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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, March 12, 2013 11:00 a.m.

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R. Murali Krishna, President of the Oklahoma State Board of Health, called the 377th regular meeting of the Oklahoma State Board of Health to order on Tuesday, March 12, 2013 at 11:03a.m. The final agenda was posted at 9:57 a.m. on the OSDH website on March 11, 2013, and at 10:00 a.m. at the building entrance on March 11, 2013.

ROLL CALL

Members in Attendance: R. Murali Krishna, M.D., President; Ronald Woodson, M.D., Vice-President; Martha Burger, M.B.A., Secretary-Treasurer; Jenny Alexopoulos, D.O.; Barry L. Smith, J.D.; Timothy E. Starkey, M.B.A.; Terry Gerard, D.O.; Cris Hart-Wolfe

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, Office of State & Federal Policy; Lloyd Smith, Director of Internal Audit; Don Maisch, Office of General Counsel; Pam Williams, Office of Communications; Joyce Marshall; James Joslin; Lynnette Jordan; K.C. Ely; Commissioner's Office; Janice Hiner, Maria Souther, VaLauna Grissom.

Visitors in attendance: (see sign in sheet)

Call to Order and Opening Remarks

Dr. Krishna called the meeting to order. Dr. Krishna recognized guests in attendance, David Dude of the American Cancer Society, Dr. Bruce Dart of the Tulsa County Health Department, Gary Cox of the Oklahoma City-County Health Department, and Dr. Stephen Cagle, Chair, Oklahoma City-County Board of Health.

REVIEW OF MINUTES

Dr. Krishna directed attention to review of the minutes of the February 12, 2013, Regular Board meeting.

Ms. Burger moved Board approval of the minutes of the February 12, 2013, Regular Board meeting, as presented. Second Dr. Alexopoulos. Motion carried.

AYE: Alexopoulos, Burger, Krishna, Smith, Starkey, Woodson

ABSTAIN: Gerard, Wolfe

PROPOSED RULEMAKING ACTIONS

PROTECTIVE HEALTH SERVICES

Dr. Krishna directed attention to Dr. Henry Hartsell for presentation of proposed rule changes to CHAPTER 400. LICENSED MARITAL AND FAMILY THERAPISTS [AMENDED]

[PERMANENT] Presented by Henry Hartsell

PROPOSED RULES: Subchapter 1.General provisions310:400-1-3. Definitions [AMENDED]; Subchapter 5. Rules of professional conduct 310:400-5-3. Professional competence and integrity [AMENDED]; Subchapter 9. Licensure examinations 310:400-9-2. Format [AMENDED]; 310:400-9-4. Application [AMENDED]; Subchapter 15. Issuance and maintenance of license 310:400-15-3. License renewal [AMENDED]; 310:400-15-4. Continuing education. [AMENDED]; 310:400-15-8. Licensure by endorsement [AMENDED]; 310:400-15-9. Temporary license [REVOKED].

AUTHORITY: Oklahoma State Board of Health, Title 63 O.S. Section 1-104; and Title 59 O.S. Section 1925.5 *et seq.*

SUMMARY: The proposed rules address those individuals who are a Licensed Marital and Family Therapist

1 (LMFT), those persons who are LMFT candidates, and those individuals holding a license from another
2 jurisdiction who wish to become an LMFT in the State of Oklahoma. The proposed rule modifications would
3 more closely align the state program with national standards; provide professional standards for forensic
4 services; remove the oral examination component thereby removing subjectivity from the scoring of results;
5 simplify provisions for reporting continuing education; and revise requirements for licensure by endorsement,
6 offering new avenues for licensure.
7

8 **Mr. Smith moved Board approval for Permanent adoption of amendments to Chapter 400. Licensed**
9 **Martial and Family Therapists Rule as presented. Second Ms. Burger. Motion carried.**

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

13
14 **AYE: Alexopulos, Burger, Gerard, Krishna, Smith, Starkey, Wolfe, Woodson**

15
16 **Dr. Krishna directed attention to Dr. Henry Hartsell for presentation of proposed rule changes to**
17 **CHAPTER 405. LICENSED PROFESSIONAL COUNSELORS [AMENDED]**

