

Agenda for the 11:00 a.m., Tuesday, July 9, 2013
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 June 11, 2013 Board of Health Meeting**
- III. STRATEGIC MAP UPDATE PRESENTATION: Julie Cox-Kain, M.P.A., Chief Operating Officer; Toni Frioux, M.S., APRN, CNP, Deputy Commissioner for Prevention and Preparedness Services
- IV. CONSIDERATION OF STANDING COMMITTEES' REPORTS AND ACTION

Executive Committee – Dr. Krishna, Chair
Discussion and possible action on the following:

 - b) Update
 - c) Annual Retreat Update

Finance Committee – Dr. Woodson, Chair
Discussion and possible action on the following:

 - d) Update

Accountability, Ethics, & Audit Committee – Ms. Wolfe, Chair
Discussion and possible action on the following:

 - e) Update

Public Health Policy Committee – Dr. Gerard, Chair
Discussion and possible action on the following:

 - f) Update
- V. PRESIDENT'S REPORT

Discussion and possible action on the following:

 - g) Update
- VI. COMMISSIONER'S REPORT

Discussion and possible action
- VII. NEW BUSINESS

Not reasonably anticipated 24 hours in advance of meeting.
- VIII. PROPOSED EXECUTIVE SESSION

Proposed Executive Session pursuant to 25 O.S. Section 307(B)(4) for confidential communications to discuss pending department litigation and investigations; 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.
Possible action taken as a result of Executive Session.
- IX. ADJOURNMENT

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

Tuesday, June 11, 2013 1:00 p.m.

R. Murali Krishna, President of the Oklahoma State Board of Health, called the 380th regular meeting of the Oklahoma State Board of Health to order on Tuesday, June 11, 2013 at 1:03 p.m. The final agenda was posted at 10:19 a.m. on the OSDH website on June 7, 2013, and at 12:01 p.m. at the building entrance on June 10, 2013.

ROLL CALL

Members in Attendance: R. Murali Krishna, M.D., President; Ronald Woodson, M.D., Vice-President; Jenny Alexopoulos, D.O.; Terry Gerard, D.O.; Barry L. Smith, J.D.; Timothy E. Starkey, M.B.A.; Robert S. Stewart, M.D.;

Absent: Martha Burger, M.B.A., Secretary-Treasurer; Cris Hart-Wolfe

Central Staff Present: Terry Cline, Commissioner; 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; Commissioner's Office; Janice Hiner, Felesha Scanlan, VaLauna Grissom.

Visitors in attendance: (see sign in sheet)

Call to Order and Opening Remarks

Dr. Krishna called the meeting to order. He welcomed the newest member appointed to the State Board of Health, Dr. Robert Scott Stewart, and asked him to briefly introduce himself.

REVIEW OF MINUTES

Dr. Krishna directed attention to review of the minutes of the May 14, 2013, Regular Board meeting and identified minor typographical corrections to be made to page 4, lines 1 and 13, page 5, line 49, and page 7, line 17.

Dr. Alexopoulos moved Board approval of the minutes of the May 14, 2013, Regular Board meeting with corrections, as presented. Second Dr. Woodson. Motion carried.

AYE: Alexopoulos, Krishna, Smith, Starkey, Woodson

ABSTAIN: Gerard, Stewart

ABSENT: Burger, Wolfe

MISSION, VISION, VALUES PRESENTATION: Ginger Thompson, M.A., Ph.D., OU Center for Public Management

Dr. Krishna introduced Ginger Thompson as the facilitator for the mission, vision, values discussion. Ms. Thompson is an organizational development consultant and strategic planning facilitator with the University of Oklahoma, Center for Public Management. Since 2002, Ginger has facilitated many sessions for the Health Department including Healthy People 2010, Protective Health Quality Improvement Initiatives, and Children's First.

Ginger Thompson directed the Board to the materials provided in the Board packet. The handout states the current mission, vision, and values for the Oklahoma State Department of Health as well as outlines recommended options for modification to the mission and values.

1 **CURRENT MISSION, VISION, AND VALUES**

2 **Mission of the Oklahoma State Department of Health**

3 The Mission of the Oklahoma State Department of Health is to protect and promote the health of the citizens of
4 Oklahoma, to prevent disease and injury, and to assure the conditions by which our citizens can be healthy.

6 **Vision of the Oklahoma State Department of Health**

7 Creating a State of Health

9 **Values of the Oklahoma State Department of Health**

10 Honesty – to be truthful in all our endeavors; to be forthright with one another and our customers, communities,
11 suppliers, and stakeholders.

12 Integrity – to say what we mean, to deliver what we promise, and to fulfill our commitments to each other and
13 our customers.

14 Respect – to treat one another and our customers with dignity and fairness, appreciating the diversity and
15 uniqueness of each individual.

16 Accountability – to take responsibility for our actions, and those of our agency and to fearlessly seek
17 clarification and guidance whenever there is doubt.

18 Trustworthiness – to build confidence in one another and our customers through teamwork and open, candid
19 communication.

20 Customer Service – to provide quality and effective services to all.

22 **PROPOSED MODIFICATION TO MISSION AND VALUES**

23 **Mission of the Oklahoma State Department of Health Option 1**

24 The Mission of the Oklahoma State Department of Health is to protect and promote health, to prevent disease
25 and injury, and to assure conditions by which Oklahomans can be healthy.

27 **Mission of the Oklahoma State Department of Health Option 2**

28 The Mission of the Oklahoma State Department of Health is to protect and promote health, to prevent disease
29 and injury, and to cultivate thriving communities through healthy sustainable partnerships.

31 **Values of the Oklahoma State Department of Health**

32 Accountability, Collaboration, Community, Customer Service, Excellence, Leadership

34 Mrs. Thompson noted that at the request of the Board, the Department Senior Leadership has provided options
35 for modification of the agency Mission and Values based on the 2012 Board retreat discussion. She emphasized
36 the importance of capturing any additional input from the Board before proceeding to the next step of the
37 process. Mrs. Thompson indicated that once the Board feels comfortable they have provided the necessary
38 input. The Department will then compile the information and conduct a survey seeking input from agency
39 staff. The survey and potential focus groups will be conducted prior to the August 2013 Board retreat where
40 the information will be available for review and possible action.

42 Dr. Cline emphasized that the values were created during a time when there was a need for a more internal
43 focus on the Department. This is an opportunity to allow the values to reflect the outward focus of the Board
44 and of the Department.

46 Dr. Gerard indicated he would like to see customer service changed to be more public service oriented rather
47 than product oriented.

49 Dr. Krishna stated he believes that mission option number one is a wonderful statement; however, it may be
50 misleading to say we can “assure” conditions by which Oklahomans can be healthy.

1 Dr. Woodson agreed with Dr. Krishna and suggested that “promote” would be a better alternative.

2
3 Dr. Alexopoulos commented on the process and asked if the survey via the intranet would be distributed to all
4 employees. Mrs. Thompson replied that it would. Dr. Alexopoulos recommended that members of the public
5 or public health partners be including in seeking input into the mission and values.

6
7 Dr. Woodson suggested that we add “responsibility” as a value for consideration as it may have a different
8 feel than “accountability.”

9
10 Dr. Krishna thanked Mrs. Thompson for her facilitation of the discussion and indicated the Board looks
11 forward to reviewing the compiled materials during the annual Board retreat.

12 13 **COMMITTEE REPORTS**

14 **Executive Committee**

15 Dr. Krishna provided the following reminders Board of Health Reminders:

- 16 • New subcommittee assignments will be revisited in July, after the election of new officers. Dr. Krishna
17 invited Board members to submit their interest in a particular committee to VaLauna Grissom.
- 18 • The annual Board of Health retreat will be held August 16-18, at the Roman Nose State Park Lodge in
19 Watonga. Please mark your calendars.
- 20 • On June 3, 2013, Terry L. Cline, Oklahoma Commissioner of Health and Chief Administrative Officer
21 of the Oklahoma State Department of Health, declared the following emergency under the provisions of
22 the Oklahoma Central Purchasing Act (Title 74, section 85.1):

23
24 Dr. Krishna indicated that on May 31, 2013 the Oklahoma State Department of Health, Central Office,
25 sustained significant flooding on the 4th floor resulting from heavy rainfall, with damage sustained to
26 both the 4th and 3rd floors of the central office located at 1000 NE 10th St., Oklahoma City, Ok. Surveys
27 note other storm-related damage, including at least one broken window on the 11th floor. A complete
28 analysis of all possible damage and required remediation is underway.

