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**STATE BOARD OF HEALTH**  
**OKLAHOMA STATE DEPARTMENT OF HEALTH**  
**1000 N.E. 10<sup>th</sup>**  
**Oklahoma City, Oklahoma 73117-1299**

Tuesday, December 9, 2014 11:00 a.m.

Ronald Woodson, President of the Oklahoma State Board of Health, called the 394<sup>th</sup> regular meeting of the Oklahoma State Board of Health to order on Tuesday, December 9, 2014 at 11:13 a.m. The final agenda was posted at 11:00 a.m. on the OSDH website on December 8, 2014, and at 11:00 a.m. at the building entrance on December 8, 2014.

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**ROLL CALL**

**Members in Attendance:** Ronald Woodson, M.D., President; Martha Burger, M.B.A., Vice-President; Cris Hart-Wolfe, Secretary-Treasurer; Jenny Alexopoulos, D.O.; R. Murali Krishna, M.D.; Terry Gerard, D.O.; Charles W. Grim, D.D.S.; Robert S. Stewart, M.D.

**Absent:** Timothy E. Starkey, M.B.A.

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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; Jay Holland, Director of Internal Audit and Office of Accountability Systems; Tony Sellars, Director of Office of Communications; 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)

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**Call to Order and Opening Remarks**

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

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**REVIEW OF MINUTES**

Dr. Woodson directed attention to review of the minutes of the October 7, 2014, Regular Board meeting.

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**Ms. Burger moved Board approval of the minutes of the October 7, 2014, Special Board meeting, as presented. Second Dr. Krishna. Motion carried.**

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**AYE: Alexopoulos, Burger, Grim, Krishna, Woodson**

**ABSTAIN: Gerard, Stewart, Wolfe**

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**ABSENT: Starkey**

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**APPOINTMENTS**

**Hospital Advisory Council Appointments (Presented by Henry F. Hartsell, Jr.)**

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**Appointments:** Four Members

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**Authority:** 63 O.S., § 1-707

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**Members:** The Advisory Council shall consist of seven (9) nine members. Membership is defined in statute. Two members, who are licensed physicians and have privileges to provide services in hospitals; two members, who are hospital administrators of licensed hospitals; and one member, who is a hospital employee, shall be appointed by the State Board of Health.

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**Ms. Wolfe moved Board approval for Appointment of Jay Gregory, Tricia Horn, Susan Dragoo, and Stanley Alexander to the Hospital Advisory Council as presented. Second Dr. Krishna. Motion carried.**

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There were no comments or questions from the Board.

1       **AYE: Alexopulos, Burger, Gerard, Grim, Krishna, Stewart, Wolfe, Woodson**

2       **ABSENT: Starkey**

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4       PROPOSED RULEMAKING ACTIONS

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6       **CHAPTER 265. HEARING AID DEALERS AND FITTERS REGULATION**

7       **[PERMANENT] [EMERGENCY]** Presented by Donald D. Maisch

8       **PROPOSED RULES:**

9       Subchapter 3. Examinations

10       310:265-3-1 [AMENDED]

11       310:265-3-2 [AMENDED]

12       **AUTHORITY:** Oklahoma State Board of Health, Title 63 O.S. Section 1-104; and Title 63 O.S. Section 1-1750.

13  
14       **SUMMARY:** The purpose of this rule change is to prevent an increase in examination fees charged to  
15 applicants for licenses to fit and deal hearing aids pursuant to Title 63 § 1-1750 et seq. The vendor is  
16 requiring that its examination fees be raised from the current \$95.00 as provided in rule, to \$225.00.  
17 Additionally, the proposed rule will prevent the Oklahoma State Department of Health from being required  
18 by the examination vendor to defend the examination questions and answers against requests made under the  
19 Oklahoma Open Records Act. Additionally, the proposed rule prevents the Oklahoma State Department of  
20 Health from being financially liable for damages to the examination vendor should the Department not  
21 succeed in preventing disclosure under the Oklahoma Open Records Act. The proposed changes accomplish  
22 these purposes by deleting the business name of a specific examination vendor, and by allowing for testing  
23 guidelines to be drawn from a national examination, if available, rather than from a specifically named  
24 society. The changes will facilitate the Department's efforts to compile and offer an examination to license  
25 applicant for licensure without fee increases, and without exposing the State of Oklahoma to financial loss  
26 related to an Oklahoma Open Records Act disclosure.

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28       **Dr. Alexopulos moved Board approval for Emergency Adoption of Chapter 265. Hearing Aid Dealers and**  
29 **Fitters Regulation as presented. Second Dr. Stewart. Motion carried.**

30  
31       There was discussion regarding the current vendor providing the test for 39 other states and the issues that  
32 may occur with open records. Don Maisch indicated each state's open records act is different. He also  
33 indicated there will be some additional cost to the agency for the development of the new test with  
34 CareerTech, however, this vendor has developed other testing of the agency in the past.

