OKLAHOMA STATE BOARD OF HEALTH MINUTES  
October 4, 2016

Oklahoma City-County Board of Health (OCCBH)  
Oklahoma State Board of Health (OSBH)  
Tulsa City-County Board of Health (TCCBH)

Tuesday, October 4, 2016, 1:00 p.m.  
Oklahoma City-County Health Department  
2600 N.E. 63rd Street, Auditorium Room 100  
Oklahoma City, OK 73111

Tuesday, October 4, 2016 1:00 p.m.

CALL TO ORDER

Dr. Stephen Cagle, Oklahoma City-County Board of Health Chair, called the Tri-Board meeting to order on Tuesday, October 4, 2016 at 1:03 p.m. The final agenda was posted on October 3, 2016 on respective Board websites as well the building entrance on October 3, 2016 at 1:00 p.m.

OCCBH BOARD MEMBERS PRESENT: Dr. Stephen Cagle, Dr. Gary Raskob, Dr. Timothy Hill, Erika Lucas and Dr. Courtney Gray arrived at 1:08 pm.

OCCHD STAFF PRESENT: Gary Cox, Bob Jamison, Myron Coleman, Tony Miller, Jackie Shawnee, Shannon Welch, Laura Holmes, Phil Maytubby, Dave Cox, John Gogets and Patrick McGough.

TCCBH MEMBERS PRESENT: Kian Kamas, Bill Schloss

THD STAFF PRESENT: Dr. Bruce Dart, Karla Benford, Terri Cooper, Priscilla Haynes, Pam Rask, Reggie Ivey, Scott Buffington, Elizabeth Nutt, Kelly Vanbuskirk, Kaitlin Snider

OSBH MEMBERS PRESENT: Martha Burger, M.B.A., President; Cris Hart-Wolfe, Vice-President; Robert S. Stewart, M.D. Secretary-Treasurer, Charles W. Grim, D.D.S.; R. Murali Krishna, M.D.,(absent at 1:43 pm)

OSBH MEMBERS ABSENT: Jenny Alexopulos, D.O.; Terry Gerard, D.O.; Timothy E. Starkey, M.B.A.; Ronald Woodson, M.D.

OSDH STAFF PRESENT: Terry Cline, Commissioner; Henry F. Hartsell, Deputy Commissioner Protective Health Services; Carter Kimble, Director of Office of State and Federal Policy; Don Maisch, Office of General Counsel; Jay Holland, Director of Internal Audit and Office of Accountability Systems; Tony Sellars, Office of Communications; Deborah Nichols, Chief Operating Officer; VaLauna Grissom, Secretary to the State Board of Health.

Visitors in attendance: (see sign in sheet)

OPENING REMARKS, INTRODUCTIONS

Dr. Cagle thanked the Oklahoma State Department of Health and department leads and the Tulsa Health Department and their department leads for coming. Ms. Kamas, Vice-Chair for the Tulsa City-County Board of Health, welcomed each and thanked the OCCHD for hosting as well. Martha Burger, President of the OSBH, on behalf of the entire Board and Department, thanked the OCCBH for hosting the annual Tri-Board meeting.

REVIEW OF MINUTES – OCCBH
Dr. Stephen Cagle entertained a motion to approve the September 20, 2016 meeting minutes. A motion was made by Dr. Timothy Hill. Dr. Gary Raskob seconded this motion. Vote taken: Dr. Stephen Cagle, Dr. Gary Raskob, Dr. Courtney Gray, Dr. Timothy Hill and Erika Lucas. Motion carried.

REVIEW OF TCCBH
Review and approval of minutes for September 21, 2016 were tabled due to a lack of quorum.

REVIEW OF MINUTES – OSBH
Martha Burger directed attention toward approval of the Minutes for August 12-13, 2016. Dr. Grim moved Board approval of the August 12-13, 2016 meeting minutes as presented. Second Dr. Krishna. Motion Carried.