29 30 **Finance Committee**

31 **Expenditure Forecast Assumptions**

32 Dr. Woodson directed attention to the Financial Brief provided to each Board member and presented the
33 following Finance Report and Board Brief as of May 24, 2013:

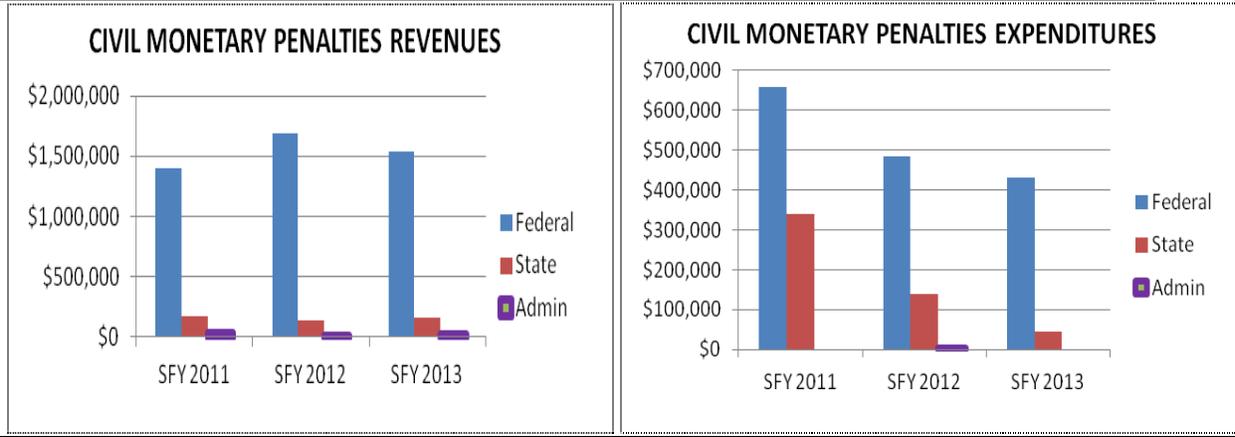
34
35 Payroll forecasted through June 30, 2013 including vacancies likely to fill within the current budget period:

- 36 • Encumbrances shown as actual as of the report date.
- 37 • Expenditure forecasts limited to realistic amounts expected to spend out during the current budget
38 period.
- 39 • Surplus/(Deficit) is projected as of June 30, 2013.

40
41 Dr. Woodson provided an explanation of the Dashboard Warning(s):

- 42 • Overall the Department is forecasted to spend 98.57% of its budget.
- 43 • All areas are forecasted to maintain “Green Light” status through June 30, 2013.
- 44 • Budget forecasts do NOT include projections of sequestration or budget reductions in the current year
45 nor have written notifications of budget reductions been made.
- 46 • All expenditures will be monitored closely and adjustments in spending will be made as needed to
47 ensure optimal budget performance for the Department.

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49 Dr. Woodson directed Board attention to the Finance Board Brief contained in the packet. The Financial Brief
50 this month focuses on the Public Health Priority Number 1, Public Health Imperatives, with a specific focus
51 on Civil Monetary Penalties.



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Table detail is provided this month to illustrate Civil Monetary Penalties Revenues and Civil Monetary Penalties Expenditures.

- Federal CMP’s are penalties assessed by the Center for Medicare/Medicaid Services and paid to the Agency by the Oklahoma Health Care Authority; State CMP’s are penalties assessed by the Agency for non-compliance of regulatory standards; Admin CMP’s are monies collected as a result of administrative penalties imposed under the Nursing Home Care Act.
- Nursing Facility Administrative Penalties (Admin) are collected from facilities that violated Oklahoma license laws or rules. “Admin” funds must be used for protection of residents or other purposes set in state law.
- Funds are used for the betterment of the residents by conducting provider trainings, contracting with Career Tech to provide advanced Certified Nurse Aide training, moving of residents from homes being closed or damaged, etc.
- Expenditures of CMP funds have been declining due to the restrictions placed on CMP funds by the Center for Medicaid/Medicare Services. Before funds can be expended, CMS requires approval through written proposal for projects.
- OSDH has issued a Request for Information through June 30, 2013, in order to gain insight into the most beneficial use of these resources.
- State Fiscal Years 2011 and 2012 denote actual revenues and expenditures and State Fiscal Year 2013 denotes projected revenue and expenditures for the year ending June 30, 2013.

Accountability, Ethics & Audit Committee

The Accountability, Ethics, & Audit Committee met with Lloyd Smith and Don Maisch. Mr. Smith indicated there were no known significant issues to report and was happy to report that the Office of the Internal Audit is almost fully staffed.

The report concluded.

Public Health Policy Committee

The Policy Committee met on Tuesday, June 11, 2013. Dr. Gerard and Mr. Starkey met with Mark Newman at the Oklahoma State Department of Health in Oklahoma City, Oklahoma. Mark Newman provided an update regarding the legislative session. Electronic copies of the Policy Committee Report for June 6, 2013 were emailed to all BOH members by VaLauna Grissom and will be the final report until February 2014. Dr. Gerard provided a summary of the legislative session ending May 2013 to the Board (see Attachment A).

Members of the Board of health may contact Mark Newman for any questions regarding any policy issues or proposed legislation.

PRESIDENT’S REPORT

Dr. Krishna recognized Barry Smith for his service to the Oklahoma State Board of Health beginning in 2004. Barry has been a very active member of the Board giving his energy, time, and spirit to the Board members as well as many other meetings he attended on behalf of the Board and the Department. He has been a great leader and responsible for so many of the decisions leading the Board and the Department to

1 progress. He was integral in hiring Dr. Cline as the Commissioner of Health. Dr. Krishna presented Mr.
2 Smith with a plaque of appreciation on behalf of the Oklahoma State Board of Health.
3

4 Additionally, Dr. Krishna presented Barry Smith with a plaque naming the current Board of Health
5 conference room as the Barry L. Smith Conference Room. This Board Room is dedicated to Barry L. Smith,
6 J.D., former President of the Oklahoma State Board of Health, for his unparalleled efforts toward a healthier
7 Oklahoma during his nine year tenure. His vision for a healthier Oklahoma has led to measureable
8 improvements in the health of Oklahomans. Mr. Smith is recognized for his role as the principle architect of
9 milestone initiatives such as the Oklahoma Health Improvement plan, the Children's Health Improvement
10 Plan, the 5,320 Campaign, and the Shape Your Future Campaign. Under his leadership, the Oklahoma State
11 Department of Health was one of the first two states to achieve national Public Health Accreditation. His
12 resolve to better Oklahoma through continuous quality improvements, advancement in public health policy,
13 and local advocacy will be felt locally and statewide for generations to come. Dedicated on June 11, 2013.
14

15 Barry Smith thanked the Board and the Department for such an incredible honor, stating he is honored and
16 blessed to have worked with such individuals. He is very proud of the progress of the Board and of the
17 Department and has enjoyed observing such dedicated and often underappreciated public health servants as
18 they try to make a difference in the communities.
19

20 NOMINATING COMMITTEE REPORT

21 Dr. Krishna asked Dr. Alexopulos to provide the Nominating Committee Report. Barry Smith, Dr. Alexopulos,
22 and Cris Hart-Wolfe served on this committee. The Committee recommended the 2013-2014 Officers as
23 follows: President, R. Murali Krishna; Vice-President, Ronald Woodson; and Secretary/Treasurer, Martha
24 Burger.
25

26 **Dr. Alexopulos moved Board approval to approve the Committee recommendations for Officers as**
27 **presented. Second Dr. Gerard. Motion carried.**
28