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36       **AYE: Alexopulos, Burger, Gerard, Grim, Krishna, Stewart, Wolfe, Woodson**

37       **ABSENT: Starkey**

38  
39       **Ms. Wolfe moved Board approval for Permanent Adoption of Chapter 265. Hearing Aid Dealers and**  
40 **Fitters Regulation as presented. Second Dr. Gerard. Motion carried.**

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42       **AYE: Alexopulos, Burger, Gerard, Grim, Krishna, Stewart, Wolfe, Woodson**

43       **ABSENT: Starkey**

44  
45       **CHAPTER 406. LICENSED GENETIC COUNSELORS**

46       **[PERMANENT]** Presented by Lynette Jordan

47       **PROPOSED RULES:**

48       Subchapter 1. General Provisions

49       310:406-1-2 [AMENDED]

50       Subchapter 3. Advisory Committee Operations [REVOKED]

51       310:406-3-1 [REVOKED]

52       310:406-3-2 [REVOKED]

53       310:406-3-3 [REVOKED]

54       310:406-3-4 [REVOKED]

55       310:406-3-5 [REVOKED]

56       Subchapter 23. Enforcement

57       310:406-23-2 [AMENDED]

1 310:406-23-5 [AMENDED]

2 **AUTHORITY:** Oklahoma State Board of Health, Title 63 O.S. Section 1-104; and Title 63 O.S. Section 1-  
3 561 and Title 63 O.S. Section 1-103.a.1.

4 **SUMMARY:**

5 The current rule applies to licensure of genetic counselors in the State of Oklahoma. The proposed changes  
6 update language to accurately comply with the Oklahoma Public Health Advisory Council Modernization  
7 Act. This change is necessary to bring the regulation in line with the Genetic Counseling Licensure Act and  
8 the Oklahoma Public Health Advisory Council Modernization Act which went into effect November 1, 2014.  
9 The effect of the rule change would be to clarify the advisory council for this particular licensed profession.

10 310:406-1-2 The current rule defines the advisory entity as the Genetic Counseling Advisory Committee.  
11 The proposal establishes to remove the definition. The new advisory council is outlined in the Oklahoma  
12 Public Health Advisory Council Modernization Act. This change is necessary to be in compliance with the  
13 changes established in the Oklahoma Public Health Advisory Council Modernization Act. The effect of the  
14 Rule change would be to clarify the legal advisory entity as the Infant and Children's Health Advisory  
15 Council.

16 310:406 Subchapter 3 [REVOKED] The current rule identifies the title of the advisory entity as a committee.  
17 The proposal revokes the subchapter. This change is needed to be in compliance with the changes established  
18 in the Oklahoma Public Health Advisory Council Modernization Act which created the new Infant and  
19 Children's Health Advisory Council with advisory responsibilities for licensed genetic counseling. The effect  
20 of the Rule change would be to clarify the legal advisory entity as a council.

21 310:406-3-1 [REVOKED] The current rule creates the Genetic Counseling Advisory Committee. The  
22 proposal removes this language. This change is needed to be in compliance with the changes established in  
23 the Oklahoma Public Health Advisory Council Modernization Act. The effect of the Rule change would be  
24 to clarify the purpose of the newly established council.

25 310:406-3-2 [REVOKED] The current rule defines the membership of the Genetic Counseling Advisory  
26 Committee. The proposal revokes this subchapter. This change is needed because the Oklahoma Public  
27 Health Advisory Council Modernization Act establishes the membership of the newly established Infant and  
28 Children's Health Advisory Council. The effect of the Rule change would be to revoke the membership of  
29 the Genetic Counseling Advisory Committee which is no longer supported in the Act.

30 310:406-3-3 [REVOKED] The current rule defines the officers of the Genetic Counseling Advisory  
31 Committee. The proposal revokes this subchapter. This change is needed because the Oklahoma Public  
32 Health Advisory Council Modernization Act already establishes the officers of the newly established Infant  
33 and Children's Health Advisory Council. The effect of the Rule change would be to revoke the officer  
34 designation of the Genetic Counseling Advisory Committee which is no longer supported in the Act.

35 310:406-3-4 [REVOKED] The current rule states the "committee" will utilize Robert's Rules of Order  
36 Newly Revised, 10th ed. The proposal revokes this subchapter. This change is needed because the Oklahoma  
37 Public Health Advisory Council Modernization Act establishes the new Infant and Children's Health  
38 Advisory Council.

39  
40 **Dr. Stewart moved Board approval for Permanent Adoption of Chapter 406. Licensed Genetic**  
41 **Counselors as presented. Second Dr. Krishna. Motion carried.**

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43 **AYE: Alexopulos, Burger, Gerard, Grim, Krishna, Stewart, Wolfe, Woodson**

44 **ABSENT: Starkey**

45  
46 **CHAPTER 667. HOSPITAL STANDARDS**

47 **[PERMANENT]** Presented by Timothy Cathey

48 **PROPOSED RULES:** Subchapter 59. Classification of Hospital Emergency Services

49 310:667-59-20 [AMENDED]

50 **AUTHORITY:** Oklahoma State Board of Health, Title 63 O.S. Section 1-104; Title 63 O.S. Section 1-270;  
51 and Title 63 O.S. Section 1-705.

52 **SUMMARY:**

53 The amendments to OAC 310:667 revise sections of rule within Subchapter 59, Classification of Hospital  
54 Emergency Services, to update classification standards for stroke centers. These standards are intended to  
55 stratify hospitals into those hospitals capable of providing comprehensive care for all stroke patients from  
56 those with limited or no capability to care for the acutely ill, time sensitive stroke patient.

