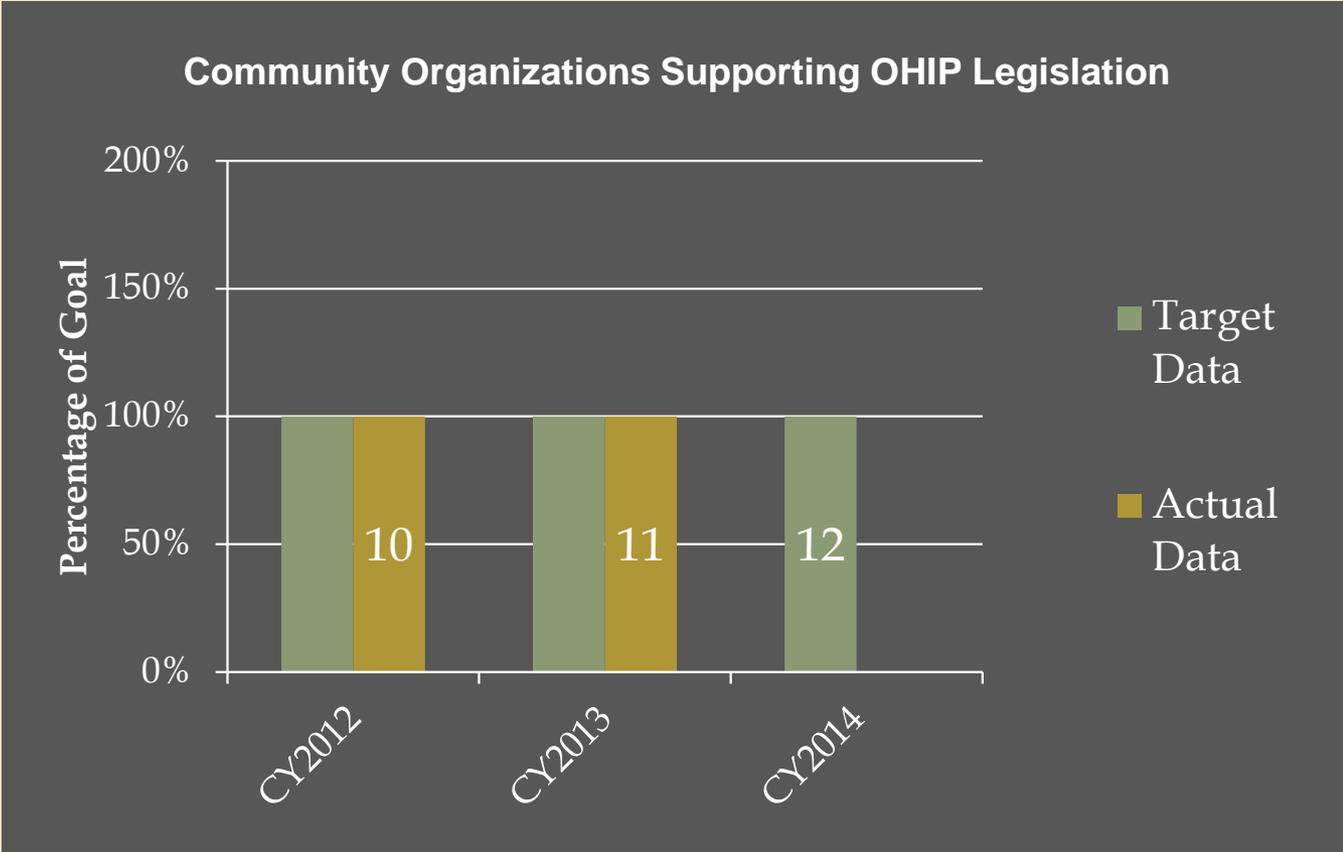
Work with community organizations to identify core public health issues for legislative emphasis on both an annual and long-term basis