AYE: Burger, Grim, Krishna, Stewart, ABSENT: Alexopoulos, Gerard, Starkey, Woodson
ABSTAIN: Wolfe

HEALTH DEPARTMENT UPDATES
Gary Cox, J.D. (OCCHD), Bruce Dart, Ph.D. (THD), Terry Cline, Ph.D. (OSDH)

Gary Cox, presented OCCHD 2016: A Year in Review.
• Expanded social media reach with Spanish page to make citizens more aware of activities and resources available in OKC and to better connect with partners.
• Grew the Wellness Now Coalition membership to better engage the faith community.
• Highlighted Unity Conference with the faith community, where 150 individuals from multiple sectors (elected officials past & present, faith, police) joined the conversation on how to unify all races and prevent violence in our community.
• Highlighted the launch of the Mobile Market that will serve food desert areas of the community.
• Highlighted the successful Family Fun Day at the NE Regional Health and Wellness Campus sports fields with over 500 community members enjoying activities of various types among some of those were with the Energy soccer players.
• Highlighted the Open Streets Spring event that had over 40,000 community members being active in closed down streets, and the already scheduled Fall Open Streets event being held on October 23rd in South Oklahoma City.
• Highlighted them of the Grand Opening of Blue Cross Blue Shield of Oklahoma community sports fields located at the NE Regional Health and Wellness Campus.
• South OKC increased poor health outcomes.
• Importance of partnerships: S Oaks campus includes OCCHD, City of OKC, OCCC, UCO, primary care & behavioral health providers.
• Adjacent to Parmalee Elementary, emphasizing the importance of whole child, whole school, whole community model.
• Highlighted importance of engaging Hispanic community and getting resources to those families in need.
• Conducted open house with trusted partners in South OKC to promote the resources available to residents with over 300 in attendance.
• Education partnerships are a strong focus of OCCHD; higher graduation rates leads to a healthier community.
• Further integrated our work with OKCPS to include training of nurses to operate like Nurse Case Managers instead of tasks like handing out bandages.
• Use of Community Health Workers to divert frequent users of the Emergency Department to more appropriate areas of accessing services to meet their needs has proven very successful and a huge cost savings for the hospital system.

See Attachment A

Bruce Dart, Ph.D. presented on “Community Health Improvement Planning (‘CHIP’) and Leveraging the Social Determinants of Health”

• Review of multi-step approach including CHNA, focus groups, stakeholder meetings.
• Review of the recently completed CHNA; quantitative data overview (79-question survey to 2400 residents in 8 regions).
• Review of the focus groups: participants were recruited by a third party vendor and a mixed demographic.
• Review of focus group’s top health concerns (access, obesity, maternal health services) and top barriers (access to care related to ACA, lack of easily accessible walking/biking trails).
• Review of CHNA top health concern compared to focus group concerns.
• CHIP: Aim to improve the health and well-being of Tulsa residents, development of the CHIP, steering committee and task force members, community partners followed by putting the process in front of the community to get their feedback and buy-in; Components: local and current data, objective and measurable indicators that are reported annually.
• Deliberate focus on what the SDOH really means and how they are included in improving the community's health status (poverty, education, housing).
• Addressing SDOH by thinking 'upstream' before they become downstream.
• Narrowing 15 health concerns to 5 (burden and preventability exercise): lack of education; poor diet/inactivity; access to healthy foods/grocery stores; access to healthcare; teen pregnancy.
• Ability to change top 5 concerns to 2 main priorities: lack of education and access to health resources.
• What is the ability to change versus what is the health impact?
• What does health impact and community health really mean?
• Breaking priorities down into task forces: lack of education (health literacy; nutrition, physical activity, health education) and access to health resources (decrease sidewalk "gap" and increase the number of grocery stores in underserved areas).
• Next steps: task force meetings; research and gather information on priority; develop measurable goals; implement the CHIP.

See Attachment B

Dr. Cline provided an overview of budget priorities for SFY 2018. He began with a summary of core public health services outlining top priorities in Community and Family Health Services, Protective Health Services, Health Improvement Services and within the Office of the State Epidemiologist. Dr. Cline walked through a history of state appropriations to the OSDH over time, reductions to state appropriations over time and the impacts of those reductions. Additionally, Dr. Cline walked through reductions in federal funding to the OSDH over time further exacerbating the impacts of state reductions. Finally, Dr. Cline highlighted the priorities of the SFY 2018 Budget Request.