1 The proposed rules would allow the Oklahoma State Department of Health (OSDH) to recognize four levels  
2 of hospital based stroke care. Level I would be a comprehensive center capable of care for all stroke patients.  
3 The Level II would represent the most current standard required to be a primary stroke center. OSDH will  
4 recognize certification from a Center for Medicare and Medicaid Services deemed accrediting agency or an  
5 OSDH approved organization using nationally recognized guidelines for Level I and II facilities.  
6 The Level III stroke facility will be mainly focused on the acute care of a patient presenting to the emergency  
7 room who is likely to benefit from stabilization and expeditious thrombolytic therapy prior to transfer to a  
8 higher level of care. The Level IV hospital reflects a facility without the resources to provide acute care for  
9 the time sensitive needs of the stroke patient. They would be organized to quickly evaluate, stabilize and  
10 arrange transfer of the acute stroke patient. OSDH would recognize a Level III facility by way of a current  
11 certification as an Acute Stroke Ready Hospital from a deemed accrediting agency, a department approved  
12 nationally recognized guidelines based organization or through OSDH. The Level IV facility would be  
13 certified only by OSDH.

14  
15 **Dr. Krishna moved Board approval for Permanent Adoption of Chapter 406. Licensed Genetic**  
16 **Counselors as presented. Second Ms. Wolfe. Motion carried.**

17  
18 There was discussion from the Board to clarify language within the rule labeling certain facilities as “stroke  
19 referral” facilities. Dr. Cathey clarified these facilities are not receiving stroke patients, rather referring them  
20 to facilities with resources to serve needs of stroke patients.

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22 **AYE: Alexopoulos, Burger, Gerard, Grim, Krishna, Stewart, Wolfe, Woodson**

23 **ABSENT: Starkey**

#### 24 25 **CHAPTER 526. DENTAL SERVICES**

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

#### 27 **PROPOSED RULES:**

28 Subchapter 3. Oklahoma Dental Loan Repayment Program

29 310:526-3-2 [AMENDED]

30 310:526-3-3 [AMENDED]

31 310:526-3-4 [AMENDED]

32 **AUTHORITY:** Oklahoma State Board of Health, Title 63 O.S. Sections 1-104 and 1-2710 et seq. as  
33 amended by Senate Bill 1664, effective November 1, 2014.

#### 34 **SUMMARY:**

35 310:526-3-2 The current Rule sets forth the description and general operation of the Oklahoma  
36 Dental Loan Repayment Program (Program). The proposed action expands the locations of practice sites and  
37 increases the maximum amount allowed of individual awards from \$25,000 to \$50,000.

38 The circumstance for the rule change is compelled by legislation in SB 1664, effective November 1,  
39 2014. The intended effect is to increase Program participation, allow a more competitive compensation, and  
40 better utilize available funding.

41 310:526-3-3 The current Rule establishes eligibility requirements to participate in the Program.

42 The proposed action allows an exemption from the requirement to practice in a designated dental  
43 health professional shortage area for Pediatric Dentistry Specialists or any dentist practicing in a Federally  
44 Qualified Health Center (FQHC), FQHC look-alike, county health department, or city-county health  
45 department. The intended effect is to include participation by specialists trained to treat the younger  
46 Medicaid population and those practicing in specific public health facilities regardless of the practice site  
47 location.

48 310:526-3-4 The current Rule describes the procedures for administering the Program. The proposed action  
49 describes what is monitored to determine the dental health professional shortage areas for purposes of the  
50 Oklahoma Dental Loan Repayment Program instead of how the determination is calculated. This change is  
51 needed to resolve complicated, technical, and outdated language. The purpose is to improve the  
52 understanding of shortage area determinations while upholding the intent of the law. The description of  
53 annual shortage area calculations will be maintained in agency files to ensure consistency with the use of  
54 current available data, current advisory entities, and topical circumstances associated with Medicaid dental  
55 providers and enrollees.


Dr. Grim moved Board approval for Permanent Adoption of Chapter 526. Dental Services as presented. Second Ms. Burger. Motion carried.

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

**2014 LEGISLATION**

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

2015 Legislative and Budget Priorities  
OKLAHOMA STATE DEPARTMENT OF HEALTH · DECEMBER 2014



Julia Cox-Kain, M.P.A.  
Deputy Secretary Oklahoma Health and Human Services  
Senior Deputy Commissioner

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


LEGISLATIVE PRIORITIES



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Save Lives by Reducing Prescription Opioid Overdoses Through a Prescription Monitoring Program

- Effect on Public Health and Wellbeing
  - Injury Prevention Service unintentional poisoning deaths
  - National unintentional poisoning death rate
    - ✓ 17.9 deaths per 100,000 people
    - ✓ 457 deaths in 2012 alone
    - ✓ Nationally, unintentional poisoning deaths have surpassed even auto crashes as the leading cause of unintentional injury
- Financial burden of prescription addiction
  - National opioid abuse resulted in \$72 billion in medical costs
  - 1990: prescription drug costs nationally were \$40 billion
  - 2006: \$216.7 billion
- Prescription Monitoring Program
  - States utilizing PMP have seen reductions in up to 75% in patients using multiple prescribers for the same drug
  - PMP use would reduce diversion and misuse
  - No interference with standard methods of care
  - Provides needed information to formulate strategies to further combat addiction




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Save Lives by Reducing Prescription Opioid Overdoses Through a Prescription Monitoring Program (cont'd)