Identify & Establish Public Health Champions



Identify & Establish Public Health Champions

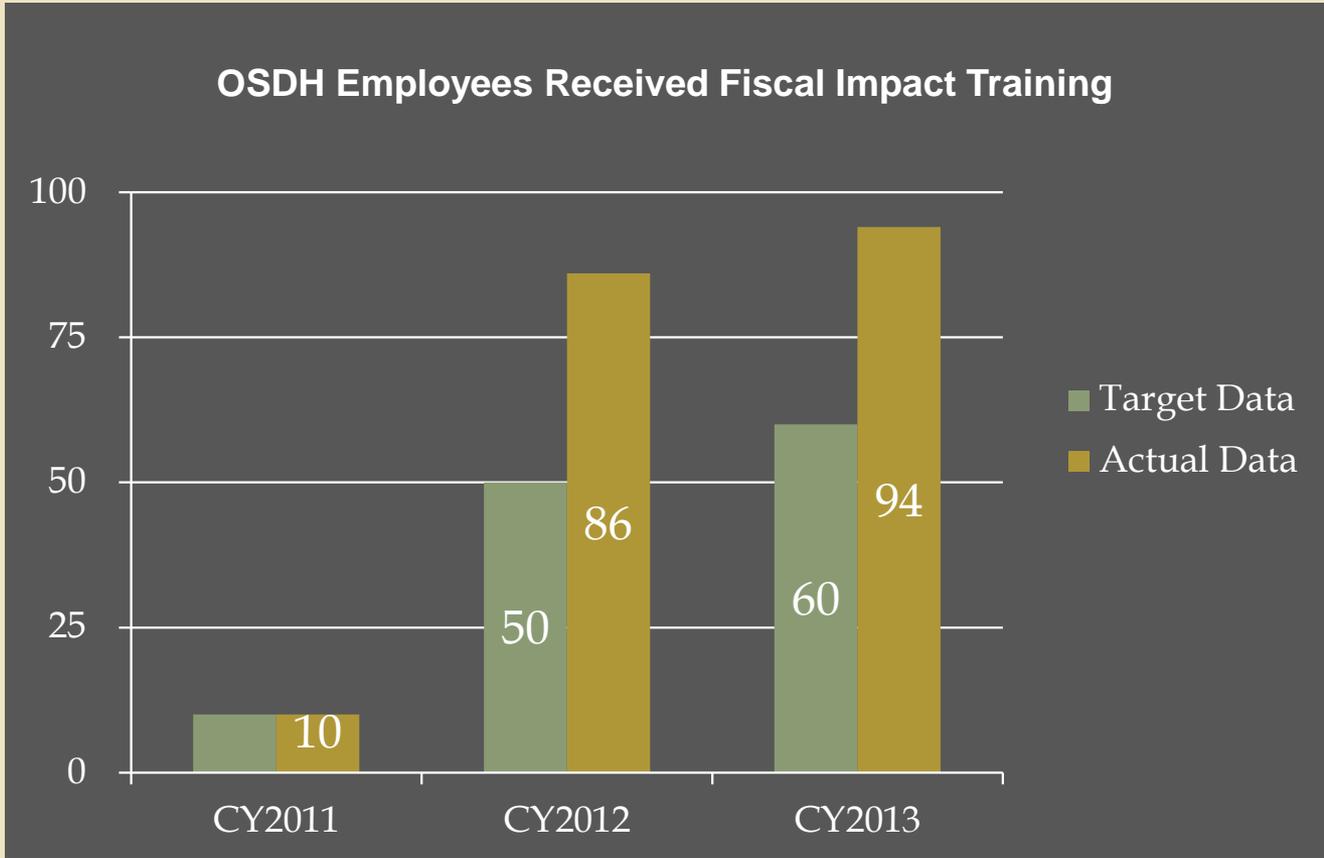


Serve as Educational Resource on the Value of All Public Health Issues

- OSDH must be the best and most reliable source for all information related to public health
- Lead the way in providing excellent customer service, find new and innovative ways to utilize technology, and demonstrate responsible use of taxpayer funds in each and every program
- Serve in leadership roles in both state and national organizations which represent or impact public health



Serve as Educational Resource on the Value of All Public Health Issues



Public Policy & Advocacy Development

Questions?



