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**STATE BOARD OF HEALTH
OKLAHOMA STATE DEPARTMENT OF HEALTH
1000 NE 10th Street, 11th Floor, Room 1102
Oklahoma City, Oklahoma 73117**

April 9, 2019

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CALL TO ORDER, ROLL CALL, AND CONFIRMATION OF A QUORUM

Timothy Starkey, President of the Oklahoma State Board of Health, called the regular meeting of the Oklahoma State Board of Health to order on Tuesday, April 9, 2019 at 1:03 p.m. The final agenda was posted at 10:48 a.m. on the OSDH website on April 8, 2019, and at 10:50 a.m. at the building entrance on April 8, 2019.

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Members in Attendance: Jenny Alexopoulos, D.O.; Charles W. Grim, D.D.S.; R. Murali Krishna, M.D.; Edward A. Legako, M.D.; Ronald D. Osterhout; Becky Payton; Chuck Skillings; Timothy E. Starkey, M.B.A.

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Absent: Terry R. Gerard II, D.O.

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Central Staff Present: Tom Bates, Interim Commissioner; Brian Downs, Chief of Staff; Buffy Heater, Chief Data, Public Policy & Promotion Officer; Kim Bailey, Chief Operating Officer/Chief Legal Counsel; Gloria Hudson, Chief Financial Officer; Tina Johnson, Deputy Commissioner, Family Health Services; Dr. Edd Rhoades, Chief Medical Officer; Laurence Burnsed, Interim Deputy Commissioner/State Epidemiologist, Prevention and Preparedness Services; Keith Reed, Deputy Commissioner, Community Health Services; Fauzia Khan, Director, Immunization Service; Rocky McElvany, Deputy Commissioner, Protective Health Services; Jana Winfree, Director, Dental Health Service; Dana Northrup, Director, Grants Administration and Federal Compliance; Rosangela Miguel, Director, Human Resources; Don Smalling, Interim Director, Office of Accountability Systems; Audie Hamman, Director, Internal Audit; Quintin Cox, Internal Audit; Susan Quigley, Screening and Special Services; Ashley Scott, Legislative Liaison; Tony Sellars, Director, Office of Communications; Kassy French, Secretary, Commissioner's Office; and Diane Hanley, Executive Assistant, Commissioner's Office.

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Visitors in attendance: Jerome Loughridge, Secretary of Health and Mental Health; Kay Hulin, Executive Assistant, Oklahoma City-County Health Department; LaWanna Halstead, Vice President/Quality & Clinical Initiatives, Oklahoma Hospital Association; Tamera Stewart, C-50 Pain Advocacy Group; Mark Reese (OSHH); Mendy Spohn, Regional Director, Carter County; and Kelli Rader, Regional Director, Payne County.

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REVIEW, DISCUSSION AND APPROVAL OF MINUTES

Mr. Starkey directed attention toward approval of the minutes for the February 12, 2019 regular meeting.

Mr. Skillings moved Board approval of the February 12, 2019 regular meeting minutes as presented.

Second Dr. Grim. Motion Carried.

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AYE: Alexopoulos, Grim, Krishna, Legako, Osterhout, Payton, Skillings, Starkey

ABSENT: Gerard

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OSDH FINANCIAL PRESENTATION

Ms. Gloria Hudson, Chief Financial Officer, provided an overview of the SFY 2019 financial statements as of February 28, 2019. Currently, revenues and expenditures are under budget and are forecasted to remain that way. Ms. Hudson shared the schedule of revenues and expenditures for the Oklahoma Medical Marijuana Authority (OMMA) and explained that there are several variables to take into consideration when viewing the information. Revenue coming in for patient licenses covers a two-year license period. Expenditures are expected to substantially increase to support current OMMA staffing shortfalls for licensing. IT expenses are also expected to increase for seed to sale systems and other system modifications. It is anticipated that the OMMA program will need two to three years to realize the actual financial needs of the program. Additionally, she stated the \$30 million supplemental appropriation has been paid back to the legislature. In conclusion, Ms. Hudson presented the findings of the SFY 2018 Single Audit Report, issued by the State Auditor, and shared corrective plans and actions the agency has taken as a result of the audit findings.

See Attachment A

COMMUNITY HEALTH SERVICES PRESENTATION

Ms. Mendy Spohn, Regional Director for Carter, Jefferson, Johnston, Love, Marshall, Pontotoc and Stephens County Health Departments discussed the evolving community partnership the local county health departments have with the Chickasaw Nation. Over the last four years, they have collaborated on a flu project in which the Choctaw and Chickasaw Nations donated flu vaccines to the local county health department who in turn provided the free vaccines to the local communities. Due to donations from tribal partners, the Oklahoma State Department of Health (OSDH) has been able to provide approximately 30,000 doses of the flu vaccine in that four-year period. As a result of this collaborative effort, both groups decided to establish a regular monthly meeting to improve communications and build a stronger working relationship. The monthly meetings have increased interest and discussions on a wide variety of public health topics including public nurse protocols, communicable disease, emergency and preparedness capabilities, accreditation, strategic planning, opioids, mental and behavioral health. The relationship has become highly beneficial to both parties as they are able to learn from one another. Ms. Spohn is hoping to operationalize the partnership between the Chickasaw Nation and local public health departments by formalizing a Memo of Understanding (MOU).