Policy Proposal

- Some physicians don't believe their patients would doctor shop, law would ensure those people cannot play on doctor sympathies or friendly relationships for prescriptions
- Physician who suspects abuse can contact the Oklahoma Bureau of Narcotics and Dangerous Drugs (OBNDD) through the PMP program itself
- Subaccounts available so employees of the doctor's office can pull up the PMP so it's ready to go by the time the doctor sees the patient
- OBNDD cannot take civil action or assess monetary penalties from a doctor who fails to check PMP – Medical boards would decide fate of those doctors



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Allow Farmer's Markets to Sell Whole, Uncut Fruits and Vegetables and Uncracked Nuts Without a Food Vendor's License

- Good for Small Businesses
  - Reduces expense and regulation
  - Increases profits
- Good for Consumers
  - More access to fresh fruits and vegetables in traditionally underserved areas
  - Healthy food options for families on government assistance
- Consolidation of existing exemptions into one place




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Allow Farmer's Markets to Sell Whole, Uncut Fruits and Vegetables and Uncracked Nuts Without a Food Vendor's License (cont'd)

Policy Proposal

Amend O.S. 63, Section 1-1118 to offer limited exemptions to the food service license requirement, providing for ease of service offering by produce stands, charities and other entities, without sacrificing the food safety or health of the public



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### Modify Advance Directive Law to Allow for Contracting With Private Enterprise

*Public/Private Partnership*

- Existing enterprise with infrastructure in place
- Service is provided conveniently, quickly and at a lower cost
- OSDH does not spend taxpayer money creating fees and databases which already exist in a private enterprise

### Modify Advance Directive Law to Allow for Contracting With Private Enterprise (cont'd)

*Policy Proposal*

- Amend O.S. 63, Section 3102.1 allowing contracts with private vendors to fulfill the provisions of the Advance Directive Act and removing the provisions directing the OSDH establish a database for advance directives
- The costs and fees for the vendor would be established by contract
- Amend O.S. 63, Section 3102.2 to remove the language relating to the Board of Health establishing a fee for submission of each Alternative Advance Directive Forms

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### For More Information


Mark Newman, Ph.D., Director, Office of State and Federal Policy  
(405) 271-4200  
[MarkSt4@health.ok.gov](mailto:MarkSt4@health.ok.gov)

### BUDGET PRIORITIES

STATE FISCAL YEAR 2016 OPERATIONAL DECISION PACKAGE	REQUESTED
Public Health Laboratory (Priority #1)	\$5,835,996
Vaccine Purchase (Priority #1)	\$2,687,645
Adolescent & Children's Health (Priority #2)	\$1,000,000
Reduce Hospitalizations / Emergency Department Visits (Priority #2)	\$9,000,000
<b>Total</b>	<b>\$18,523,641</b>


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### Operational Decision Package Priority #1



**Public Health Laboratory Bond Repayment \$5,835,996**


- Critical public health & healthcare infrastructure
- Current facilities are antiquated (built in 1970's) and capacity is limited
- Physical & mechanical systems failing
- 10 year bond repayment of \$49 million



**Vaccine Purchase, Distribution & Administration \$2,687,645**


- Vaccine investment to ensure all Oklahoma residents have access to immunization
- Vaccine for Children (VFC) program changes have limited accessibility to vaccine
- Rural healthcare access & cost of vaccines contribute to accessibility challenges
- Initial investment of vaccine to enable 3<sup>rd</sup> party insurance billing by OSDH
- Every dollar spent on childhood vaccine returns \$16.50

### Operational Decision Package Priority #2



**Public/Private Partnership for Improvement of Adolescent & Children Health \$1 Million**

- Public private investment in evidence based programs
- Pay for performance/risk based contracting dependent upon outcome improvement
- Partnership with City-County Health Departments and Private Funders
- Outcomes include teen pregnancy prevention (TPP), increased graduation rates, decreased social support spending
- Every dollar spent on evidence based TPP returns \$3.78 in the first year



**Reduce Preventable Hospitalizations & ED Visits for the Uninsured \$9 Million**

- Voluntary, outcome based incentive payment pool
- Requires community collaborative relationships with PCMH, FQHC, CMC, local CHDs
- Focuses on care coordination for high risk patients
- Aligns community benefit plans/expenditures with CHIP/CHIP

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### QUESTIONS

CONSIDERATION OF STANDING COMMITTEES' REPORTS AND ACTION**Executive Committee**

Dr. Woodson provided an update on the subcommittee assignments based on survey feedback. Beginning in January of 2015, a rotating schedule will allow board members expressing an interest in the finance committee to attend 2 finance committee meetings then rotate back to their assigned committee. Dr. Grim, Dr. Stewart, Dr. Gerard, Tim Starkey. Other assignments are as follows:

- **Executive and Finance** (*Officers*)
- **Policy** (*Gerard, Starkey, Grim*)
- **Accountability, Ethics, Audit** (*Alexopulos, Stewart, Krishna*)

**Finance Committee**

Ms. Burger directed attention to the Financial Brief provided to each Board member and presented the following SFY 2015 Finance Report and Board Brief as of November 19, 2014:

- Approximately \$424 million budgeted for state fiscal year 2015
- Forecasted expenditure rate of 97.78% through June 30, 2015
- "Green Light" overall for Department, with one division in "Yellow Light" status: Health Improvement Services. Yellow status is due to program growth and vacancies.

The *Financial Brief* this month focuses on the Department's FY 2016 Budget Request Hearing and Legislative Needs. *See Attachment A*

**Accountability, Ethics, & Audit Committee**

The Accountability, Ethics, & Audit Committee met with Jay Holland. Dr. Alexopulos indicated that there were no known significant audit issues to report at this time.