2014 Legislative Priorities

1. Prohibit the sale of e-cigarettes to minors

- Oklahoma state law is currently silent on the sale of e-cigarettes to minors
- Research shows that e-cigarette use more than doubled in U.S middle and high school students from 2011 to 2012
- In 2012, more than 1.78 million middle and high school students nationwide experimented with e-cigarettes
- Three-quarters of those who tried e-cigarettes also tried combustible tobacco products
- E-cigarette/vapor products contain carcinogens and nicotine, which is toxic and highly addictive
- Youth should not have access to e-cigarette or vapor products because nicotine can negatively affect the developing brain
- Among e-cigarette/vapor products the concentration of chemical contaminants and nicotine has been shown to vary greatly. This means these unregulated products may provide uncontrolled doses of harmful contaminants
- Some studies suggest that as many as a quarter of smokers surveyed began using e-cigarettes or vapor products prior to switching to tobacco products. The variety of flavors, misleading claims, and marketing that encourages use indoors increases concerns that these products may be used as a gateway to cigarettes or other lit tobacco products for some people, and may keep smoking rates unacceptably high

Policy Proposal

- State law already prohibits the sale of tobacco products to minors
- Legislation is needed to amend the definition of “tobacco product” to clarify that it includes any product that is made or derived from tobacco. This would include e-cigarettes
- This definition is consistent with current court rulings and FDA intent to regulate e-cigarettes as “other tobacco products”

2. Require multi-unit housing smoking disclosure for prospective renters

- Many children with asthma and other chronic conditions affected by secondhand smoke exposure are unwillingly exposed when living in multi-unit housing
- When smoking is allowed in one area of a building, smoke can and will spread to other areas within the building
- There is no safe level of exposure to secondhand smoke
- There are more than 7,000 chemicals that have been identified in secondhand smoke, at least 250 of those are known to be harmful such as hydrogen cyanide, carbon monoxide and ammonia
- Approximately 212,782 Oklahoma households live in multi-unit housing (2 or more)

- Approximately 15% of Oklahoma housing units are multi-unit structures (2 or more)
- Among Oklahoma children ages birth to 14, there were 3,258 in-patient hospital days for asthma in 2010 with total charges of approximately \$13,219,494
- A 30% reduction in hospitalizations for asthma among young adults would save approximately \$611,800 per year

Policy Proposal

- State law already requires disclosure for potential toxins that can result when methamphetamine has been found to be manufactured in one unit of a multi-unit housing complex
- Legislation is needed to amend the disclosure statute to also include whether smoking is permitted on the property and locations in which it is permitted

3. Provide a rebate for the construction of residential storm shelters or safe-rooms.

- The events of this past spring (2013) have reminded us that even with the advanced warning and storm prediction systems in our state, tornadoes can strike suddenly and unpredictably
- In extremely violent EF4 and EF5 storms, the only protection from a direct hit is in a basement or tornado shelter. Few homes in Oklahoma have been built with basements, but, there are many options for the installing a storm shelter in a home
- There is a safe room rebate program through the Oklahoma Department of Emergency Management (SoonerSafe) and it is estimated that more than 11,000 shelters have been built through this program following the May 1999 tornadoes
- Applicants are selected randomly and can receive up to \$2,000 rebate *after* installing a safe room. The rebate is not taxable. However, individuals are not eligible to receive a rebate through this program if they have already built a safe room and must wait until they see if they qualify for the rebate before they can build
- The Oklahoma Constitution provides for up to one hundred square feet of a Safe room installed after January 1, 2002 shall be exempt from taxation
- There are currently no tax credits or rebates in place to further incentivize building a tornado shelter

Policy Proposal

- This bill would create a one-time rebate to individuals and families for the construction of a residential above or below ground storm shelter
- Recommend that this tax credit only apply to families using an Oklahoma company to construct or install their storm shelter or safe-room **and** Oklahoma manufactured safe rooms and storm shelters
- Recommend that the rebate be in existence for a defined time period of two or three years and not be indefinite

E-Cigarettes

What is an e-cigarette?