18 **[PERMANENT]** Presented by Henry Hartsell

19 **PROPOSED RULES:** Subchapter 1. General provisions 310:405-1-2.1. Definitions [AMENDED];

20 Subchapter 3. Rules of professional conduct 310:405-3-2. Competence

21 [AMENDED]; Subchapter 9. Academic requirements 310:405-9-2. Knowledge area required [AMENDED];

22 Subchapter 17. Continuing education requirements 310:405-17-2. Number of hours required [AMENDED];

23 310:405-17-3. Acceptable continuing education [AMENDED]; 310:405-17-4.1. Continuing education accrual

24 from home-study or technology-assisted distance learning courses [AMENDED]; Subchapter 21. License and

25 specialty renewal 310:405-21-5. Requirements for renewal

26 [AMENDED]; Subchapter 27. Licensure by endorsement 310:405-27-3. License by endorsement

27 [AMENDED]

28 **AUTHORITY:** Oklahoma State Board of Health, Title 63 O.S. Section 1-104; and Title 59 O.S. Section

29 1905 *et seq.*

30 **SUMMARY:** The proposed rules address those individuals who are a Licensed Professional Counselor

31 (LPC), those persons who are LPC candidates, and those individuals holding a license from another

32 jurisdiction who wish to become an LPC in the State of Oklahoma. The proposed rule modifications would

33 more closely align the state program with national standards; provide professional standards for forensic

34 services; remove the oral examination component thereby removing subjectivity from the scoring of results;

35 simplify provisions for reporting continuing education; and revise requirements for licensure by endorsement,

36 offering new avenues for licensure.
37

38 **Ms. Burger moved Board approval for Permanent adoption of amendments to Chapter 405. Licensed**
39 **Professional Counselors Rule as presented. Second Ms. Wolfe. Motion carried.**

40
41 Dr. Krishna asked if there was discussion from the Board. There were no comments or questions from the
42 Board.

43
44 **AYE: Alexopulos, Burger, Gerard, Krishna, Smith, Starkey, Wolfe, Woodson**

45
46 **Dr. Krishna directed attention to Dr. Henry Hartsell for presentation of proposed rule changes to**
47 **CHAPTER 451. FIRE EXTINGUISHER INDUSTRY [AMENDED]**

48 **[PERMANENT]** Presented by Henry Hartsell

49 **PROPOSED RULES:** Subchapter 1. General Provisions 310:451-1-3. Adopted references [AMENDED]

50 **AUTHORITY:** Oklahoma State Board of Health, Title 63 O.S. Section 1-104; and Title 59 O.S. Section

51 1820.19.

52 **SUMMARY:** The current rule references building and fire safety codes that are incorporated by reference as the

53 minimum standard of installation for the fire extinguisher industry in Oklahoma. These codes are consensus

54 standards adopted by the International Code Council, the Oklahoma Uniform Building Code Commission, and

55 the National Fire Protection Association with the participation of state, county and municipal code officials and

56 fire officials, architects, engineers, builders, contractors, elected officials, manufacturers and others in the

1 construction industry. These codes are updated by these bodies periodically. The proposed change would update
2 the references to more recent versions of the codes. The result of this change will be to apply current building
3 and fire codes to the fire extinguisher industry.
4

5 **Mr. Starkey moved Board approval for Permanent adoption of amendments to Chapter 451. Fire**
6 **Extinguisher Industry Rule as presented. Second Dr. Alexopulos. Motion carried.**
7

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

11 **AYE: Alexopulos, Burger, Gerard, Krishna, Smith, Starkey, Wolfe, Woodson**
12

13 **Dr. Krishna directed attention to Dr. Henry Hartsell for presentation of proposed rule changes to**
14 **CHAPTER 667. HOSPITAL STANDARDS [AMENDED]**

