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

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

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

ROLL CALL

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

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

Central Staff Present: Terry Cline, Commissioner; Henry F. Hartsell, Deputy Commissioner, Protective Health Services; Steve Ronck, Deputy Commissioner, Community and Family Health Services; Toni Frioux, Deputy Commissioner, Prevention and Preparedness Services; Mark Newman, Director of Office of State and Federal Policy; Don Maisch, Office of General Counsel; Lloyd Smith, Director of Internal Audit and Office of Accountability Systems; Leslea Bennett-Webb, Director of Office of Communications; Commissioner's Office; Janice Hiner, Felesha Scanlan, VaLauna Grissom.

Visitors in attendance: (see sign in sheet)

Call to Order and Opening Remarks

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

REVIEW OF MINUTES

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

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

AYE: Alexopoulos, Krishna, Smith, Starkey, Woodson

ABSTAIN: Gerard, Stewart

ABSENT: Burger, Wolfe

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

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

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

CURRENT MISSION, VISION, AND VALUES**Mission of the Oklahoma State Department of Health**

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

Vision of the Oklahoma State Department of Health

Creating a State of Health

Values of the Oklahoma State Department of Health

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

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

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

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

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

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

PROPOSED MODIFICATION TO MISSION AND VALUES**Mission of the Oklahoma State Department of Health Option 1**

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

Mission of the Oklahoma State Department of Health Option 2

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

Values of the Oklahoma State Department of Health

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

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

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

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

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

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

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

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

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

12 13 **COMMITTEE REPORTS**

14 **Executive Committee**

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

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

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

29 30 **Finance Committee**

31 **Expenditure Forecast Assumptions**

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

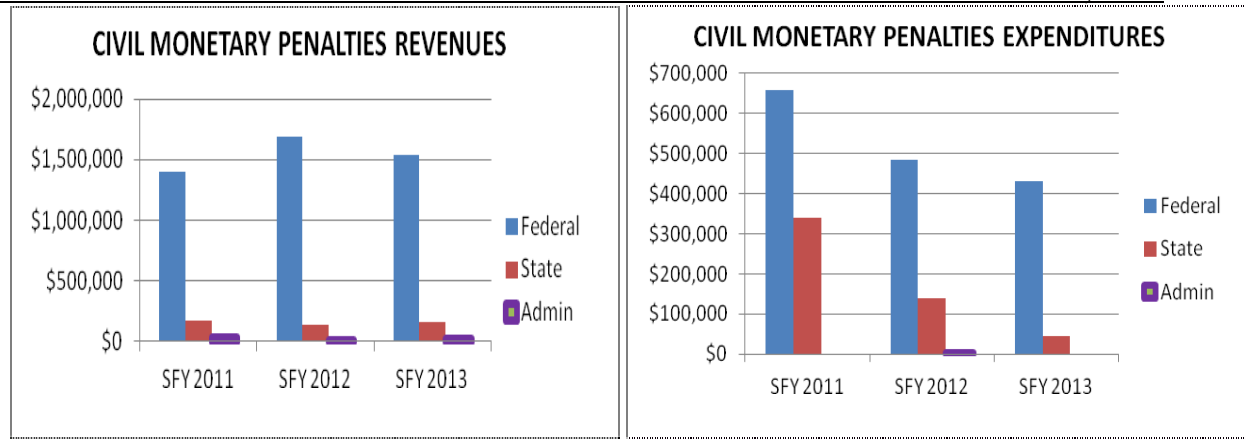
34
35 Payroll forecasted through June 30, 2013 including vacancies likely to fill within the current budget period:

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

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

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

48
49 Dr. Woodson directed Board attention to the Finance Board Brief contained in the packet. The Financial Brief
50 this month focuses on the Public Health Priority Number 1, Public Health Imperatives, with a specific focus
51 on Civil Monetary Penalties.



1
2
3 Table detail is provided this month to illustrate Civil Monetary Penalties Revenues and Civil Monetary
4 Penalties Expenditures.

- 5
- 6 • Federal CMP’s are penalties assessed by the Center for Medicare/Medicaid Services and paid to the
- 7 Agency by the Oklahoma Health Care Authority; State CMP’s are penalties assessed by the Agency for
- 8 non-compliance of regulatory standards; Admin CMP’s are monies collected as a result of administrative
- 9 penalties imposed under the Nursing Home Care Act.
- 10 • Nursing Facility Administrative Penalties (Admin) are collected from facilities that violated Oklahoma
- 11 license laws or rules. “Admin” funds must be used for protection of residents or other purposes set in
- 12 state law.
- 13 • Funds are used for the betterment of the residents by conducting provider trainings, contracting with
- 14 Career Tech to provide advanced Certified Nurse Aide training, moving of residents from homes being
- 15 closed or damaged, etc.
- 16 • Expenditures of CMP funds have been declining due to the restrictions placed on CMP funds by the
- 17 Center for Medicaid/Medicare Services. Before funds can be expended, CMS requires approval through
- 18 written proposal for projects.
- 19 • OSDH has issued a Request for Information through June 30, 2013, in order to gain insight into the most
- 20 beneficial use of these resources.
- 21 • State Fiscal Years 2011 and 2012 denote actual revenues and expenditures and State Fiscal Year 2013
- 22 denotes projected revenue and expenditures for the year ending June 30, 2013.

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

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

28
29 The report concluded.

30
31 **Public Health Policy Committee**

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

37
38 Members of the Board of health may contact Mark Newman for any questions regarding any policy issues or
39 proposed legislation.

40
41 **PRESIDENT’S REPORT**

42 Dr. Krishna recognized Barry Smith for his service to the Oklahoma State Board of Health beginning in
43 2004. Barry has been a very active member of the Board giving his energy, time, and spirit to the Board
44 members as well as many other meetings he attended on behalf of the Board and the Department. He has
45 been a great leader and responsible for so many of the decisions leading the Board and the Department to

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

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

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

20 NOMINATING COMMITTEE REPORT

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

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

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

30 **ABSENT: Burger, Wolfe**
31

32 COMMISSIONER'S REPORT

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

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

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

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

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

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

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

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

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

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

41 The report concluded.
42

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

47 NEW BUSINESS

48 No new business.
49

50 EXECUTIVE SESSION

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

- Office of Accountability Systems Investigation Policy and Personnel Update
 - Discussion of draft policies
 - Discussion of Interim Director for Office of Accountability Systems
 - Discussion of Permanent Director for Office of Accountability Systems

Second Dr. Woodson. Motion carried.

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

ABSENT: Burger, Wolfe

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

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

ABSENT: Burger, Wolfe

Dr. Gerard moved Board approval to appoint Lloyd Smith as the permanent Director of the Office of Accountability Systems effective immediately. Second Dr. Alexopulos. Motion carried.

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

ABSENT: Burger, Wolfe

ADJOURNMENT

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

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

ABSENT: Burger, Wolfe

The meeting adjourned at 2:36 p.m.

Approved

R. Murali Krishna

R. Murali Krishna, M.D.

President, Oklahoma State Board of Health

July 9, 2013

ATTACHMENT A
Legislative Update for BOH Meeting
June 11, 2013

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ATTACHMENT B

After the Storm: Preliminary Tally of OSDH Storm Services Provided

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

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

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

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

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

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

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

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

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

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

###