- A battery-powered device that heats a liquid solution to produce a vapor for inhalation.
- Some look similar to cigarettes and even have a tip that lights up when the user inhales. Other vapor products look less like cigarettes but serve the same purpose. Some are refillable and rechargeable, while others are disposable.
- The liquid solution comes in various flavors and nicotine levels, including a 0% nicotine option.
- Use of an e-cigarette is often referred to as “vaping” rather than “smoking.”

Are they safe? Are they regulated?

- As e-cigarettes are a relatively new product, there is limited research about them.
- E-cigarettes don't contain traditional tobacco, but they do contain nicotine, which is a tobacco-derived product. As a result, a federal court has determined they can be regulated as a tobacco product, and the FDA has announced its intent to regulate e-cigarettes.
- Because the products are not currently regulated and many are produced outside the United States, there is no oversight of manufacturer's claims or independent reseller's claims regarding ingredients, nicotine content, safety, or possible use as a cessation aid.
- The liquid nicotine solution can be dangerous to children or pets if ingested.
- Even with limited research, there is reason to believe that these products can cause harm. Certain metals have been found to be present in e-cigarettes which could be harmful if inhaled. Additionally, there have been incidents of the battery exploding or causing fire.
- Research on the health effects of secondhand vapor is limited. At one time in history, smoking in buildings and vehicles was considered a safe practice, but years of research have proved otherwise. Research on e-cigarettes is new and evolving, and it may be some time before we know the total health effects of these products to users and those exposed to secondhand vapor.

Where can e-cigarettes legally be used? Who can buy them?

- Because state clean indoor air laws were written before e-cigarettes, the law is silent on their indoor use. Organizations may pass voluntary policies that prohibit indoor use of e-cigarettes.
- The law does not prohibit the sale of e-cigarettes to minors, however, most stores have voluntary policies requiring a customer be 18 to purchase an e-cigarette product.

What other concerns exist about e-cigarettes?

- Kid-friendly flavors such as cherry and chocolate are banned by the FDA for cigarettes because of their potential to appeal to children; that is not the case with e-cigarettes. E-cigarettes come in many flavors, which may increase the appeal for youth.
- Because many e-cigarettes look like traditional cigarettes and emit a vapor that looks like traditional cigarette smoke, e-cigarettes also have the potential to impact social norms and public perception of smoking prevalence that the tobacco control community has worked so hard to change.

- Laws that restrict cigarette advertising do not include e-cigarettes, so ads are appearing in magazines, on television, and in other public places, which also impacts the social norm regarding these products and potentially social norms about smoking overall.
- Even if future research finds that harm to the individual could be reduced, there could be increased harm to the *public* if 1) people who would have otherwise quit tobacco use e-cigarettes instead, and 2) people who would have otherwise not used a tobacco product take up e-cigarettes or other tobacco products.

Are e-cigarettes a proven cessation aide?