29 **AYE: Alexopulos, Gerard Krishna, Smith, Starkey, Stewart, Woodson**

30 **ABSENT: Burger, Wolfe**
31

32 COMMISSIONER'S REPORT

33 Dr. Cline summarized the OSDH's involvement in the recent response effort following the May 20, 2013
34 tornado. The Oklahoma State Department of Health (OSDH) activated its emergency preparedness and
35 response during May's violent storms. A preliminary tally of services rendered by state and local county
36 health department staff follows:
37

38 Oklahoma hospitals reported more than 500 storm-related injuries. More than 7,000 tetanus vaccinations
39 were administered by county health departments to storm victims and those volunteers and workers assisting
40 in the recovery. These health departments used a combination of static clinic sites and mobile "strike teams"
41 to provide preventive vaccinations in affected communities in Cleveland, Oklahoma, Lincoln, Pottawatomie,
42 Canadian, and Okmulgee counties (see Attachment B).
43

44 Local county health department sanitarians worked the storm-damaged areas to assure public health and
45 safety continued to be a priority, even in a time of natural disaster. The issue of food vendors who were on
46 scene quickly in the storm-damaged areas offering free food and food for sale prompted these sanitarians to
47 deploy to the storm sites to determine if processes were in place to ensure that products and services did not
48 inadvertently harm or put at risk those impacted by the storms or persons assisting in clean-up efforts. In
49 Cleveland, McClain, Pottawatomie, Lincoln, Canadian and Okmulgee counties, the following inspections
50 were performed:

- 51 • Shelter inspections: 18
 - 52 • Licensed food facility inspections: 236
 - 53 • Temporary food vendor inspections: 29
- 54

1 Through June 30, the OSDH has issued a temporary waiver of fees for birth and death certificates for those
2 victims whose homes were located in the path of tornadoes in five counties and deployed mobile units to
3 assist victims with receiving vital records.
4

5 As an ESF8 agency, the OSDH is responsible for the statewide medical response of a catastrophic event such
6 as the May tornado. Persons with health and medical experience, both in Oklahoma and out of state, who
7 wanted to volunteer in the disaster relief response were urged not to self deploy, as quickly after the storms,
8 health and medical staff resources were met. Health and medical volunteers were urged to go to the
9 Oklahoma Medical Reserve Corps (MRC) website at www.okmrc.org and register to become a
10 health/medical volunteer. Since May 20, 1,912 persons have registered on the website, and nearly 4,800
11 personnel are now on the registry. About 182 MRC volunteers have been deployed thus far to support
12 temporary clinics, vaccination strike teams, public health documentation, mental health support, debris
13 removal, donations warehousing and distribution, veterinary triage and reunification, and first aid for
14 volunteers. OKMRC volunteers continue to be utilized in support of American Red Cross long-term case
15 management. The OSDH coordinated the dispatch of EMS agencies from throughout the state to provide
16 ambulances for immediate patient transports, rescue operations, clinics, and hospital evacuation.
17

18 Many OSDH employees were directly and indirectly impacted by the storm as well. The Department has set
19 up an employee support line and email to provide assistance to employees. Employee Assistance Services
20 are being provided through Integris. Focus Credit Union has deployed a mobile team to Cleveland County in
21 order to expedite financial assistance to employees. For those employees with identified needs, the
22 Department has collected non-monetary donations and is connecting nonprofit organizations with these
23 individuals to distribute directly to our employees. Dr. Cline thanked all the employees for their incredible
24 efforts during this time.
25

26 Next, Dr. Cline highlighted a local newspaper article featuring Carl, a local celebrity known for his
27 motorcycle shop, stating no one is too tough for a flu shot. This is a great example of using local
28 communities to promote health efforts. He also featured an article written by Jaclyn Cosgrove regarding
29 Health Officials leading the post tornado efforts. Dr. Cline thanked Jaclyn for bringing some visibility to
30 some of those health efforts through this coverage.
31

32 Dr. Cline commented that the recent Governor's Walk For Wellness, held the day following the last Board
33 meeting at the State Capitol, was very successful.
34

35 Dr. Cline concluded his report with a brief highlight of a Blue Cross Blue Shield "Be Smart Don't Start"
36 Capitol event in which kids submitted artwork around reasons not to smart smoking. This initiative works
37 with schools to promote health programs and is funded by Blue Cross Blue Shield. Dr. Cline thanked them
38 for being incredible champions for public health, referencing a Kaboom playground recently constructed and
39 funded by Blue Cross Blue Shield and its volunteers.
40

41 The report concluded.
42

43 Dr. Krishna briefly recounted the scene he and his wife witnessed during the May 20, 2013 tornado and the
44 instant response and organization of Oklahomans to care for the victims. Oklahomans are very special and
45 will need continued efforts to heal the community from this disaster.
46

47 NEW BUSINESS

48 No new business.
49

50 EXECUTIVE SESSION

51 **Dr. Alexopoulos moved Board approval to go in to Executive Session at 1:59 PM** pursuant to 25 O.S.
52 Section 307(B)(4) for confidential communications to discuss pending department litigation and
53 investigations; pursuant to 25 O.S. Section 307(B)(1) to discuss the employment, hiring, appointment,
54 promotion, demotion, disciplining or resignation of any individual salaried public officer or employee and
55 pursuant to 25 O.S. Section 307 (B)(7) for discussing any matter where disclosure of information would
56 violate confidentiality requirements of state or federal law.

- 1 • Office of Accountability Systems Investigation Policy and Personnel Update
- 2 ○ Discussion of draft policies
- 3 ○ Discussion of Interim Director for Office of Accountability Systems
- 4 ○ Discussion of Permanent Director for Office of Accountability Systems

5 **Second Dr. Woodson. Motion carried.**

6

7 **AYE: Alexopulos, Gerard Krishna, Smith, Starkey, Stewart, Woodson**

8 **ABSENT: Burger, Wolfe**

9

10 **Mr. Starkey moved Board approval to move out of Executive Session. Second Dr. Woodson. Motion**

11 **carried.**

12

13 **AYE: Alexopulos, Gerard Krishna, Smith, Starkey, Stewart, Woodson**

14 **ABSENT: Burger, Wolfe**

15

16 **Dr. Gerard moved Board approval to appoint Lloyd Smith as the permanent Director of the Office of**

17 **Accountability Systems effective immediately. Second Dr. Alexopulos. Motion carried.**

18

19 **AYE: Alexopulos, Gerard Krishna, Smith, Starkey, Stewart, Woodson**

20 **ABSENT: Burger, Wolfe**

21

22 **ADJOURNMENT**

23 **Dr. Alexopulos moved Board approval to Adjourn. Second Dr. Gerard. Motion carried.**

24

25 **AYE: Alexopulos, Gerard Krishna, Smith, Starkey, Stewart, Woodson**

26 **ABSENT: Burger, Wolfe**

27

28 The meeting adjourned at 2:36 p.m.

29

30 Approved

31

32 _____

33 R. Murali Krishna, M.D.

34 President, Oklahoma State Board of Health

35 July 9, 2013

ATTACHMENT A
Legislative Update for BOH Meeting
June 11, 2013

Even though SB36 failed, **SB 501** is legislation which will allow cities and the state to prohibit smoking on city or state owned property and this would include outdoor space such as parks and golf courses. Effective November 1, 2013.

SB 667, which prohibits the use of electronic benefit cards for the Temporary Assistance for Needy Families (TANF) program at certain locations, including retail tobacco stores. Effective July 1, 2013.

HB 2097 is legislation to prohibit the sale of e-cigarettes to anyone under the age of 18 but it also changes the definition of certain tobacco derived products and caps the tax on those products. The adoption of the CCR to HB 2097 failed in the House by a vote of 29 to 66. **Actions continued on the last day of session to bring this bill back at the beginning of next session.**

SB 347, the bill to transfer the Fire Extinguisher Licensing Program to the State Fire Marshall, will be effective November 1, 2013.

HB 1467, the legislation to consolidate some advisory committees in the agency, move the LPCs, LMFTs, and LBPs to a consolidated board outside the agency, and consolidate the Barber Board with the Board of Cosmetology will be effective November 1, 2013.

SB 578, which creates a Civil Monetary Penalty Revolving Fund, for the depositing and accounting of nursing home fines. Effective November 1, 2013.

