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

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

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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 a.m. at the building entrance on December 9, 2013.

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ROLL CALL

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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

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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.

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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

44 **PROTECTIVE HEALTH SERVICE**

45 **d) CHAPTER 2. PROCEDURES OF THE STATE DEPARTMENT OF HEALTH**

46 **[PERMANENT] [EMERGENCY]** Presented by James Joslin

47 **PROPOSED RULES:**

48 Subchapter 29. Criminal History Background Checks [NEW]

49 310:2-29-1. Purpose [NEW]

50 310:2-29-2. [RESERVED]

51 310:2-29-3. Implementation [NEW]

52 310:2-29-4. [RESERVED]

53 310:2-29-5. Appeals [NEW]

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

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]**

1 Appendix B Report Form [NEW] Appendix C
2 Refusal Form [REVOKED] Appendix C Refusal
3 Form [NEW]

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

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

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

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

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

27
28 **AYE: Burger, Grim, Krishna, Starkey, Stewart, Wolfe**

29 **ABSENT: Alexopoulos, Gerard, Woodson**
30

31 **j) CHAPTER 667. HOSPITAL STANDARDS**

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

33 **PROPOSED RULES:** Subchapter 19. Medical Records Department
34 310:667-19-2 [AMENDED]

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

37 **SUMMARY:** This proposal requests amendatory language to the existing rule to include Severe
38 Combined Immunodeficiency Syndrome (SCID) as a new test in the core panel of 29 genetic disorders
39 for newborn screening (NBS) in Oklahoma, as recommended by the Advisory Committee on Heritable
40 Disorders in Newborns and Children – Recommended Uniform Screening Panel (January 21, 2010).
41 This proposal also adds Pulse Oximetry screening for the detection of Critical Congenital Heart Disease
42 to existing newborn screening rules as legislated by HB 1347 (2013) [63 O.S. § 1-550.5]. The new law
43 requires inpatient or ambulatory health care facilities licensed by the State Department of Health that
44 provide birthing and newborn care services to perform a pulse oximetry screening on every newborn in
45 its care prior to discharge from the birthing facility. In addition, minor changes to the newborn screening
46 report form that is submitted by the infant’s specialist or primary care provider to include additional
47 information based on new clinical practice and the requisition /collection form to bring the rules up to
48 date with practice. Additional documents include a recommended pulse oximetry screening protocol and
49 a pulse oximetry screening result form.
50

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

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

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

2 **ABSENT: Alexopoulos, Gerard, Woodson**

3
4 **COMMUNITY AND FAMILY HEALTH SERVICES**

5 **k) CHAPTER 526. DENTAL SERVICES**

6 **[PERMANENT]** Presented by Jana Winfree

7 **PROPOSED RULES:** Subchapter 3. Oklahoma Dental Loan Repayment Program

8 310:526-3-2 [AMENDED]

9 310:526-3-3 [AMENDED]

10 **AUTHORITY:** Oklahoma State Board of Health; Title 63 O.S. Sections 1-103a.1 and 1-104; and Title
11 70 O.S. Section 1210.284.

12 **SUMMARY:**

13 310:526-3-2(b) The current Rule sets forth the description and operation of the Oklahoma Dental Loan
14 Repayment Program (Program). The proposed action allows flexibility in selecting the number and types
15 of participants and in the time period for participation in the Program. The circumstance for the Rule
16 change is compelled by legislation, HB 2587, effective November 1, 2012. The intended effect is to
17 allow the Advisory Committee and Department to select the appropriate number of participants based on
18 funding and the appropriate type of participant (Oklahoma University College of Dentistry faculty or
19 non-faculty), and allow the service obligation period to be adjusted.

20 310:526-3-2(d) The current Rule states that each award shall be distributed by a two-party draft made
21 payable to the dentist and the loan agency. The proposed action states that each award shall be
22 distributed in accordance with state law. The circumstance for the Rule change is because state
23 preference is to distribute awards by direct deposit and the intended effect is to streamline administration
24 of the Program. 310:526-3-3(b)(3) and (e)(5) The current Rule sets forth eligibility requirements for
25 participants. The non-faculty participant agrees that Medicaid patients will represent 30% of all patient
26 visits at a minimum. The proposal clarifies the count will be by number of patient visits. The rule
27 change takes into consideration that dental software used by participants favors this type of reporting
28 and the Department's intent to facilitate this reporting requirement.

29
30 **Dr. Grim moved Board approval for Permanent adoption of amendments to Chapter 526. Dental
31 Services as presented. Second Ms. Wolfe. Motion carried.**

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

35
36 **AYE: Burger, Grim, Krishna, Starkey, Stewart, Wolfe**

37 **ABSENT: Alexopoulos, Gerard, Woodson**

38
39 **l) CHAPTER 531. VISION SCREENING**

40 **[PERMANENT]** Presented by Ann Benson

41 **PROPOSED RULES:**

42 Subchapter 1. General provisions

43 310:531-1-2. Authority [AMENDED]

44 310:531-1-3. Definitions [AMENDED]

45 Subchapter 3. Advisory Committee

46 310:531-3-1. Purpose [REVOKED]

47 310:531-3-2. Advisory Committee [REVOKED]

48 310:531-3-3. Rules of Order [REVOKED]

49 Subchapter 5. Vision Screening Standards for Children

50 310:531-5-2. Oklahoma Vision Screening Standards [AMENDED]

51 310:531-5-3. Approval of ~~Vision Screening Providers~~ vision screening providers [AMENDED]

52 310:531-5-5. Re-approval of vision screening providers [AMENDED]

53 310:531-5-6. Approval of ~~trainers of vision screening providers~~ vision screening trainers [AMENDED]

54 310:531-5-7. Re-approval of ~~trainers of vision screening providers~~ vision screening trainers
55 [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 PM** 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 o Annual performance evaluation for the Office of Accountability Systems Director & Internal
47 Audit Unit Director, and Board of Health Secretary
- 48 o 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*
25 *M.D.*

26 R. Murali Krishna, M.D.
27 President, Oklahoma State Board of Health
28 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**