See Attachment C

All three Boards provided unanimous support for the SFY 2018 Budget Request.

LEGISLATIVE PRIORITIES PRESENTATION

Carter Kimble, Director, Office of State and Local Policy, Oklahoma State Department of Health

See Attachment D
OSBH Board members provided unanimous support and consent for the legislative agenda as presented. Board members provided unanimous support for updated language to the previously adopted Cigarette Tax Resolution.

Dr. Stephen Cagle asked for a motion from the Oklahoma City County Board of Health to adopt the policy agenda priorities as presented. Dr. Timothy Hill made the first motion and Mary Mélon seconded this motions. Roll call: Dr. Stephen Cagle, Dr. Courtney Gray, Dr. Timothy Hill, Mary Mélon, Dr. William Mills, Dr. Gary Raskob. Scott Mitchell nay, Dr. Lois Salmeron and Dr. J. Don Harris were absent for vote. Motion Carried.

Dr. Bruce Dart indicated the Tulsa Board of Health would consider the adoption of the policy agenda priorities as presented at the next Board meeting.

**CHAIRMAN’S REPORT - OCCBH**

Dr. Stephen Cagle spoke of the continued efforts between OCCHD and the Latino Community Development Agency (LCDA) in South OKC. He informed everyone that the Mobile Market truck will be ready to launch in the spring of 2017 and is available to view outside. The NERHW Campus video with Mayor Cornett and the Wellness Now Coalition Video were shown.

**CHAIRMAN’S REPORT- TCCBH**

Ms. Kamas deferred her report to the next Board meeting.

**PRESIDENT’S REPORT – OSBH**

Ms. Burger provided a brief update of the State Board of Health retreat. She thanked all the partners who contributed to a very productive retreat. The Board spent a considerable amount of time in review of budget cuts and the impact to Department services. The result was a reprioritization of strategic map efforts for the upcoming year. Proposed 2017 meeting dates tabled due to lack of quorum and will be considered at upcoming meeting.

**NEW BUSINESS**

No new business.

**ADJOURNMENT**

OCCBH

Dr. Stephen Cagle thanked the Oklahoma State Health Department and the Tulsa County Health Department for attending and asked for a vote to adjourn. Vote taken: Dr. Stephen Cagle, Dr. Gary Raskob, Dr. Courtney Gray, Dr. Timothy Hill and Erika Lucas. Motion carried.

TCCBH

Ms. Kian Kamas thanked both Board and Departments for participation and looks forward to TCCBH hosting in 2017 in Tulsa.

OSBH

Dr. Stewart moved board approval to adjourn. Second Dr. Grim. Motion Carried

AYE: Burger, Grim, Stewart, Wolfe

ABSENT: Alexopoulos, Gerard, Krishna (absent for adjournment) Starkey, Woodson

The meeting adjourned by unanimous consent at 2:52 p.m.
Approved

Martha Burger
President, Oklahoma State Board of Health
December 13, 2016
OKC-County Health Department
2016: Year in Review
Gary Cox, JD
Executive Director

OCCHD Year in Review:
Importance of Partners

OCCHD Year in Review:
Community Engagement

OCCHD Year in Review:
South OKC

OCCHD Year in Review:
Education

OCCHD Year in Review:
Hospital Pilot

Cohort 1:
42 Clients Enrolled
30% reduction in emergency room utilization and tobacco use

70% reduction in client direct costs
Total Client Cost Savings: $614,839.37
Average financial outcome: $5,716.59 cost savings per client
“If you want to go fast, go alone. If you want to go far, go together”

- African Proverb
Community Health Improvement Planning and Leveraging the Social Determinants of Health

The Tulsa County CHIP
Bruce Dart, Ph.D.
October 4, 2016

CHIP Process
Multi-step Approach
- CHNA
- Focus Groups
- Stakeholder Meetings
- Task Force Meetings
- CHIP Development and Implementation