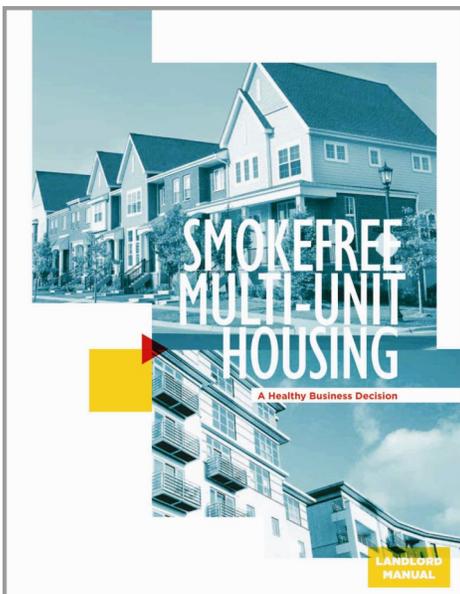
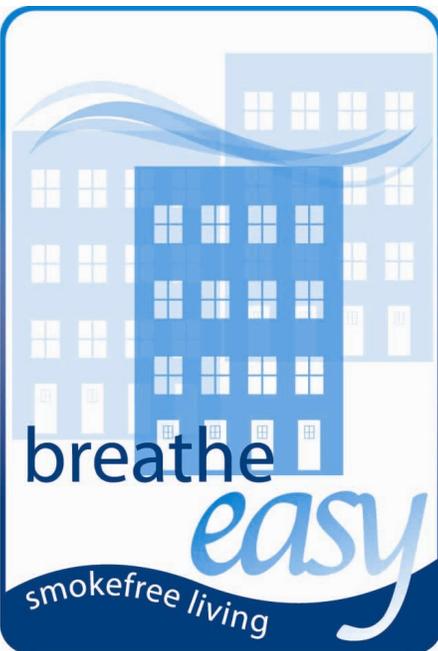
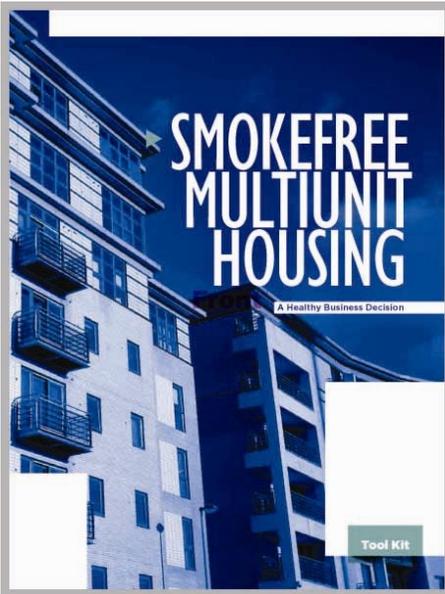
- There is limited research on the effectiveness of e-cigarettes as a cessation aide and their long-term safety is unstudied. However, there are multiple FDA-approved nicotine replacement therapy products available for individuals who wish to quit. These approved products, which have been studied for effectiveness and side effects, are available for free by calling 1-800-QUIT-NOW.
- Some people who have no intention of quitting traditional tobacco products may use e-cigarettes to get nicotine throughout the day and still comply with bans on traditional cigarette smoking in public. This is a form of “dual use” and has the potential to increase overall tobacco use, though more research is needed on this topic.
- Many people have shared anecdotal stories about switching from cigarettes to e-cigarettes; however, it is not clear in most cases if those individuals have quit using cigarettes but continue to use e-cigarettes, or if they have quit nicotine use entirely.

What action should we take related to e-cigarettes?

Note: These are possible actions if e-cigarettes are an area of focus relevant to your community and your organization’s work at this time. It is not required that you take any action.

- To protect other customers and employees who choose not to be exposed to chemicals, businesses should adopt policies that prohibit the use of e-cigarettes on their property as part of a comprehensive tobacco-free policy.
 - If local organizations have voluntary tobacco-free policies, revise those policies to include e-cigarettes.
 - If no voluntary policy exists, work toward passing a comprehensive tobacco-free policy that includes e-cigarettes.
- Although e-cigarettes are a popular topic right now because of their novelty, it’s important to continue working on evidence-based best practices for overall reduction in tobacco use. While it is important for us to address this new concern in tobacco control, we cannot lose sight of the still large problem of tobacco use, which kills about 6,200 people per year in Oklahoma. We have the 4th highest smoking rate in the country. Sales of e-cigarettes in the U.S. last year reached \$500 million, but e-cigarettes are still a small fraction (0.5%) of the total tobacco market in the U.S. (Source: New York Times)