**Public Health Policy Committee**

Dr. Gerard referred to Legislative Presentation. These items discussed in Policy Committee. If members of the Board have any questions regarding any policy issues or proposed legislation, please do not hesitate to contact Mark Newman for additional information or to provide input.

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

**PRESIDENT'S REPORT**

Dr. Woodson directed Board attention to the 2015 Board Work calendar, 2015 meeting dates and locations for review and approval.

**Ms. Wolfe moved Board approval of the 2015 Board Work calendar and 2015 meeting dates and locations as presented. Second Dr. Grim. Motion carried.**

**AYE: Alexopulos, Burger, Gerard, Grim, Krishna, Stewart, Wolfe, Woodson**

**ABSENT: Starkey**

**COMMISSIONER'S REPORT**

Dr. Cline thanked staff and Board members who attend the launch of the Governor's Get Fit Challenge. He briefly discussed the launch with Governor Fallin and Kevin Durant which took place at the State Capitol on September 26<sup>th</sup>. The Get Fit Challenge is part of many exciting public private partnerships seeking to address OHIP recommendations, such as the Parks Passport Initiative, and Fitnessgram. The Oklahoma Health Improvement Plan (OHIP) seeks to address factors contributing to negative health outcomes. The plan also addresses individual conditions, health behaviors and key populations through a focus on flagship issues targeting tobacco, obesity, children's health and behavioral health. The plan is currently in the process of being updated is scheduled to be published in January of 2015. Dr. Cline encouraged all to review the updates proposed to the plan, available on the Oklahoma State Department of Health website, and provide comments. The comment period closes December 11, 2014. Lastly, Dr. Cline encouraged members of the Board to attend the Governor's Healthy Aging Summit on the December 15<sup>th</sup>, 2014 from 10:00 AM to 4:30 PM.

1  
2 The report concluded.

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4 **NEW BUSINESS**

5 No new business.

6  
7 **PROPOSED EXECUTIVE SESSION**

8 **Ms. Burger moved Board approval to go in to Executive Session at 12:57 PM** pursuant to 25 O.S.  
9 Section 307(B)(4) for confidential communications to discuss pending department litigation, investigation,  
10 claim, or action; pursuant to 25 O.S. Section 307(B)(1) to discuss the employment, hiring, appointment,  
11 promotion, demotion, disciplining or resignation of any individual salaried public officer or employee and  
12 pursuant to 25 O.S. Section 307 (B)(7) for discussing any matter where disclosure of information would  
13 violate confidentiality requirements of state or federal law.

- 14       • Annual performance evaluation for the Office of Accountability Systems Director & Internal  
15       Audit Unit Director, and Board of Health Secretary  
16       • OAS Investigation, Number 2014-021  
17       • State's public health investigation, Ebola

18 **Second Ms. Wolfe. Motion carried.**

19  
20       **AYE: Alexopulos, Burger, Gerard, Grim, Krishna, Stewart, Wolfe, Woodson**

21       **ABSENT: Starkey**

22  
23 **Ms. Wolfe moved Board approval to move out of Executive Session. Second Ms. Burger. Motion carried.**

24  
25       **AYE: Alexopulos, Burger, Gerard, Grim, Krishna, Stewart, Wolfe, Woodson**

26       **ABSENT: Starkey**

27  
28 **ADJOURNMENT**

29 **Mr. Grim moved Board approval to Adjourn. Second Dr. Alexopulos. Motion carried.**

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31       **AYE: Alexopulos, Burger, Gerard, Grim, Krishna, Stewart, Wolfe, Woodson**

32       **ABSENT: Starkey**

33  
34 The meeting adjourned at 2:40 p.m.