15 [PERMANENT] Presented by Henry Hartsell

16 **PROPOSED RULES:** Subchapter 15. Nursing Service 310:667-15-6 [AMENDED]; Subchapter 19. Medical
17 records department 310:667-19-2 [AMENDED]; Subchapter 21. Drug distribution 310:667-21-8 [AMENDED];
18 Subchapter 39. Critical access hospital 310:667-39-9 [AMENDED]; Subchapter 40. Emergency hospital
19 310:667-40-9 [AMENDED]; 310:667-40-11 [AMENDED]

20 **AUTHORITY:** Oklahoma State Board of Health, Title 63 O.S. Sections 1-104 and 1-705

21 **SUMMARY:** This proposal removes the 48 hour time limit for authentication of certain verbal orders given
22 by physicians and practitioners. The current rule requires signatures by physicians or practitioners within 48
23 hours after giving verbal orders for medications, treatments and tests. After the change, telephone or verbal
24 orders will be authenticated pursuant to each hospital's medical staff bylaws. The proposal will enable
25 hospitals to implement recent changes in federal rules governing Medicare certification of hospitals at Title
26 42 of the Code of Federal Regulations, Section 482.24(c) with the purpose of reducing a regulatory and
27 financial burden on hospitals.
28

29 **Dr. Gerard moved Board approval for Permanent adoption of amendments to Chapter 667. Hospital**
30 **Standards Rule as presented. Second Dr. Alexopulos. Motion carried.**
31

32 Dr. Krishna asked if there was discussion from the Board. There were no comments or questions from the
33 Board. Dr. Krishna asked for clarification on the removal of the 48 hour time limit for verification of verbal
34 and telephone orders. Dr. Tim Cathey explained that it is good policy to be expeditious in authenticating
35 verbal orders; however, this change will allow facilities to bring themselves in alignment with federal rule
36 changes. There are still requirements for verification within 30 days of the telephone or verbal order;
37 however, individual hospitals could elect to continue the 48 hour rule.
38

39 **AYE: Alexopulos, Burger, Gerard, Krishna, Smith, Starkey, Wolfe, Woodson**
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41 STRATEGIC MAP UPDATE PRESENTATION: Mark Newman, Ph.D., Director, Office of State and Federal
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Public Policy & Advocacy Development

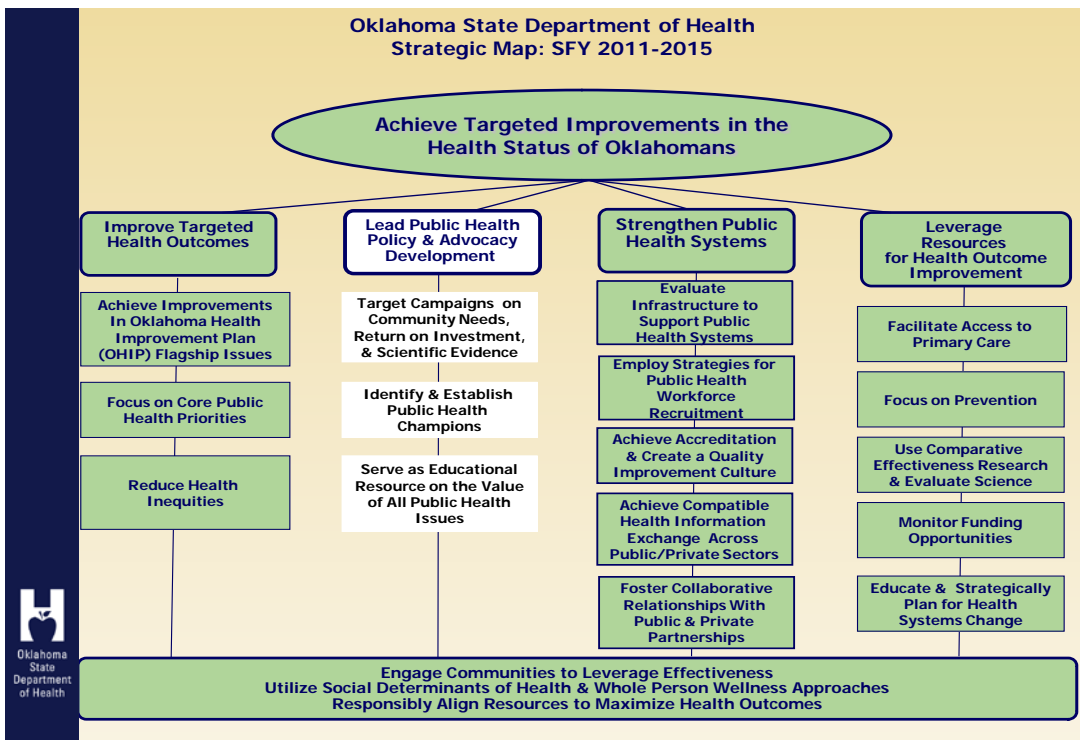
OKLAHOMA STATE DEPARTMENT OF HEALTH · MARCH 2013