HB 1083, which updated the EMS Act and will allow Oklahoma requirements for licensure to meet national accreditation standards, will be effective November 1, 2013.

HB1641 is legislation which requires the State Board of Health to promulgate rules and guidelines that will implement a system of notification of emergency medical technicians, paramedics, fire fighters, health care workers, funeral directors, peace officers, and any person who in good faith renders aid in accordance with the Good Samaritan Act relating to risk exposures during health care activities, emergency response activities or funeral preparations. Effective November 1, 2013.

HB 1781 allows the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) and the Oklahoma State Department of Health (OSDH) to access key information regarding prescription drug use from the Oklahoma Bureau of Narcotics and Dangerous Drugs (OBND) for research purposes, in order to identify areas where drugs are being overprescribed and abused in order to help aid in the prevention of prescription drug abuse. This legislation will take effect November 1, 2013.

HB 1782 allows first responders to administer opioid antagonists to persons experiencing an opioid overdose without a prescription. The bill also allows healthcare providers to prescribe an opioid antagonist to an individual to use on a family member exhibiting signs of opioid overdose. Health care professionals must provide opioid antagonist instructional information to family members. Effective November 1, 2013.

HB 1783 prohibits automatic refills for any product containing hydrocodone with another active ingredient (such as Lortab, Vicotin, etc.). Hydrocodone-containing products would remain a Schedule III controlled substance. Effective November 1, 2013.

SB 37 requires burial transit permits to be issued by the Chief Medical Examiner and no longer by OSDH. This bill will be effective November 1, 2013.

SB 587, which allows electronic monitoring devices in nursing home rooms. Effective November 1, 2013.

SB 629 is legislation to place the inspection of veteran centers back under the Nursing Home Care Act and became effective upon the signature of the Governor on May 29, 2013. SB 629 makes nursing facilities operated by the Oklahoma Department of Veterans Affairs (ODVA) subject to the requirements of the Nursing Home Care Act. The measure requires the Oklahoma State Department of Health (OSDH) to conduct at least one annual unannounced inspection of the facilities operated by ODVA. The measure also gives OSDH the authority to approve employer-based nurse aide training programs provided by ODVA and prohibits those facilities from employing a nurse aide who is not certified and who is not eligible for placement on the State Health Department's nurse aide registry. Complaint investigations and follow up inspections will be handled the same as other nursing homes.

The final version of the bill does not require monthly visits or dedicated employees to do the inspections. There is no mechanism for assessing fines, but the survey reports will be provided to the Director of the ODVA, Governor, Speaker of the House, President Pro Tempore of the Senate and posted on the OSDH website similar to the survey reports posted for other nursing homes.

HB 2055 modifies the procedures used to approve permanent rules promulgated by all state agencies. The measure requires all rules to be approved through the use of an omnibus joint resolution. Any permanent rules that are to be approved must be listed in the resolution. Rules must be submitted prior to April 1 to be considered for approval in that session. Any rules submitted after April 1 will carry over to the next session. Effective November 1, 2013.

HJR 1063, 1064, and 1065 are resolutions approving administrative rules approved by the BOH for LPCs, LMFTs, and the Fire Extinguisher Licensing program.

HB 2301 is the General Appropriation (GA) bill and the Health Department appropriation is in Section 60. The appropriated amount for FY-14 will be \$62,983,682.00 which is \$1.2 million more than was appropriated in FY-13. Effective July 1, 2013. OSDH has received an increase in appropriations for two consecutive years. Of the 74 agencies receiving appropriations for FY-14, 4 had reduced funding, 36 had no change and 34 received additional funding.

HB 2304 is the budget limit bill for the agency. This bill authorizes \$1.7 million for the infant mortality prevention program and \$500,000 for the inspection of veteran centers. Effective July 1, 2013.

SB 1124 is the Unclassified FTE bill which authorizes the unclassified positions for each state agency. For the second year in a row, the Unclassified FTE bill has been passed by the Senate and failed to be passed by the House.

All legislation highlighted in **Green** has been signed by the Governor.

ATTACHMENT B

After the Storm: Preliminary Tally of OSDH Storm Services Provided

The Oklahoma State Department of Health (OSDH) activated its emergency preparedness and response during May's violent storms. A preliminary tally of services rendered by state and local county health department staff follows.

Oklahoma hospitals reported more than 500 storm-related injuries. More than 7,000 tetanus vaccinations were administered by county health departments to storm victims and those volunteers and workers assisting in the recovery. These health departments used a combination of static clinic sites and mobile "strike teams" to provide preventive vaccinations in affected communities in Cleveland, Oklahoma, Lincoln, Pottawatomie, Canadian, and Okmulgee counties:

- Pottawatomie 840
- Canadian 363
- Cleveland 5,186
- Lincoln 287
- Okmulgee 160
- Oklahoma 419
- TOTAL -- 7,255**

Local county health department sanitarians worked the storm-damaged areas to assure public health and safety continued to be a priority, even in a time of natural disaster. The issue of food vendors who were on scene quickly in the storm-damaged areas offering free food and food for sale prompted these sanitarians to deploy to the storm sites to determine if processes were in place to ensure that products and services did not inadvertently harm or put at risk those impacted by the storms or persons assisting in clean-up efforts. In Cleveland, McClain, Pottawatomie, Lincoln, Canadian and Okmulgee counties, the following inspections were performed:

- Shelter inspections: 18
- Licensed food facility inspections: 236
- Temporary food vendor inspections: 29

Through June 30, the OSDH has issued a temporary waiver of fees for birth and death certificates for those victims whose homes were located in the path of tornadoes in five counties.

Persons with health and medical experience, both in Oklahoma and out of state, who wanted to volunteer in the disaster relief response were urged not to self deploy, as quickly after the storms, health and medical staff resources were met. Health and medical volunteers were urged to go to the Oklahoma Medical Reserve Corps (MRC) website at www.okmrc.org and register to become a health/medical volunteer. Since May 20, 1,912 persons have registered on the website, and nearly 4,800 personnel are now on the registry. About 182 MRC volunteers have been deployed thus far to support temporary clinics, vaccination strike teams, public health documentation, mental health support, debris removal, donations warehousing and distribution, veterinary triage and reunification, and first aid for volunteers. OKMRC volunteers continue to be utilized in support of American Red Cross long-term case management.

The OSDH coordinated the dispatch of EMS agencies from throughout the state to provide ambulances for immediate patient transports, rescue operations, clinics, and hospital evacuation.

The Metropolitan Medical Response System, which is responsible for medical system planning, preparedness and response activities in preparation for a disaster or public health emergency in central Oklahoma, and is administered through the OSDH, handled numerous issues including the following:

- Dispatched ambulances to evacuate the Moore Medical Center.
- Coordinated EMS unit requests.
- Helped hospitals locate children separated from parents.
- Coordinated quick response ambulance strike teams.
- Coordinated access to temporary water supplies for area hospitals and dialysis units affected by the Draper station shut down.
- Coordinated emergency clinic operations.
- Coordinated response needs to affected nursing homes and other long-term care facilities.