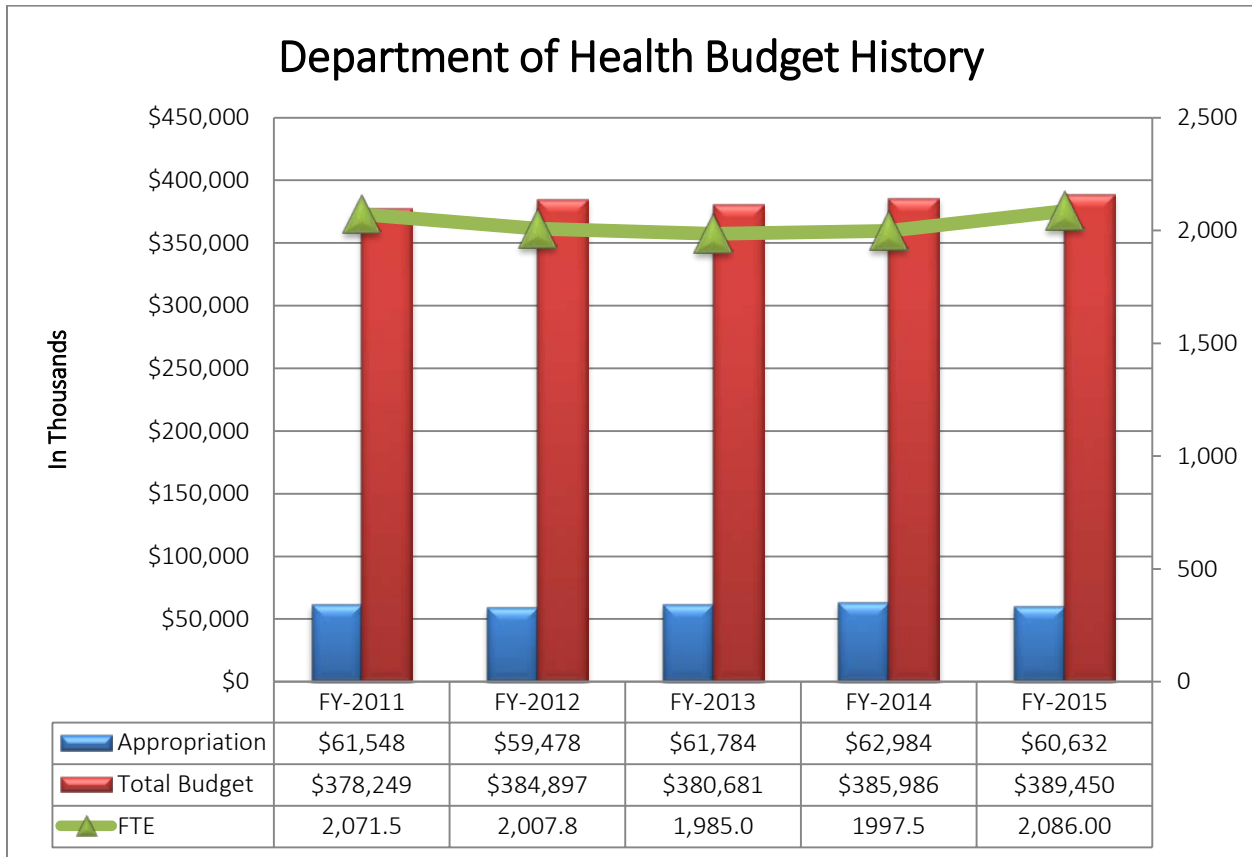
35  
36 Approved

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41 Ronald W. Woodson, M.D.  
42 President, Oklahoma State Board of Health  
43 January 13, 2015



### Department of Health - 340

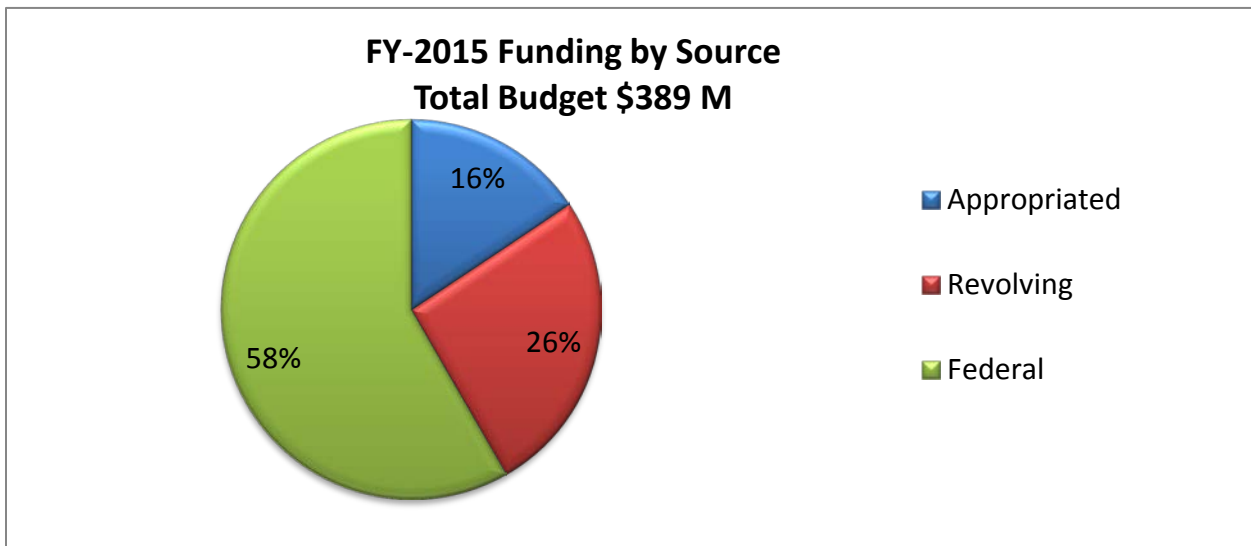
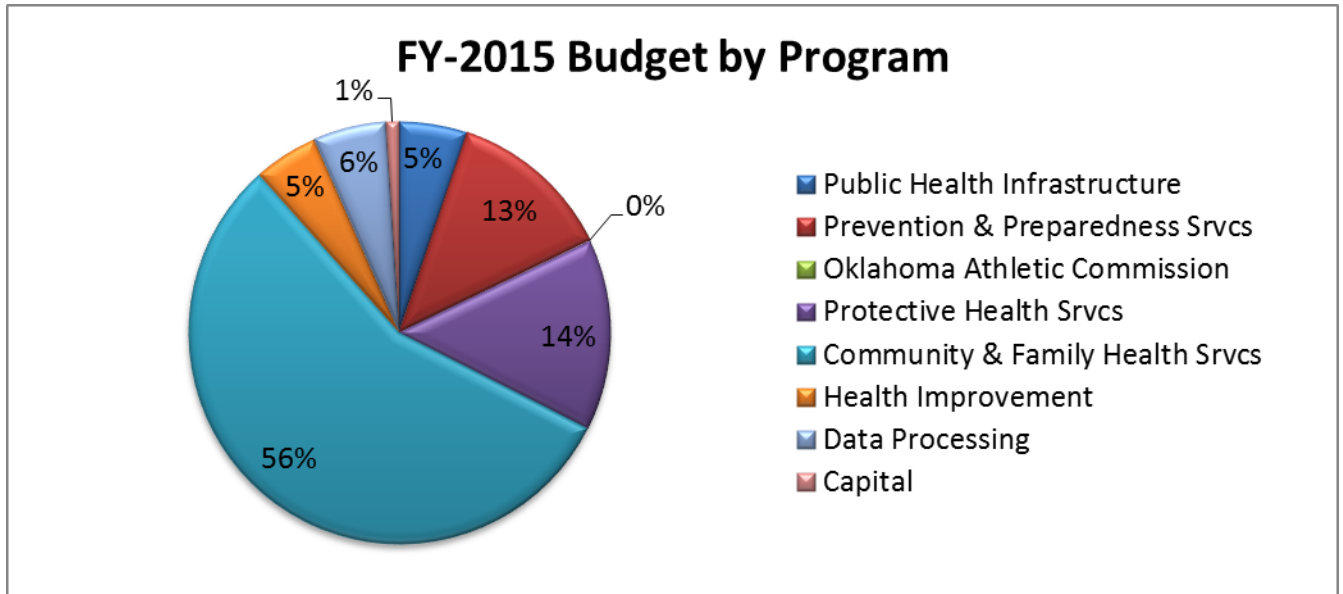