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

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



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Lead Public Health Policy & Advocacy Development

Goals



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

- Work with community organizations to identify core public health issues for legislative emphasis on both an annual and long-term basis
- All Oklahoma State Department of Health (OSDH) proposed legislation incorporates population-based successes through scientific evidence
- County Health Departments and communities are constantly working to develop their own health improvement plans and community assessments
- Certified Healthy Program event at the Cox Convention Center on February 28th recognized 350 businesses, 314 schools, 28 campuses, 12 restaurants, and 52 communities this year



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Identify & Establish Public Health Champions

Identify Champions

- Champions must believe in the issue and be willing to face criticism for taking a stand
- Finding and developing public health champions in the business community will be vital to future successes in public health

Establish Champions

- Provide the resources and knowledge to allow an individual to be considered a respected authority on a given issue
- Provide educational materials about public health issues or legislation to answer both the hard questions as well as the easy ones
- Meet with local boards of health and community leaders to help them understand how they may advocate for public health issues at the local level
- Demonstrate how investments in prevention produce both short and long-term savings in health care costs and is a driver for economic development



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

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



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Public Policy & Advocacy Development

Questions?



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3 The presentation concluded.

4 **COMMITTEE REPORTS**

5 **Executive Committee**

6 Dr. Krishna provided the following reminders Board:

- 7 • The April Board of Health meeting will take place at the Woodward High Plains Technology Center in
- 8 Woodward, OK. VaLauna will follow up with each of you with travel details.
- 9 • Please remember to follow up with VaLauna regarding submission of the annual ethics forms due by May
- 10 15, 2013.
- 11 • Barry Smith, Dr. Jenny Alexopoulos, and Cris Hart-Wolfe have agreed to serve on the Nominating
- 12 Committee for the election of Officers, with Mr. Smith as the Chair. The Committee recommendations
- 13 and election will take place in June, and new officers will become effective July 1, 2013.
- 14 • Please mark your calendars to attend the Annual Employee of the Year Recognition Ceremony to be held in
- 15 May directly following the Board meeting.
- 16
- 17

18 **Finance Committee**

19 **Expenditure Forecast Assumptions**

20 Dr. Woodson directed attention to the Financial Brief provided to each Board member and presented the

21 following Finance Report and Board Brief as of February 22, 2013:

- 22 • Payroll forecasted through June 30, 2013 including vacancies likely to fill within the current budget
- 23 period
- 24 • Encumbrances shown as actual as of the report date
- 25 • Expenditure forecasts limited to realistic amounts expected to spend out during the current budget period
- 26 • Surplus/(Deficit) is projected as of June 30, 2013

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

- 28 • Overall the Department is forecasted to spend 98.01% of its budget, which is an increase from the
- 29 previous month's 97.90%.
- 30 • Community and Family Health Services and Protective Health Services continue to have "Green Lights"
- 31 as they have had for the last several months.
- 32 • Public Health Infrastructure has a "Yellow Light" with a performance rate of 94.81%. This has not
- 33 significantly changed since the February report but is almost "Green Light" status and is expected to
- 34 improve over the remainder of the fiscal year.