###



O K L A H O M A S T A T E D E P A R T M E N T O F H E A L T H

LEVERAGE RESOURCES FOR HEALTH OUTCOME IMPROVEMENT

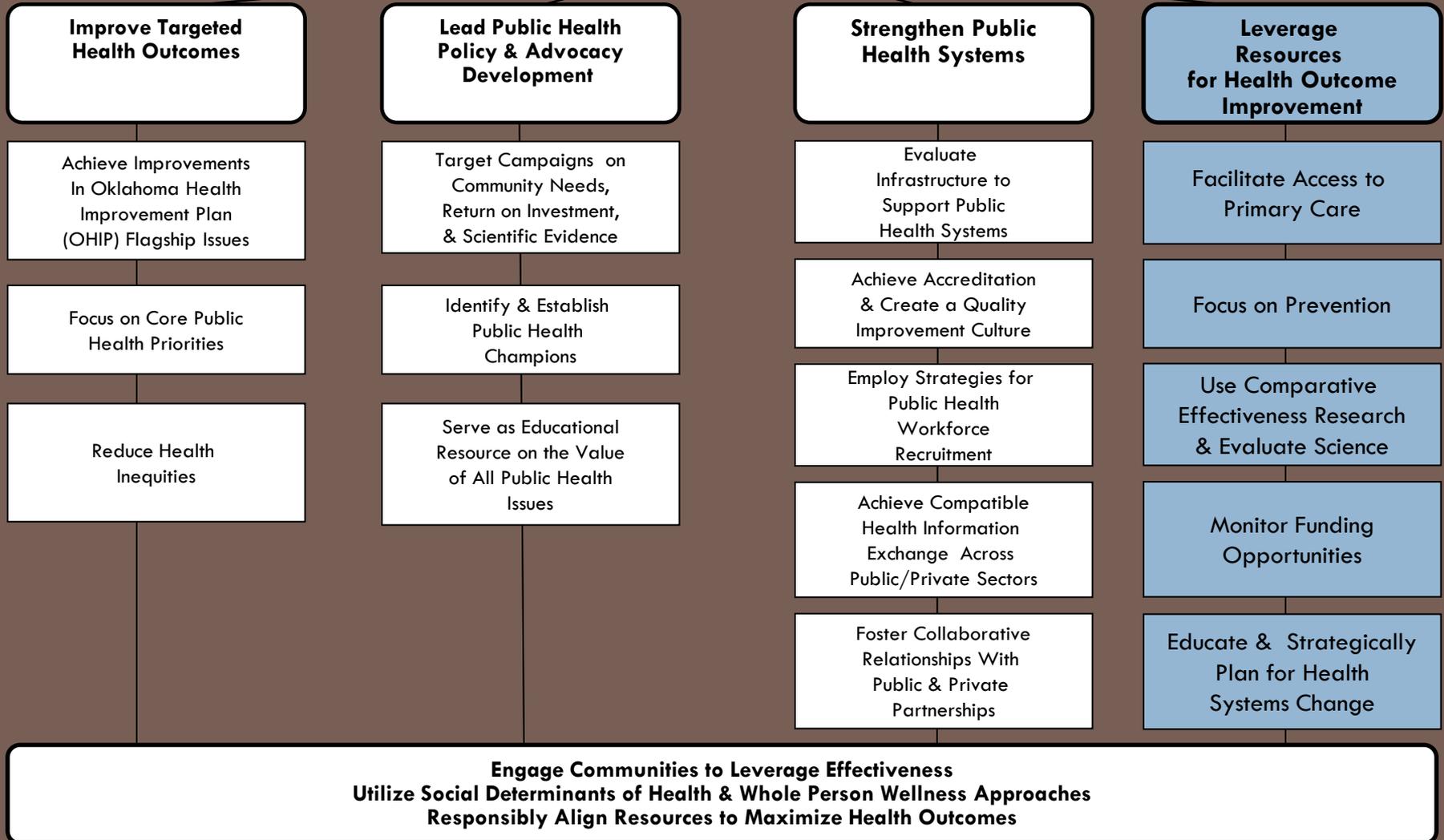
July 2013

Strategic Map: SFY 2011-2015

Central Challenge

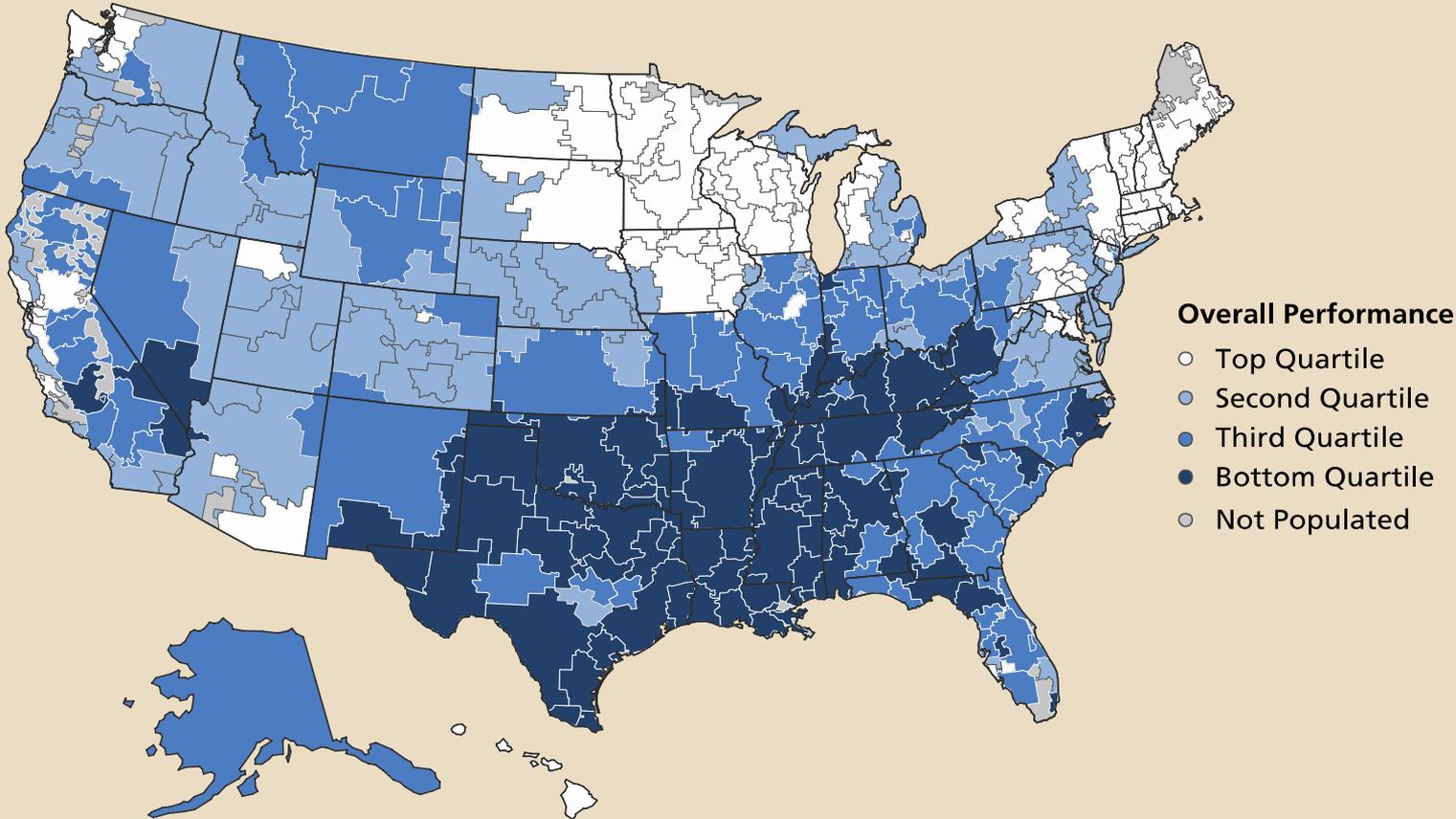
Achieve Targeted Improvements in the Health Status of Oklahomans

2



Deficits in Oklahoma

3 Overall Health System Performance



Source: Commonwealth Fund Scorecard on Local Health System Performance, 2012.