Multiunit Housing Smoking Policy Disclosure



- About 10% of Oklahoma’s housing units are in multiunit housing (5 units or more).
- 80% of Oklahoma apartment residents live in buildings that have no policy on smoking.*
- State smoking laws protect hallways, offices and other areas that are indoor workplaces. Private residential areas are not protected by these laws.
- When smoking is allowed in one area, smoke can and will spread to other areas within the building.
- A majority of Oklahoma nonsmoking apartment residents report they have experienced smoke infiltration into their apartments.*
- 60% of Oklahoma apartment residents would prefer to be in an entirely nonsmoking building.*
- Secondhand tobacco smoke causes disease and premature death in nonsmokers. There is no safe level of exposure.**
- OSDH and the OHIP recommend smokefree homes, including multiunit housing.
- Consideration should be given to nonsmoking zones outside of entrances, open windows and patio doorways, especially in multiunit housing, to prevent smoke entering homes.
- Oklahoma’s Commissioner of Health has issued a public health warning advising persons with heart disease or at elevated risk for heart disease not to enter places where smoking is allowed.***
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Footnotes from front (sources)

* 2011 survey of Oklahoma multiunit housing residents by Spears School of Business, Oklahoma State University

** 2006 US Surgeon General’s Report.

*** April 2004 public health warning accessible at www.breatheeasyok.com.

Talking Points - Rebate for Tornado Shelters

Description: This bill would create a one-time rebate to individuals and families for the construction of a residential above or below ground storm shelter. Oklahoman's need tornado shelters to protect them from injury. A rebate will provide an incentive to construct residential tornado shelters and increase the number of shelters in Oklahoma.

Rationale/Reason for Request:

- Tornadoes are among the most violent and lethal of all natural disasters. About 1,200 tornadoes hit the U.S. yearly. The number of deaths and injuries can vary greatly depending on the time and place where tornadoes strike. In 2011 there were 553 tornado deaths and in 2012 there were 70 deaths in the U.S.
- Oklahoma, located in the heart of Tornado Alley, has a high concentration of violent (EF4 and EF5) tornadoes. Tornadoes can occur in every month of the year, but the peak season for the most deadly tornadoes in Oklahoma is during May and early June.
- The events of this past spring (2013) have reminded us that even with the advanced warning and storm prediction systems in our state, tornadoes can strike suddenly and unpredictably.
- In extremely violent EF4 and EF5 storms, the only protection from a direct hit is in a basement or tornado shelter. Few homes in Oklahoma have been built with basements, but, there are many options for the installing a storm shelter in a home.
- Communities such as Moore, Oklahoma City, and Norman, do not have "community shelters." There are many reasons for this stance and much debate among authorities and the public continues around this issue.
- Throughout Oklahoma's history, communities have experienced some of the most devastating tornadoes on earth with significant loss of life, injury, and property damage.
- Most recently, the tornado disasters of May 19, 20, and 31, 2013, in Oklahoma, resulted in tragic loss of life and devastating and debilitating injuries. A total of 48 persons died as a direct result of these storms including two families that left their homes and sought shelter in storm drainage systems. Countless others suffered injuries that were treated in area hospitals. (Our tornado injury surveillance is ongoing. We can update this with actual numbers later when our surveillance data is completed).
- The victims who died included infants, children, and adults of all ages. They were in various locations and settings. Lives could have been saved and serious injuries prevented if tornado shelters had been available to the victims. On the other hand, many lives *were* saved and injuries prevented because residential tornado shelters were available!
- Residential tornado shelters range from \$2,500 - \$7,000 and can be installed below the ground or above the ground. These shelters are effective for preventing injury and death if built to recommended standards. Engineers conducting damage surveys in the May

20, 2013, tornado-stricken areas of Moore, OK, reported that all tornado shelters examined in the damaged areas remained intact.

- There is a safe room rebate program through the Oklahoma Department of Emergency Management (SoonerSafe) and it is estimated that more than 11,000 shelters have been built through this program following the May 1999 tornadoes. Applicants are selected randomly and can receive up to \$2,000 rebate *after* installing a safe room. The rebate is not taxable. Additionally, the Oklahoma Constitution provides for up to one hundred square feet of a Safe room installed after January 1, 2002 shall be exempt from taxation. However, individuals are not eligible to receive a rebate through this program if they have already built a safe room and must wait until they see if they qualify for the rebate before they can build. There are currently no rebates in place to further incentivize building a tornado shelter.
- This bill would be yet another measure/strategy to continue to increase the prevalence of tornado shelters, and protect more Oklahoman's from death and injury due to tornadoes.