- 1 • The Health Improvement Services' budget performance rate of 95.65% is a significant improvement
- 2 from last month's "Yellow Light". The improvement is due to the development and initiation of plans
- 3 associated with improving access to care and the Shape Your Future program.
- 4 • All expenditures will be monitored closely and adjustments in spending will be made as needed to
- 5 ensure optimal budget performance for the Department.
- 6

7 Dr. Woodson indicated that the Department is making contingencies in the event of federal budget cuts. The
8 Department has received notices from federal funding agencies on the general implications of sequestration.
9 Specific notices of grant reductions have not yet been communicated. The sequestration will impact federal
10 fiscal year 2013 funds only and will not impact grants or cooperative agreement funded with federal fiscal year
11 2012 appropriations. At this time, the White House has projected the impact would be 5% over the course of
12 the federal fiscal year but the budget reductions would be realized over 6 to 7 months. The OSDH will mail
13 general notices to federally funded contractors advising them that the Department expects to be impacted by
14 sequestration and that may result in a contract reduction.

15
16 The report concluded.

17
18 **Dr. Alexopulos moved Board approval of the Finance Committee Report as presented. Second Ms. Wolfe.**
19 **Motion carried.**

20
21 **AYE: Alexopulos, Burger, Gerard, Krishna, Smith, Starkey, Wolfe, Woodson**

22 23 **Accountability, Ethics & Audit Committee**

24 The Accountability, Ethics, & Audit Committee met with Lloyd Smith and Don Maisch. Mr. Smith reported
25 that there are no known significant issues to report at this time.

26 27 **OKLAHOMA STATE DEPARTMENT OF HEALTH** 28 **INTERNAL AUDIT CHARTER**

29 30 **MISSION**

31 The mission of the Oklahoma State Department of Health (Agency) Internal Audit Department is to
32 independently examine and evaluate the ongoing control processes of the Agency, provide counsel and
33 recommendations for improvement, promote effective control at reasonable cost, and assist management in
34 achieving its strategic vision under the direction of the State Board of Health.

35 36 **SCOPE OF WORK**

37 The scope of internal auditing shall encompass the examination and evaluation of the adequacy and
38 effectiveness of the Agency's system of internal control and the quality of performance in carrying out assigned
39 responsibilities. The Chief of Internal Audit and his/her staff shall:

- 40
- 41 • Review the reliability and integrity of financial and operating information and the means used to identify
- 42 measure, classify, and report such information.
- 43 • Review the systems established to ensure compliance with those policies, plans, procedures, Federal and
- 44 State Laws, and regulations which could have a significant impact on operations and reports.
- 45 • Review the means of safeguarding assets and, as appropriate, verify the existence of such assets.
- 46 • Review operations to ascertain whether results are consistent with established objectives and goals and
- 47 whether the operations are being carried out as planned.
- 48 • Ensure quality and continuous improvement are fostered in the Agency's control process.
- 49

50 51 **RESPONSIBILITY**

52 It is the responsibility of the Chief of Internal Audit to:

- 53 • Develop an annual audit plan based on risk assessment. Risk assessment is a systematic process for
- 54 assessing and integrating professional judgments about probable adverse conditions or events. The audit
- 55 plan shall be submitted to the Board of Health and Commissioner for review and approval on an annual
- 56 basis.

- 1 • Implement the annual audit plan, including any special tasks or projects assigned by management and
2 the Agency.
- 3 • Maintain a professional audit staff with sufficient knowledge, skills and experience to meet the
4 requirements of this charter.
- 5 • Furnish management with reports to evaluate the operations for which they are responsible.
- 6 • Offer advisory services to management that will allow them to decide the best use of Agency resources.
- 7 • Provide sufficient oversight of the fiscal management of and compliance with the federal and state
8 requirements for the programs administered by the Agency.
- 9 • Investigate significant suspected fraudulent activities within the organization.
- 10 • Serve as a liaison with Federal, State and other external auditing entities.

11
12 **AUTHORITY**

13 The Chief of Internal Audit and Staff are authorized to:

- 14
- 15 • Have unrestricted access to all functions, records, property and personnel.
- 16 • Have full and free access to the Agency.
- 17 • Allocate resources, select subjects, determine scopes of work and apply the techniques required to
18 accomplish audit objectives.
- 19 • Obtain the necessary assistance of personnel in units of the Agency where they perform audits.