Facilitate Access to Primary Care

4

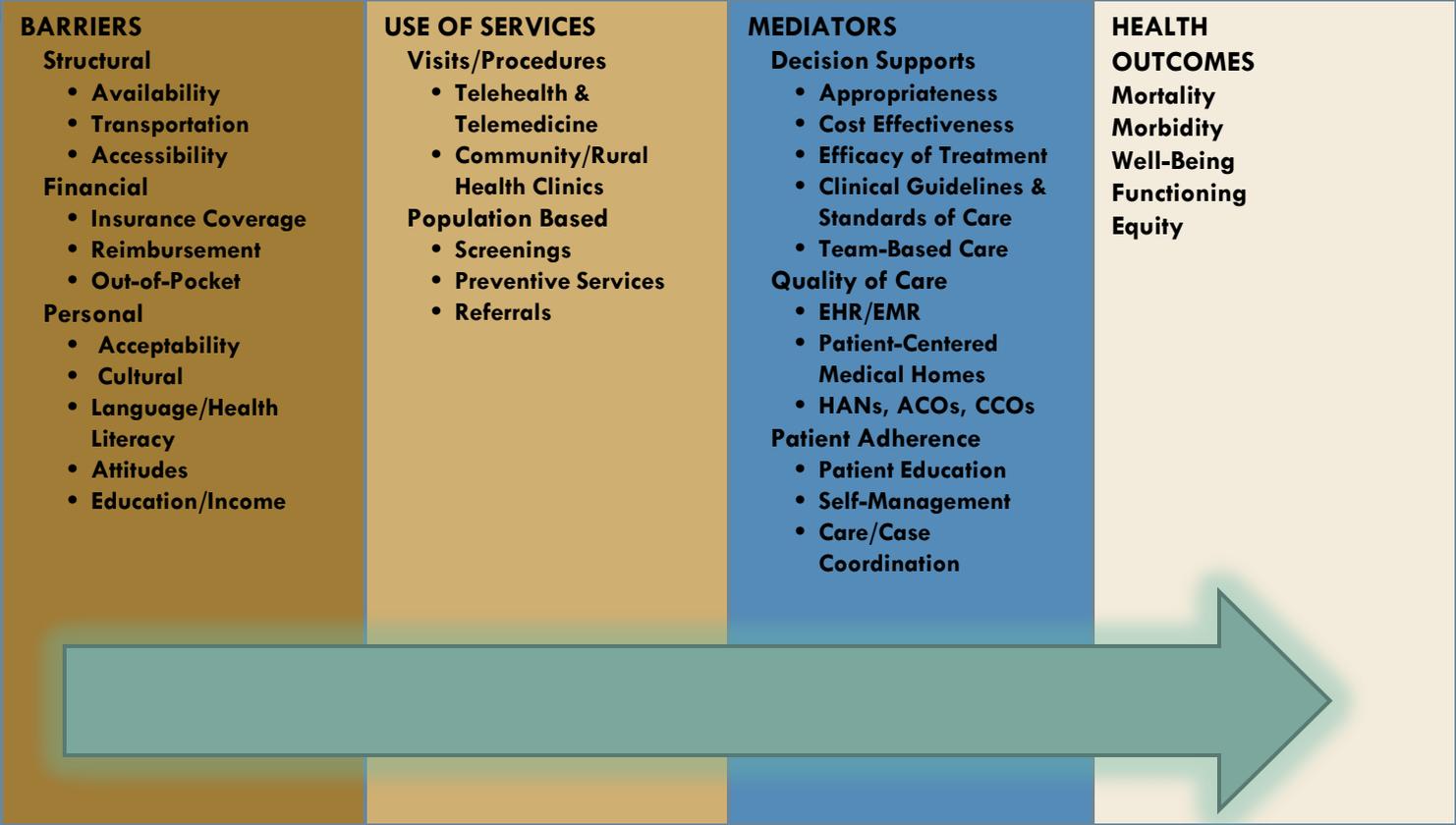
Performance Measure

- By June 30, 2013 perform comprehensive assessment of access to primary care, including:
 - Primary Care Advisory Taskforce (PCAT) recommendations
 - Provider surveys and establishing Medically Underserved and Health Professional Shortage Areas
 - Medicaid panel data and shortages
 - Additional healthcare workforce data prepared by OHIP Workforce Workgroup

Target: On Schedule

- Workforce data via surveys complete & additional data through OHIP
- PCAT recommendations complete & provided to OHIP Access to Care
- Expanded function of Office of Primary Care to focus on healthcare shortages
- Developed and refined Access to Care Model for OHIP

Access to Care Framework



Modified from Institute of Medicine (IOM), Access to Health Care in America

OHIP Access to Care

Proposed Goals: Develop a comprehensive state plan to address deficiencies in access to care including reducing personal and financial barriers to care and addressing structural issues, improving community and clinical linkages, supporting healthful decisions, health systems interventions, and use of data

BARRIERS

Structural

- Availability
- Transportation
- Accessibility

Financial

- Insurance Coverage
- Reimbursement
- Out-of-Pocket

Personal

- Acceptability
- Cultural
- Language/Health Literacy
- Attitudes
- Education/Income

USE OF SERVICES

Visits/Procedures

- Telehealth & Telemedicine
- Community/Rural Health Clinics

Population Based

- Screenings
- Preventive Services
- Referrals

MEDIATORS

Decision Supports

- Appropriateness
- Cost Effectiveness
- Efficacy of Treatment
- Clinical Guidelines & Standards of Care
- Team-Based Care

Quality of Care

- EHR/EMR
- Patient-Centered Medical Homes
- HANs, ACOs, CCOs

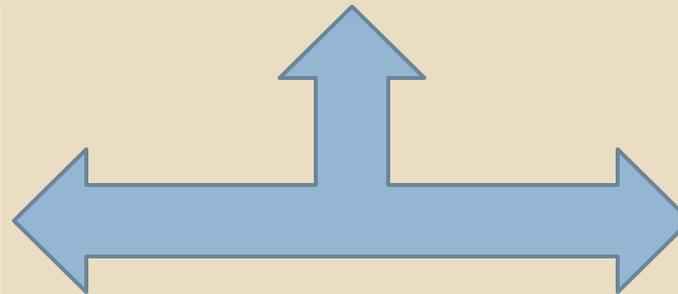
Patient Adherence

- Patient Education
- Self-Management
- Care/Case Coordination

OHIP Workforce

GOALS:

- (1) Provision of Primary Health Care and Preventive Services
- (2) Better Information on Health Care Workforce
- (3) Expand Educational Capacity
- (4) Reduce Bottlenecks and Shortages in Training Programs
- (5) Increase the Number of Health Care Professionals who Practice in Rural Areas
- (6) Build a Bridge between Public and Private Systems



OHIP Children's Access to Primary Care

GOALS:

- (1) Increase the Percentage of Children who have Comprehensive Health Insurance Coverage
- (2) Increase the Percentage of Children who have at least one Primary Care Provider Visit in a Year
- (3) Increase the Percentage of Children who are Provided Care through a Medical Home as Defined by the American Academy of Pediatrics

Focus on Prevention

7

Performance Measures

- By June 30, 2017 develop plan to promote clinical preventive services
- By June 30, 2017 develop 5 sustainable, integrated community/clinical health improvement projects

Target: On Schedule

- In 2013 Published Toolkit Trilogy
 - Chronic Disease in Oklahoma Data Book
 - MONAHRQ[®] Data Guide for Preventable Hospitalizations
 - Community and Clinical Evidence-Based Strategies and Preventive Services

Chronic Disease Data Book

8

- Reframing
- Data is organized using the Access to Care Framework



MONARQH®

Hospital discharge data are collected

9

Discharge Data



MONAHRQ®



Through MONAHRQ®, hospital discharge data is used to generate health care indicators in a user-friendly format

Indicators can be used by state and local organizations, including hospital systems, health plans and coalitions, for planning purposes