Quantitative Data Overview
- 79 question survey to over 2,400 residents conducted by OSU in summer 2015
  - Health status
  - Healthy behaviors
  - Health perceptions
- Data analyzed by region based on zip codes and commonly recognized communities
  - Downtown
  - East Tulsa
  - Jenks/Bixby/Glenpool/Tulsa Hills
  - Midtown
  - Tulsa North
  - Owasso/Sperry/Skiatook/Collinsville
  - Sand Springs/west Tulsa
  - South Tulsa/Broken Arrow

Quantitative Data Overview
Healthy People
- General health status
- Access to health services
- Healthy behaviors
Healthy Communities
- Acceptability and perceptions
- Housing
- Food security
- Transportation

Focus Groups
- Sixteen (16) 1 ½ hour focus group sessions were conducted between April 11-28, 2016.
- Two focus group sessions were conducted for each of the eight (8) CHNA regions.
- Respondents were recruited by a third party vendor via telephone and e-mail by zip code.
- For each group, 8 respondents were recruited in planning for 6-8 to attend each session.
- Respondent requirements included a mix of gender, age, race and ethnicity and household income levels.
- Each participant was provided a $100 Visa gift card

Qualitative Data Overview
Top Health Concerns
1. Affordability and access to quality healthcare
2. Obesity and link to chronic diseases
3. Mental health services
4. Elderly care
5. Lack of health education

Barriers
1. Access to care issues related to ACA
2. Life style stressors
3. Lack of easily accessible walking/biking paths and nutritious foods
4. High level of poverty
5. Oklahoma budget crisis
Community Concerns Snapshot

CHNA Top 5 Concerns
1. Poor Diet / Inactivity
2. Chronic Diseases
3. Alcohol / Drug Abuse
4. Access to Healthcare
5. Tobacco Use

Focus Group Top 5 Concerns
1. Affordability and access to quality healthcare
2. Obesity and link to chronic diseases
3. Mental health services
4. Elderly care
5. Lack of health education

CHIP – Community Health Improvement Plan

- AIM: Improve the health and well-being of Tulsa residents
- Development: Core Team, THD facilitators and project managers
- Steering Committee and Task Force Members: Partners representing the communities they serve
  - Commitment Letters Signed

CHIP Components
- Local and current data driven
  - Quantitative & Qualitative
  - On-going
- Objective measurable indicators that are reported annually
- Overriding circumstances: Health Equity/Social Economics

Using the CHIP to Impact Social Determinants of Health

To Address Social Determinants of Health – Think ‘Upstream’

Narrowing the Health Concerns: 15 Concerns to 5 Concerns

Burden / Preventability Exercise
- Individual sticker exercise
- Metrics assigned to each quadrant and axis
- Scores calculated for each dot
- Aggregate scores → Top 5 Focus Areas
Burden / Preventability Results

1. Lack of Education
2. Poor diet / Inactivity
3. Access to Healthy Foods / Groceries
4. Access to Healthcare
5. Teen Pregnancy

Preventability Low (1) High (5)
Burden Low (1) High (5)

Ability to Change/Health Impact: From 5 concerns to 2 priorities

• Instead of "Burden / Preventability," we now consider "Ability to Change / Health Impact"
• Ability to Change: To what degree is it feasible that the partners in our community have the control and influence to make the changes necessary to see improvement in this focus area?
• Health Impact: If improved, to what degree would this focus area improve overall community health?

Priority Health Topics Exercise

CHIP Priorities

Access to Health Resources
• Access to Clinical Healthcare
• Access to Healthy Foods and Environments
• Reduction of access barriers

Access to Clinical Healthcare
• Nutrition, Physical Activity, Health Education
• Educational Attainment

Access to Healthy Foods and Environments
• Decrease the sidewalk "gap" by 10% each year over 3 years.
• Increase the number of grocery stores in underserved areas by 2

Set goals that are achievable and measured annually
Vision Statement

The Tulsa County CHIP is a collaborative effort among numerous partner organizations and individuals. Its mission is to improve the health of all Tulsa County residents, through collaboration to solve complex public health issues that cannot be solved by any single organization. The Tulsa County CHIP envisions a community that provides ample opportunities for good health for all residents, regardless of their race, ethnicity, income level, or the neighborhood in which they live.

Next Steps...