**OKLAHOMA STATE DEPARTMENT OF HEALTH
SFY 2014 BUDGET AND EXPENDITURE FORECAST: AS OF 12/18/2013**

SUMMARY

<u>Division</u>	<u>Current Budget</u>	<u>Expenditures</u>	<u>Encumbrances</u>	<u>Forecasted Expenditures</u>	<u>Surplus/(Deficit)</u>	<u>Performance Rate</u>
Public Health Infrastructure	\$23,290,605	\$6,022,837	\$4,217,060	\$12,272,198	\$778,510	96.66%
Protective Health Services	\$67,871,503	\$23,498,594	\$7,932,136	\$32,773,880	\$3,666,893	94.60%
Prevention & Preparedness Services	\$58,649,754	\$15,051,845	\$24,914,561	\$17,523,685	\$1,159,663	98.02%
Information Technology	\$7,291,870	\$2,825,215	\$1,633,054	\$2,825,370	\$8,231	99.89%
Health Improvement Services	\$19,058,798	\$7,043,607	\$4,376,431	\$7,188,279	\$450,481	97.64%
Community & Family Health Services	\$248,732,401	\$67,848,971	\$35,778,859	\$141,086,304	\$4,018,267	98.38%
Totals:	\$424,894,931	\$122,291,069	\$78,852,101	\$213,669,716	\$10,082,045	97.63%

< 90%	90% - 95%	95% - 102.5%	102.5% - 105%	>105%
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Expenditure Forecast Assumptions

- Payroll forecasted through June 30, 2014 based on extrapolation of the first ten payrolls of SFY 2014
- Encumbrances shown as actual as of the report date
- Expenditure forecasts limited to realistic amounts expected to spend out during the current budget period
- Surplus/(Deficit) is projected as of June 30, 2014
- Budgets are based on federal revenue projections and may have to be adjusted once the final FFY2014 grant awards are received.

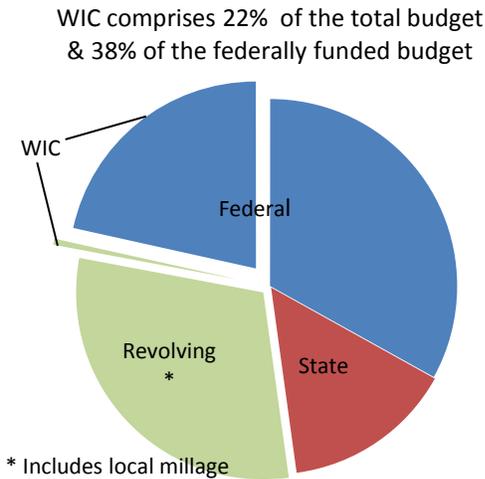
Explanation of Dashboard Warning(s)

- The OSDH's overall budget performance rate is "Green Light" status at 97.63%. This is approximately the same as the status on the prior report.
- Protective Health Services is slightly in "Yellow Light" status, primarily due to unobligated state and federal background check project funding. This project may carry into next state fiscal year.
- All other divisions are in Green Light status.

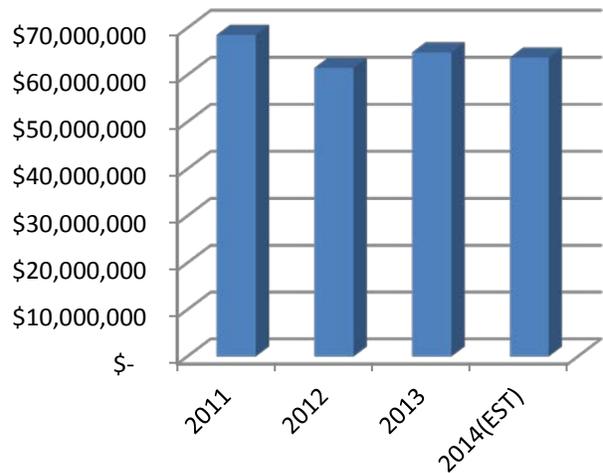
Prevention Services and Wellness Promotion - Women, Infants and Children (WIC) Program