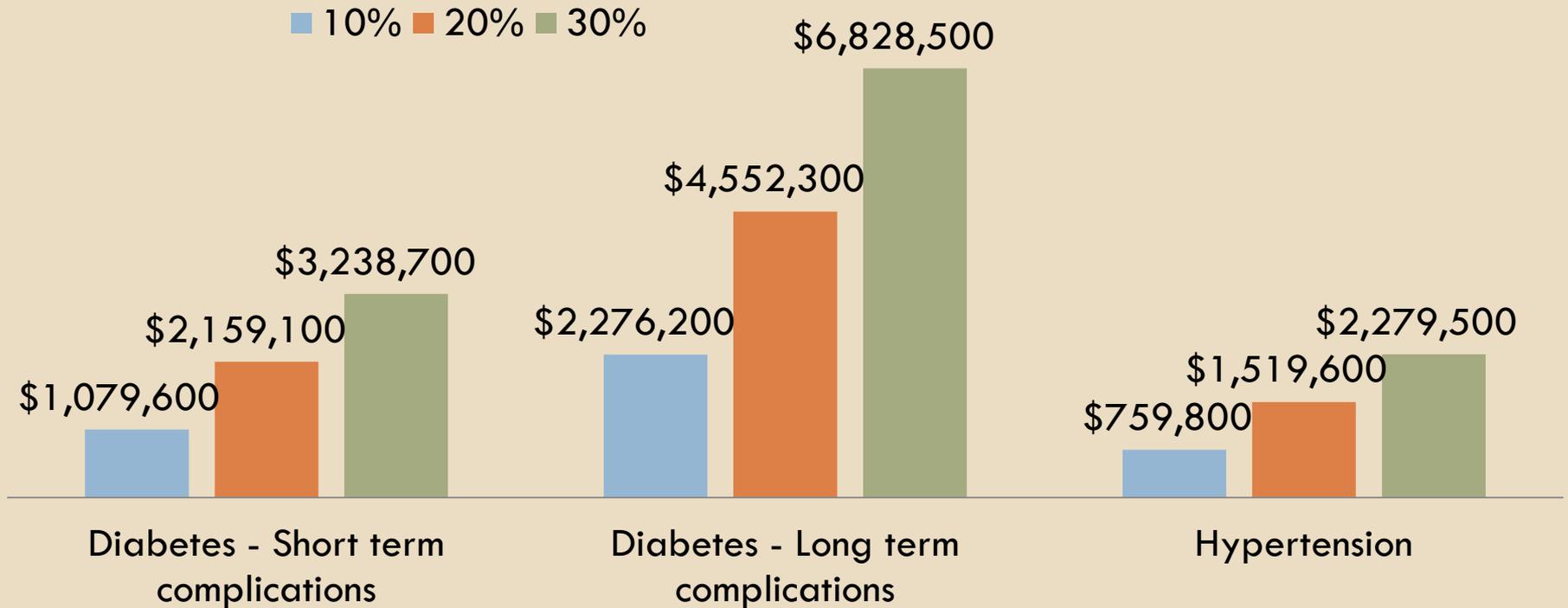
Community Coalitions



Potential Cost Savings

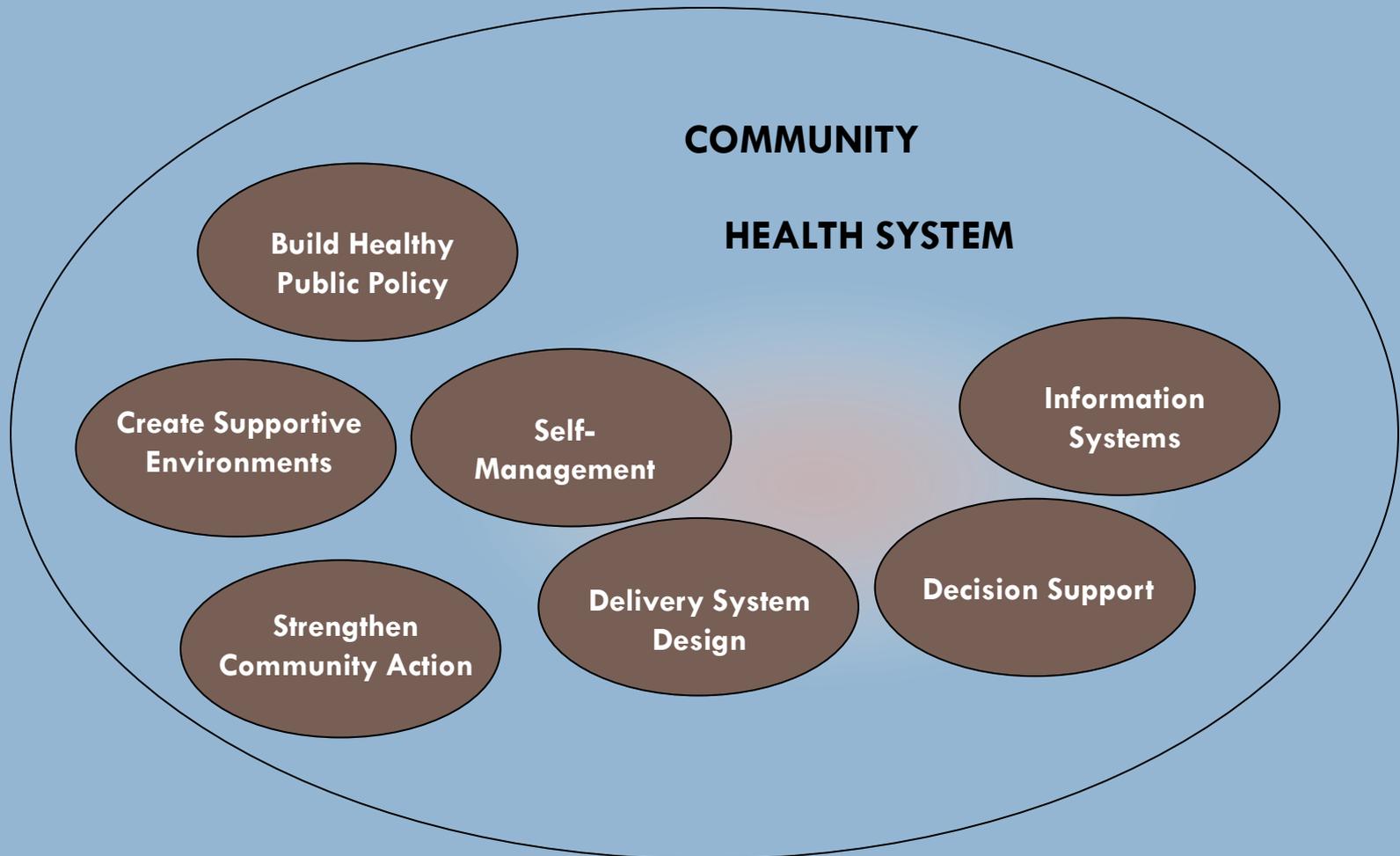
10

Estimated Cost Savings by Percentage Reduction in Hospitalizations



Evidence-Based Strategies and Preventive Services Linking Community and Clinical Efforts

11



Toolkit Trilogy Connections

12

- Relationships exist between chronic diseases, risk factors, and populations at risk
- Influences how and where evidence-based strategies and preventive services are incorporated into the community effectively
- Partners & coalitions discuss the meaning of the data, evidence-based prevention, and clinical and community perspective



Use Comparative Effectiveness Research and Evaluate Science

13

Performance Measure

- By June 30, 2013 develop a plan for assessing & evaluating use of A & B rated clinical preventive services
 - Building partnerships and sharing data
 - Health Information Exchange (HIE)
 - Medicaid claims
 - Analyzing data and identifying barriers
 - Mapping access to preventive services
 - Developing and proposing interventions

Target: Behind Schedule

Monitor Funding Opportunities

14

Performance Measures

- By June 2017 identify one major funding source to further develop access to care in Oklahoma
- By June 2017 award 90% of funding appropriated for new Federally Qualified Health Centers (FQHC) start up

Target: On Schedule

- Essential Community Providers (ECPs)
- Collaborating across multiple proposed Innovation Grant Projects
- Public Health Specific Grants - State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health
- FQHC expenditures vary with HRSA funding announcements

Educate and Strategically Plan for Health Systems Change

15

Performance Measure

- By June 2017 establish 5 state-level interventions to facilitate health systems changes

Target: On Schedule

- Evaluation of current Oklahoma SoonerCare program
- Recommendations for a Medicaid demonstration proposal in Oklahoma
 - Integrating population health initiatives to improve health outcomes
- Analyzing uncompensated care in Oklahoma and impacts to access to care
- Six Tribal Listening Sessions with Tribal Nations

Educate and Strategically Plan for Health Systems Change

16

Oklahoma Plan Recommendations (Leavitt Partners)

1. Maintain Employer Sponsored Insurance (ESI) program
2. Leverage & Support the Use of Premium Tax Credits
3. Integrate Public Health Initiatives to Focus on Health Outcome Improvement
4. Modify Insure Oklahoma and Use as the Framework for Demonstration Model
5. Work Toward Multi-Payer Models
6. Create Steering Committee (Includes Mental and Public Health)
7. Develop Strong Evaluation Component
8. Demonstrate Cost Effectiveness
9. Leverage Current Program Initiatives
10. Develop Complementary Proposal for Indian Health

Links and Resources

17

- [Institute of Medicine, Primary Care and Public Health: Exploring Integration to Improve Population Health](#)
- [PCAT Recommendations](#)
- [Tribal Listening Sessions](#)
- [Maps and Data](#)
- [Workforce Materials](#)
- [Leavitt Reports](#)



Questions?