State Funds as a percentage of total state appropriations – 0.9%

Filled positions increased as a result of improved turnover rates and position refill processes;

- Refill processing time improved by 66% resulting in fewer vacant positions at any given time
- An estimated 23% of the increase is a result of decreased turnover rates
- Seventy-seven percent of the increase in filled positions benefited Community and Family Health Services, 11% in Protective Health Services

I. Funding



Federal funding includes WIC payments from the disbursing fund, which is 17% of the federal funding.

II. FY-2015 Supplemental Request Summary

No supplemental requested.

III. FY-2016 Budget Request Summary

- Bond Request \$49,178,000
- Appropriations Request \$18,523,641

1. **Public Health Laboratory – \$49,178,000 Bond,  
\$5,835,996 Estimated Annual Bond Repayment (10 years)**

- Aging lab built over 40 years ago to 1970's specifications and lacks the best practice designs adopted in recent decades
- Modernized testing and screening procedures necessary for rapid identification of disease threats requires more lab space
- Enhanced laboratory testing equipment has reduced necessary workspace of laboratory scientists resulting in as many as three staff sharing a workspace originally meant for one
- 54,000 newborn screening tests for over 50 metabolic disorders performed per year, sole laboratory in the state performing this testing
- Performs high-risk and critical microbial and toxin testing, "white powder" and Ebola testing
- Sole Biological Safety Level 3 laboratory in the state performing tests on specific biologic agents
- Specialized testing for high-risk diseases such as tuberculosis, rabies and smallpox
- New facilities necessary to ensure continued College of American Pathologists laboratory accreditation and/or licensure; loss of accreditation and/or licensure would halt necessary testing in the Public Health Lab until minimum standards are met

2. **Vaccine Purchase, Distribution and Administration – \$2,687,645**

- Few private providers purchase and stock needed vaccines due to cost and speed at which vaccines pass their shelf life
- In rural areas this problem is exacerbated due to extreme healthcare provider shortages and few corner drugstores that provide vaccinations making access to basic preventive health services for insured Oklahomans unnecessarily difficult
- Already poor access to vaccines is worsened as Federal Vaccines for Children (VFC) guidelines prohibit persons with the ability to pay (insurance or other form of payment) from receiving VFC vaccines available at County Health Departments (CHDs)
- Using existing State Department of Health infrastructure, this initiative will fund the purchase and administration of vaccines allowing Oklahomans to purchase vaccines from County Health Departments (CHDs)
- Appropriation request will provide seed money and will diminish as insurance is billed or citizens pay for vaccines
- This initiative will improve statewide vaccination rates (*47<sup>th</sup> in the nation for two-year-old immunization rates in 2013*) by allowing Oklahomans the ability to purchase vaccines from County Health Departments (CHDs)
- Studies show that increased immunization rates contribute to the reduction of the spread of preventable diseases; one dollar spent on childhood vaccines saves an estimated \$16.50 in future health costs
- This means significant amounts of taxpayer and insurance dollars are not spent on curing diseases that could have otherwise have been prevented with an improved immunization rate

**3. Public/Private Partnership for Improvement of Adolescent and Children’s Health – \$1,000,000**

- This initiative will utilize private investments to assume the majority of financial risk to achieve health outcomes
- Outcomes must have a demonstrable savings (or return on investment) to the State of Oklahoma and be documented through standardized data collection
- Under the program, Oklahoma and Tulsa City- County Health Departments will partner with private entities to engage in efforts to reduce teen pregnancy. Upon successfully delivering results, the State of Oklahoma will pay for the outcomes achieved and the private investment will be reinvested in the program for another year
- According to the CDC, teens who get pregnant have far poorer outcomes, both for themselves and their children, leading to an increase in costs to the social welfare system, and a reduction for the mother and child in everything from lifetime earning expectancy to academic performance
- Oklahoma has the second highest teen birth rate in the United States at 47.3 per 1,000 live births to teens aged 15-19, the national average is 29.4
- According to the OSDH’s Center for Health Statistics, 15 girls between the ages of 15-19 give birth in Oklahoma *per day*
- 30% of teen girls in the United States who drop out of high school cite pregnancy or parenthood as the reason
- In 2011, more than 75% of teen deliveries in Oklahoma were unintended pregnancies
- Lack of educational achievement and ability to develop work skills negatively impacts wealth generation in our state
- This issue affects many areas of state expenditure, including common and higher education, corrections, social services and the healthcare system
- It is estimated that in 2010, teen childbearing in Oklahoma cost taxpayers \$169 million. This figure includes public health care expenses, potential for incarceration and other negative outcomes that require intervention or assistance from the system. However, one dollar spent on reduction efforts leads to \$3.78 in savings for taxpayers in the first year alone, as these negative outcomes are countered