Prevention Services and Wellness Promotion programs are characterized by public health programs that prevent adverse health conditions and consequences and/or promote health and wellness. These programs may be offered through public health clinics or through other service providers and may, or may not be, mandated at some level. These programs include essential public health services 1, 3, 4, 5,

OSDH FY2014 Budget



WIC Food Expenditures



- ✚ The Special Supplemental Nutrition Program for Women, Infants and Children (WIC Program) is a short term intervention program designed to influence lifetime nutrition and health behaviors in a targeted, high risk population. WIC clinics provide nutrition education, breastfeeding promotion and support, healthy foods, screenings and referrals for healthcare and social services to over 90,000 Oklahomans each month.
- ✚ Applicants must have income at or below 185 percent of the U.S. Poverty Income Guidelines, or be enrolled in TANF, SNAP, or Medicaid. They are screened for medically based risk such as anemia, underweight, smoking, maternal age, history of pregnancy complications, or poor pregnancy outcomes and dietary risk such as not consuming the recommended amount of protein or iron in their diet.
- ✚ Numerous studies have shown pregnant women who participate in WIC have longer pregnancies leading to fewer premature births; have fewer low and very low birth-weight babies; experience fewer fetal and infant deaths; seek prenatal care earlier in pregnancy; and consume more of such key nutrients as iron, protein, calcium, and vitamins A and C.
- ✚ Medicaid participants on WIC have an average 29% lower Medicaid costs for infant hospitalization compared with those not participating in WIC.
- ✚ OSDH WIC is currently in the planning/implementation phase with electronic WIC (e-WIC) allowing participants to access food benefits with an Electronic Benefits Transfer (EBT) card, instead of paper food instruments. The pilot will begin September 2014 with statewide implementation January through June 2015.
- ✚ Federal grant funds awarded by the U.S. Department of Agriculture for Federal Fiscal Year (FFY) 2013 include food funds of \$46,627,762 and administrative/nutritional services funds of \$20,472,000. Rebates received from the purchase of infant formula provide an additional \$19,348,061 for food to help serve participants.

**OKLAHOMA STATE BOARD OF HEALTH
COMMISSIONER'S REPORT**

Terry Cline, Ph.D., Commissioner
January 14, 2014

PUBLIC RELATIONS/COMMUNICATIONS

Julie Watson, Tulsa Kids magazine – interview
Oklahoma Academy Holiday Event
Prescription Drug Use Press Conference - speaker

SITE VISITS

Lincoln County Health Department
Muskogee County Health Department
Okmulgee County Health Department
Okfuskee County Health Department

STATE/FEDERAL AGENCIES/OFFICIALS

ODMHSAS Budget Hearing
Thomas Eissenberg, PhD. Professor, Biopsychology & Health Psychology
Virginia Commonwealth University, Co-director, Center for the Study of Tobacco
Products
Health and Human Services Cabinet Meeting
Denise Northrup, Katie Altshuler, Gov. Fallin's office, Nico Gomez & Cindy Roberts, OHCA
Chris Bruehl, Director of Appointments, Governor Fallin
Steve Mullins, Denise Northrup, Katie Altshuler, Governor's office, Terri White, ODMHSAS,
Darrell Weaver, OBN Prescription Monitoring Program

OTHERS:

Gary Cox, Executive Director, Oklahoma City County Health Department
Bruce Dart, Executive Director, Tulsa Health Department
Institute Of Medicine Long Term Disaster Recovery Project
ASTHO Board and Winter Meeting
PHAB Board Meeting
Million Hearts Learning Collaborative, ASTHO
Public Health Leadership Forum Foundational Capabilities Meeting, RWJF
Saundra Naifeh & Byran Fried, Fried, Kilpatrick & Guinn