20
21 **STANDARD OF PRACTICE**

22 The Internal Audit Unit will abide with the Standards for the Professional Practice of Internal Auditing of the
23 Institute of Internal Auditors.

24
25 The Standards encompass:

- 26
- 27 • The independence of the internal auditing department from the activities audited and the objectivity of
28 internal auditors.
- 29 • The proficiency of internal auditors and the professional care they should exercise.
- 30 • The scope of internal auditing work.
- 31 • The performance of internal auditing assignments.
- 32 • The management of the internal auditing unit.

33
34 **CODE OF ETHICS**

35 The Internal Audit Unit will abide with the standard of conduct promulgated by the Institute of Internal
36 Auditors. The Chief of Internal Audit and staff will:

- 37
- 38 • Exercise honesty, objectivity, and diligence in the performance of their duties and responsibilities.
- 39 • Exhibit loyalty in all matters concerning the affairs of the Agency but not knowingly be a party to any
40 illegal or improper activity.
- 41 • Not knowingly engage in acts or activities which are discreditable to the profession of Internal Auditing
42 or to the Agency.
- 43 • Refrain from entering into any activity which may be in conflict with the interest of the Agency or which
44 would prejudice their ability to carry out objectively their duties and responsibilities.
- 45 • Not accept anything of value from an employee, client, customer, supplier, or business associate of the
46 Agency that would impair or be presumed to impair their professional judgment.
- 47 • Undertake only those services that they can expect to complete with professional competence.
- 48 • Adopt suitable means to comply with the Standards for the Professional Practice of Internal Auditing.
- 49 • Be prudent in the use of information acquired during their duties. They will not use confidential
50 information for any personal gain nor in any manner that would be contrary to law or detrimental to the
51 welfare of the Agency.
- 52 • When reporting on results of audit work, will reveal all material facts known to them which, if not
53 revealed, could either distort reports of operations under review or conceal unlawful practices.
- 54 • Continually strive for improvement in their proficiency and in the effectiveness and quality of their
55 service.

- 1 • Be ever mindful of their obligation to maintain the high standards of competence, morality, and dignity
2 promulgated by The Institute. Abide by the Bylaws and uphold the objectives of The Institute.
3

4 **INDEPENDENCE**

5 The Internal Audit Unit is independent of all activities that they audit. The organizational status of the
6 department is sufficient to permit the accomplishment of audit responsibilities. The Chief of the Internal
7 Audit Unit reports directly and simultaneously to the Board of Health and the Commissioner of Health.
8

9 The report concluded.

10
11 **Dr. Woodson moved Board approval of the Internal Audit Charter as presented. Second Dr. Gerard.**
12 **Motion carried.**

13
14 **AYE: Alexopulos, Burger, Gerard, Krishna, Smith, Starkey, Wolfe, Woodson**
15

16 **Public Health Policy Committee**

17 The Policy Committee met on Tuesday, March 12, 2013. Dr. Gerard and Mr. Starkey met with Mark Newman
18 at the Oklahoma State Department of Health in Oklahoma City, Oklahoma. Mark Newman provided an
19 update regarding legislation requested by the agency. Electronic copies of the Policy Committee Report for
20 March 8, 2013 were emailed to all BOH members by VaLauna Grissom. These reports will continue to be sent
21 each Monday throughout the legislative session.
22

23 The local rights legislation found in **SB 36** authored by Sen. Frank Simpson and Rep. Doug Cox failed in the
24 Senate General Government Committee and cannot be heard again until 2015. Governor Mary Fallin declared
25 her support for the local rights issue in her State of the State address on the first day of the legislative session.
26 After the failure of SB 36, Governor Fallin came out in support of an initiative petition to take the issue to a
27 vote of the people. Her office announced the creation of a website to garner support for the initiative petition.
28 That website is named DontSmokeOnMe.com. The Policy Committee recommends that each member of the
29 BOH take the time to go to the DontSmokeOnMe website and sign up.
30