**OKLAHOMA STATE DEPARTMENT OF HEALTH
SFY 2013 BUDGET AND EXPENDITURE FORECAST: AS OF 6/20/2013**

SUMMARY

<u>Division</u>	<u>Current Budget</u>	<u>Expenditure</u>	<u>Encumbrances</u>	<u>Forecasted Expenditures</u>	<u>Surplus/ (Deficit)</u>	<u>Performance Rate</u>
Public Health Infrastructure	\$23,645,288	\$16,990,456	\$3,739,623	\$1,857,198	\$1,058,011	95.53%
Protective Health Services	\$64,262,281	\$54,182,798	\$2,818,717	\$7,252,716	\$8,050	99.99%
Prevention & Preparedness Services	\$60,501,623	\$44,386,911	\$10,286,894	\$2,840,214	\$2,987,604	95.06%
Information Technology	\$7,769,071	\$7,098,962	\$539,015	\$0	\$131,094	98.31%
Health Improvement Services	\$21,970,213	\$15,134,207	\$2,312,045	\$3,509,489	\$1,014,472	95.38%
Community & Family Health Services	\$240,380,115	\$187,818,929	\$12,228,717	\$41,209,705	(\$877,236)	100.36%
Totals:	\$418,528,591	\$325,612,263	\$31,925,011	\$56,669,322	\$4,321,995	98.97%



Expenditure Forecast Assumptions

- Payroll forecasted through June 30, 2013 including vacancies likely to fill within the current budget period
- Encumbrances shown as actual as of the report date
- Budget forecasts do NOT include projections of sequestration or budget reductions in the current fiscal year nor have written notifications been received

Explanation of Dashboard Warning(s)

- Overall the Department is forecasted to spend 98.97% of its budget and maintain "Green Light" status through June 30, 2013.
- At this time there are no "Dashboard Warnings" as all performance rates are above 95%.

Oklahoma State Department of Health

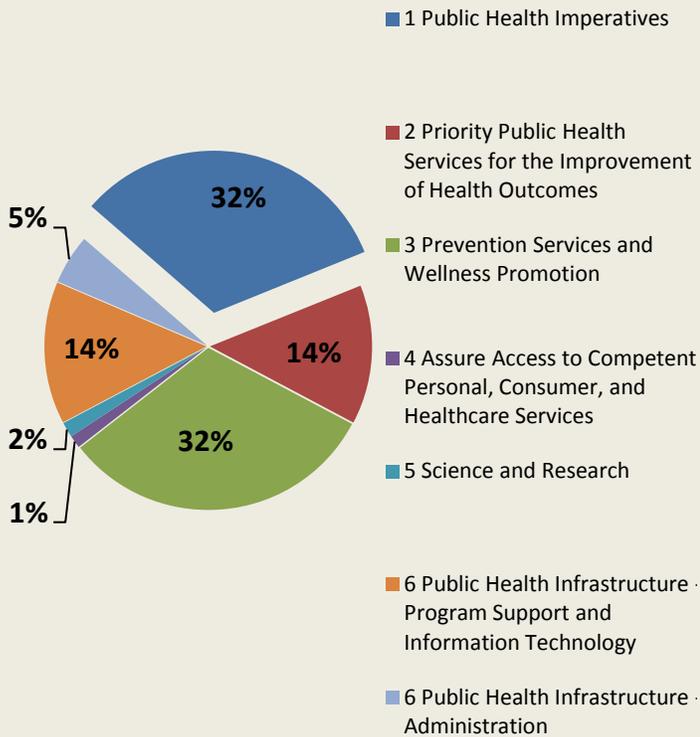
Board of Health – Financial Brief

July 9, 2013

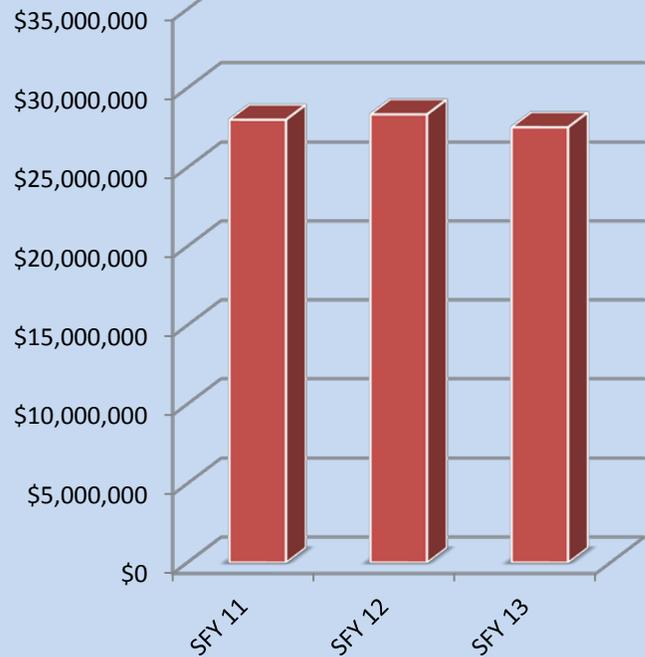
Public Health Imperatives Trauma Funds

Public Health Imperatives comprise 32% of the total agency budget and are characterized by services that protect the health and safety of the citizenry against infectious, occupational and environmental hazards; ensure adequate health and medical emergency preparedness and response; and offer protection to vulnerable persons against exposure to severe harm. These services are typically mandated and the public health agency is the sole provider. These services include infectious disease control programs, sanitation services, emergency preparedness and response and public protection services. These programs encompass essential public health services, numbers 1, 2, 6, & 9.

Total Budget by Public Health Priority



Trauma Fund Distributions



- Trauma funds comprise 6.65% of the total agency budget.
- The Trauma Care Assistance Revolving Fund (Trauma Fund) was established in 1999 and codified in Oklahoma Statute, Title 63, Chapter 1, Section 1-2530.9, for the purpose of reimbursing uncompensated costs associated with trauma care provided by trauma facilities, emergency medical providers and physicians.
- Sources of revenue for the Trauma Fund include tobacco taxes; fees from drivers license renewals & reinstatements; and fines from various traffic violations and drug-related convictions.
- Ninety percent (90%) of funds shall be used to reimburse recognized trauma facilities, licensed ambulance service providers and physicians for uncompensated trauma care expenditures.
- Ten percent (10%) of funds shall be used to support the duties of the Department as set forth in the Oklahoma Emergency Response System Development Act which includes trauma systems development.
- In SFY12, the Department processed approximately 1,089 claims from various physicians (859), hospitals (137) and EMS agencies (93) for a total reimbursement amount of approximately \$28 million.

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

Terry Cline, Ph.D., Commissioner
July 9, 2013

PUBLIC RELATIONS/COMMUNICATIONS

ASTHO Region IV & VI meeting – presenter
Fran Kritz, NewPublicHealth – interview
Blue Cross Blue Shield Board meeting – speaker
Tulsa Make It Your Business Annual Conference – speaker
National Indian Health Board Conference – speaker
Noble & Payne County Medical Society meeting - speaker

SITE VISITS

Sequoyah County Health Department
Adair County Health Department
Cherokee County Health Department
Wagoner County Health Department
Creek County Health Department

STATE AGENCIES/OFFICIALS

Governor Fallin Cabinet Meeting, Strategic Planning session
Dr. Grim & Dr. Stewart board orientation
Nico Gomez, Executive Director, Oklahoma Health Care Authority
Oklahoma Commission for Children & Youth meeting
Governor Fallin, Denise Northrup, Chief of Staff & Katie Altshuler, Policy Director
Lisa Smith, Executive Director and Jack Chapman, Assistant Director, Oklahoma Commissioner
on Children & Youth

OTHERS:

Oklahoma Health Improvement Plan Full Team
Public Health Accreditation Board Meeting
Paul Jarris, Executive Director & Sharon Moffatt, Sr. Director, ASTHO
Dr. Ileana Arias, Principal Deputy Director, CDC