- Task Force meetings
- Research, gather information on priority
- Develop goals/activities to measure the CHIP annually
- Implement the CHIP

Questions?
Budget Priorities

Terry Cline, Ph.D.
Commissioner of Health
Secretary of Health and Human Services

OSDH SFY 2017 Total Budget by Revenue Source
$394,310,277

OSDH SFY 2017 State Appropriation by Program

OSDH State Appropriation History

SFY 2016, 2017 & Potential 2018 State Reductions

SFY-16 Revenue Failure - 7%  SFY-17 Appropriation Reduction - 2.3%
OSDH Infrastructure $3,044,557  OSDH Infrastructure (IOB) State Savings $ 912,500
Nationally Qualified Health Centers P-QHE $ 377,274  Nationally Qualified Health Centers P-QHE Uncompensated Care $ 237,959
Emergency Preparedness & Response (Pandemic) $ 756,500  Parity Project P-QHE Uncompensated Care $ 173,600
Division of Public Health (Hospital) $ 200,000  Parity Project P-QHE (457) $ 41,500
Nationally Qualified Health Centers - PHE $ 220,000  Parity Project P-QHE (457) (Shelving) $ 21,200
Health Improvement Services (Shelving) $ 210,000  Oklahoma AHEC State Savings $ 322,860
Environmental Health Services (Shelving) $ 200,000  Oklahoma Athletic Commission $ 4,315
Rural Health Infrastructure $ 796,000  Total SFY '17 $1,489,500
Oklahoma Statewide Commission $ 1,535
Statewide Commission $ 672,500  Total SFY '18 $ 1,371,100
Federal Reduction Beginning SFY '19 $ 1,184,500

1) OSDH restored $67,264 to P-QHC uncompensated care for SFY-16 unpaid invoices
2) Balance to SFY'16 unpaid expenses

OSDH Represents 0.75% of Oklahoma State Appropriated Budget

OSDH SFY 2016, 2017 & Potential 2018 State Reductions

OSDH Infrastructure (IOB) State Savings $912,500

Nationally Qualified Health Centers - PHE Uncompensated Care $237,959
Parity Project P-QHE (457) $41,500
Parity Project P-QHE (457) (Shelving) $21,200
Oklahoma AHEC State Savings $322,860
Oklahoma Athletic Commission $4,315
Total SFY '17 $1,489,500
Total SFY '18 $1,371,100
Federal Reduction Beginning SFY '19 $1,184,500
Federal Funding Reductions SFY 2011 - SFY 2017

<table>
<thead>
<tr>
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<th>% Reduced</th>
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<tbody>
<tr>
<td>Hospital Preparedness</td>
<td>44%</td>
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<tr>
<td>Public Health Emergency Preparedness</td>
<td>13%</td>
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<tr>
<td>MIECHV</td>
<td>32%</td>
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<tr>
<td>Immunization</td>
<td>31%</td>
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<tr>
<td>Comprehensive Cancer</td>
<td>13%</td>
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<tr>
<td>Tobacco</td>
<td>34%</td>
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<tr>
<td>Tuberculosis Elimination</td>
<td>18%</td>
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Services Rendered SFY 2016

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<tr>
<th>County Health Departments</th>
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<tr>
<td>County Health Department Services</td>
<td>2,877,398</td>
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<tr>
<td>County Health Department Clients</td>
<td>372,324</td>
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<td>County Health Department Visits</td>
<td>689,803</td>
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<tr>
<th>Inspections</th>
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<tr>
<td>Health Inspections</td>
<td>28,489</td>
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<tr>
<td>Birth and Death Certificates Issued</td>
<td>173,386</td>
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<td>Death Certificates</td>
<td>215,190</td>
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<th>Infectious Disease</th>
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<tr>
<td>Infectious Disease Reports</td>
<td>10,856</td>
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<tr>
<td>OSDH Hours of Infectious Disease Investigations</td>
<td>17,517</td>
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Public Health Laboratory

Test Volumes for 2015

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<th>Total Specimens</th>
<th>Total Tests</th>
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<tr>
<td>177,555</td>
<td>709,840</td>
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OSDH Budget Request SFY 2018