31 **SB 347**, which would transfer the Fire Extinguisher Licensing program from the State Department of Health to
32 the Office of the State Fire Marshall, has passed off the Senate Floor and is on to the House.
33

34 **SB 578**, which would establish a revolving fund for civil monetary penalties has passed the Senate and now
35 goes to the House.
36

37 **HB 1083**, which clarifies terms in the Emergency Medical Services program to comply with national
38 accreditation has passed the House and is currently in the Senate.
39

40 He encouraged members of the Board with any questions regarding policy issues or proposed legislation, to
41 contact Mark Newman for additional information. The next meeting of the Policy Committee will be prior
42 to the April Board Meeting.
43

44 Cris Hart-Wolfe encouraged the Board members to visit the DontSmokeOnMe website and challenge at least
45 five friends each to support this initiative.
46

47 The report concluded.

48 **PRESIDENT'S REPORT**

49 Dr. Krishna announced that the Public Health Accreditation Board has awarded a 5-year accreditation to 11
50 health departments across the U.S., including the Oklahoma State Department of Health, the Oklahoma City-
51 County Health Department and the Comanche County Health Department. He congratulated all for this
52 achievement.
53

54 Dr. Krishna briefly discussed the Bridges to Access event held at the University of Oklahoma on Saturday,
55 March 9, 2013. He commended the student volunteers for their devotion to improving health care in
56 Oklahoma through volunteerism and education. This initiative began 5 years ago and is modeled after the

1 Health Alliance for the Uninsured. There is also an initiative underway to provide a specialty clinic for the
2 underinsured through a cardiologist group within the community. These are all wonderful examples of
3 improving the health of Oklahomans through volunteerism.
4

5 Dr. Krishna also encouraged the Board to participate in the Community Health Alliance Health Dash on
6 March 29th. The proceeds raised from this project are given back to the community for medical services.
7

8 COMMISSIONER'S REPORT

9 Dr. Cline highlighted his attendance at the recent Bridges to Access event. This initiative began as a
10 conversation among a few individuals that now brings together several hundred volunteer medical students
11 devoted to improving the healthcare of Oklahoma's uninsured and underinsured populations. This event also
12 recognizes an individual possessing leadership in this area through the R. Murali Krishna award. Dr. Cline
13 thanked Dr. Krishna for his leadership in growing this spirit of volunteerism.
14

15 Dr. Cline briefly discussed the recent 6-2 defeat of Senate Bill SB 36. There was a significant amount of
16 time and effort spent in education and community outreach around this topic. However, there is now an
17 opportunity for a broader statewide approach which could accelerate the speed of change and decrease in
18 tobacco use. Polls indicate that the majority of people support smoke free environments. Dr. Cline
19 applauded the Governor's leadership in this area as there will be intense opposition from the Tobacco
20 lobbyists who are well-organized, well-funded, and fighting to keep these unhealthy behaviors in our
21 communities.
22

23 Next, Dr. Cline informed the Board of a congratulatory letter signed by CDC Director Thomas Frieden and
24 CDC Official Judith Monroe, commending the OSDH on achieving accreditation through the Public Health
25 Accreditation Board. The OSDH is continuously striving to improve services and accreditation is
26 recognition of that forward movement.
27

28 Lastly, Dr. Cline thanked Board members for their attendance at the recent Certified Healthy Event
29 recognizing schools, communities, and businesses committing to improve health. With more than 930
30 people in attendance, the number of programs doubled within 1 year. He commended all the Certified
31 Healthy programs throughout the state for their commitment and efforts.
32

33 The report concluded.
34

35 NEW BUSINESS

36 No new business.
37

38 EXECUTIVE SESSION

39 No Executive Session.
40

41 ADJOURNMENT

42 **Dr. Alexopulos moved Board approval to Adjourn. Second Mr. Starkey. Motion carried.**
43

44 **AYE: Alexopulos, Burger, Krishna, Smith, Starkey, Woodson**

45 **ABSENT: Gerard**
46

47 The meeting adjourned at 12:06 p.m.
48

49 Approved

50 
51

52 R. Murali Krishna, M.D.

53 President, Oklahoma State Board of Health

54 April 9, 2013