**4. Reduce Preventable Hospitalization and Emergency Room Visits for the Uninsured – \$9,000,000**

- Preventable in-patient hospital stays and emergency department visits are contributing factors to increasing healthcare costs
- Studies show that up to 76% of ER visits are non-emergency and avoidable and that each unnecessary ER visit costs the system more than \$580
- A 30% reduction in chronic disease preventable hospitalizations would save the system and taxpayers more than \$54 million in a single year
- Further, Oklahoma’s uninsured rate is 17% leading to uncompensated care costs of \$2.4 billion in 2013. The majority of these costs are attributed to hospital care
- Payment models that encourage more efficient healthcare delivery and reward improved health outcomes are necessary to change the healthcare business model

- This initiative would develop and pay for voluntary, community-based emergency room diversion techniques and systems of care that prevent the need for acute care delivery in a hospital
- Payments will be based on outcomes including reduced preventable hospitalizations and emergency room visits

## IV. Legislative Needs

### 1. Save lives by reducing prescription opioid overdoses through a Prescription Monitoring Program (PMP)

- According to the OSDH Injury Prevention Service, there were 3,900 unintentional poisoning deaths in Oklahoma from 2007-2012, and 87% of those involved at least one opioid prescription drug
- In 2010, Oklahoma had the dubious distinction of having the fourth highest unintentional poisoning death rate in the nation at 17.9 deaths per 100,000 population
- Prescription painkillers were involved in 9 out of 10 prescription drug-related deaths in Oklahoma, with 457 opioid-involved deaths in 2012
- In 2009, unintentional poisoning became the leading cause of unintentional injury in the state, surpassing even car crashes
- Nationwide, it is estimated that the abuse of opioid analgesics results in over \$72 billion in medical costs alone
- States such as Florida, New York and Tennessee have seen reductions of up to 75% in patients using multiple prescribers to receive the same drug
- Physicians checking the PMP prior to prescribing will reduce diversions and misuse of prescription opioids
- Allows physicians to ensure patient receives medically necessary medication while safeguarding against using multiple prescribers to receive the same prescription drug
- Will not interfere with standard methods of care
- Allows for data sets to be studied, leading to better practices in combating prescription drug abuse and for bad actors to be exposed, removing sources of obtaining illegally prescribed opioids

#### *Policy Proposal*

- Some physicians don't believe their patients would doctor shop; law would ensure those people cannot play on doctor sympathies or friendly relationships for prescriptions
- Physicians who suspects abuse can contact the Oklahoma Bureau of Narcotics and Dangerous Drugs (OBNDD) through the PMP program itself
- Subaccounts available so employees of the doctor's office can pull up the PMP so it's ready to go by the time the doctor sees the patient
- OBNDD cannot take civil action or assess monetary penalties from a doctor who fails to check PMP; medical licensure boards would decide fate of those doctors
- PMP required checks for new patients and any prescription for the top five medications found in autopsies to have contributed to overdose deaths

**2. Allow farmer's markets to sell whole, uncut fruits and vegetables and uncracked nuts without a food vendor's license**

- Reduces expense and regulations on a small, temporary vendor selling healthy foods with minimal risks of food-borne illness
- Increases access to fresh fruits and vegetables for Oklahomans by incentivizing farmer's markets and potentially reducing food deserts
- Increases healthy food options for SNAP enrollees who can use EBT cards at farmer's markets to purchase fruits and vegetables
- Organizes exemptions which already exist in statute and administrative rules for private kitchens, day care centers, nursing homes and other assisted living facilities

*Policy Proposal*

- Amend O.S. 63, Section 1-1118 to offer limited exemptions to the food service license requirement, providing for ease of service offering by produce stands, charities and other entities, without sacrificing the food safety or health of the public

**3. Modify advance directive law to allow for contracting with private enterprise**

- Allows a private enterprise with preexisting infrastructure to maintain the Advance Directive Registry
- Service is provided more conveniently and at a lower cost for Oklahomans who wish to file an advance directive
- Contracting with a private enterprise saves taxpayer resources that would otherwise be expended in setting up a fee structure and an advance directive registry
- Allows the OSDH to ensure the provisions of the Act are fulfilled through an oversight role while saving state dollars by negating the need for infrastructure and maintenance

*Policy Proposal*

- Amend O.S. 63, Section 3102.1 allowing contracts with private vendors to fulfill the provisions of the Advance Directive Act and removing the provisions directing the OSDH establish a database for advance directives
- The costs and fees for the vendor would be established by contract
- Amend O.S. 63, Section 3102.2 to remove the language relating to the Board of Health establishing a fee for submission of each Alternative Advance Directive Form