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<tr>
<th>Program</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Public Health Lab</td>
<td>$7,587,146 (60.07%)</td>
</tr>
<tr>
<td>Immunization</td>
<td>$1,537,296 (12.17%)</td>
</tr>
<tr>
<td>FMAP Reductions</td>
<td>$1,281,368 (10.14%)</td>
</tr>
<tr>
<td>Restore One Time Funding</td>
<td>$1,275,108 (10.10%)</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>$602,642 (4.77%)</td>
</tr>
<tr>
<td>Childhood Lead Exposure</td>
<td>$346,750 (2.75%)</td>
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<tr>
<td>TOTAL STATE</td>
<td>$12,630,310</td>
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<table>
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<tr>
<th>State Fees</th>
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<tbody>
<tr>
<td>Adult Day Care/Residential Care/ Nursing Health Facility Plan Review</td>
<td>Per bed up to program cost</td>
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<tr>
<td>Sanitarians and Environmental Specialist</td>
<td>Per plan up to program cost</td>
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SFY 2018 Budget Request

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<th>Program</th>
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<td>Protection</td>
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<tr>
<td>Public Health Lab</td>
<td>$7,587,146 (60.07%)</td>
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<td>Public Health Collaborative</td>
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<td>Budget Request</td>
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<td>Consumer Protection Fees</td>
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<tr>
<th>Program</th>
<th>Fees</th>
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<tbody>
<tr>
<td>Food Licensure</td>
<td>Simplified, risk based fee structure</td>
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<tr>
<td>Temporary License</td>
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<td>Eliminate plan review fee</td>
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<tr>
<td>Re-inspection fee</td>
<td></td>
</tr>
<tr>
<td>Hotel/Motel</td>
<td>Per room block up to program cost</td>
</tr>
<tr>
<td>Swimming Pools/Public Bathing Places</td>
<td>Per pool/spa up to program cost</td>
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Questions
2017 LEGISLATIVE PRIORITY
Oklahoma Tri-Boards of Health

Carter Kimble, MPH
Director of State and Federal Policy
Oklahoma State Department of Health

Legislative Priority

Recommendation to the Tri-Board is to adopt the resolution supporting a $1.50/pack increase in the state’s excise tax and that the revenue generated will be appropriated to fund activities supporting OHIP 2020 priorities.

Where we have been

- HJR1058- $1.50/pack increase in excise tax
  - Revenue was directed off the top (66% teacher pay, 32% Insure Oklahoma, 2% pediatric cancer)
  - Was laid over and never considered in House committee

  Lessons learned
  - Bill wasn’t heard because “cigarette tax was part of the budget negotiation”
  - Advocacy effort was initially disjointed and disorganized
  - Message of tax as a health policy was not resonating
  - Education advocates were not engaged in HJR1058

- HB3210- $1.50/pack increase in excise tax
  - Revenue was directed to “Health revolving fund” to be appropriated by the legislature for any Medicaid compensable activity
  - Passed in House committee (13-7) and Senate committee
  - Failed on House floor (40-59)

  Lessons learned
  - Important component was ability for legislature to appropriate instead of the appearance of “off-the-top” revenue
  - Democrats voted in a block to oppose
  - Democrats held cigarette tax hostage in exchange for Medicaid Rebalancing
  - Believed that Medicaid funding would be held harmless without passage of cigarette tax

Coalition building

- Large coalition gelled around cigarette tax proposal for health
  - Healthcare providers and payers
  - Patient advocates and associations
  - Developmentally Disabled advocates
  - Home and Community based service providers
  - Behavioral Health
  - Law enforcement
  - Municipalities
Where we are going

- Maintain the established health argument of cigarette tax as a stand alone policy
- Conversations with legislative leaders earlier in the game
- Simplifying messaging moving forward
  - Access to care
    - Behavioral health and substance abuse
    - Medicaid provider rates
  - Cigarette tax as a multi-year funding solution

What else

- Shop this resolution around
  - Especially outside the traditional health partners
    - School boards, local chambers, county commissioners
- Engage your networks
- Keep pressure on legislators
  - “How are you going to ensure passage of the cigarette tax?”

Contacts

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