FAMILY HEALTH SERVICES PRESENTATION

Dr. Jana Winfree, Director, Dental Health Service, emphasized the importance of oral health. Dental Health Service educates the public on oral health and hygiene through many OSDH programs such as WIC, SoonerStart, home visitations, nurses, parents as teachers, nursing students, community showers, and any other opportunity available. Dr. Winfree stated that fluoride is evidence-based to reduce dental decay and is safe, beneficial, and cost effective. She also mentioned a newer product, silver diamine fluoride, which arrests decay for children without surgical intervention or sedation and is less traumatic and costly. In addition, she discussed revitalizing the fluoride varnish program in the county health departments. Dr. Winfree provided a map of Oklahoma displaying the communities that provide water fluoridation. On a national level, Oklahoma ranks in the 70% in regards to communities that fluoridate. Oklahoma does not mandate fluoride as some other states do. Currently, the OSDH administers the Oklahoma Dental Loan Repayment Program which helps to protect the oral health of Medicaid recipients, increases access to care for citizens, and increases educational opportunities to the OU College of Dentistry students. Moving forward, Dr. Winfree conveyed that proper education and more preventative measures will have the biggest impact on dental health.

See Attachment B

PREVENTION & PREPAREDNESS SERVICES PRESENTATION

Mr. Laurence Burnsed, Interim Deputy Commissioner/State Epidemiologist, Prevention & Preparedness Services, highlighted a recent visit by the Director of the CDC, Robert Redfield, MD, to Oklahoma to share the President of the United States' initiative on eliminating HIV over the next ten years and reducing any new infections. The visit included a roundtable discussion on HIV, a tour of an HIV clinic, and meetings with the Chickasaw and Cherokee Nation leaders. Nationally, seven states were identified, including Oklahoma, as having a disproportionate burden with new HIV infections occurring in rural communities. Oklahoma will have the opportunity to work with federal partners, as well as other states, in developing strategies and putting plans into action to improve HIV outcomes. Additionally, the OSDH Injury Prevention Service, the OSU Center for Wellness and Recovery in Tulsa, and county health departments will be holding several opioid crisis community response events throughout the summer. The events will take place in July and August at McAlester, Tahlequah, Duncan and Ardmore. These areas have been identified as regional hubs to the opioid crisis. Weeklong trainings will be offered targeting clinicians, law enforcement, behavioral specialists, community members and emergency responders.

Mr. Scott Sproat, Assistant Deputy Commissioner, Prevention & Preparedness Services, explained that the CDC conducted an Operational Readiness Review (ORR) site visit at the OSDH in October 2018 and assessed the agency's capability to distribute and dispense life-saving medicines and supplies from the Strategic National Stockpile (SNS). After the review, he was pleased to report that Oklahoma scored at the "established" status level and nationally, is in the top 14% of recipients for public health preparedness emergency response. The ORR site visit report is available for view at the following link:

https://www.ok.gov/health2/documents/Oklahoma_2017-2019_ORR_Site_Visit_10-23-2018_Final.pdf

PROTECTIVE HEALTH SERVICES PRESENTATION

Mr. Rocky McElvany, Deputy Commissioner, Protective Health Services, distributed the 2019 Annual Review booklet to board members as a helpful resource tool for the various programs regulated by Protective Health Services. Information provided in the booklet includes statistical/historical data, clients served, website, contact information, regulations and funding sources for each program area. In addition, he noted a new report card system for nursing homes that will be implemented by the Centers for Medicare and Medicaid Services (CMS). Each report card evaluates thirteen quality measures and provides a summary of each facility. The Oklahoma Foundation for Medical Quality (OFMQ) has provided trainings to nursing homes to better understand the new report cards to assist in identifying opportunities to improve care. Last, Mr. McElvany touched on the Plan Review Process and the new implementation of self-certification for new medical facilities. This allows facilities to determine if their plans meet certain criteria for construction and if so, they can self-certify and begin construction. The OSDH will follow-up with those facilities and perform a stage one or two inspection to ensure all criteria is being met. This process has helped the OSDH staff to manage the in-coming workload more efficiently.

CHIEF MEDICAL OFFICER REPORT

Dr. Edd Rhoades, Chief Medical Officer, presented a follow-up report for Childhood Lead Poisoning in Kay County. Since June 2017, a blood level study has been conducted on children in the city of Blackwell to determine the prevalence of lead in the blood levels. The survey was carried out by the OSDH and the Oklahoma Department of Environmental Quality (DEQ) from August 31, 2017 - January 5, 2018 as part of a 5-year follow-up assessment. The study concluded that children living in Blackwell, OK have a higher prevalence of blood lead levels than children nationwide and lead-based paint and lead in soil still pose a hazard for certain children. Ms. Kelli Rader, Regional Director for Kay, Noble, Pawnee and Payne County Health Departments explained how the county staff have been working with the Agency for Toxic Substances and Disease Registry (ATSDR) and the CDC to provide educational programs and improve outreach to the communities. She stated that county staff have been working with the OSDH Screening and Special Services, as well as the DEQ, to have a greater impact on childhood blood lead levels throughout Kay County and will move forward in their communities advocating for children's health.

See Attachment C

LEGISLATIVE AND POLICY UPDATE

Mrs. Ashley Scott, Legislative Liaison, stated that bills related to the agency are moving through the legislative process very quickly. Upcoming legislative committee deadline is April 25th. The House will be holding appropriations and budget meetings next week. Tentatively, Sine Die is scheduled for May 31. Mrs. Scott encouraged board members to reach out to her if they have any questions or concerns on any bills.

Mrs. Buffy Heater, Chief Data, Public Policy & Promotion Officer, discussed the agency's rule promulgation efforts. She explained the agency is still taking a team-based approach to these efforts and have crossed a major milestone as the April 1st deadline for rule packets was submitted. She shared a summary of the nineteen OSDH proposed permanent rule changes. After the public comment period, seven of the proposed rule changes received comments and ultimately three resulted in changes to the rule areas. Fifteen proposed rule changes moved forward with timely filing to the Secretary of State. The four that did not make it, due to timely filing, continue to be important to the agency and staff are looking to explore those further in the upcoming 2020 legislative season.

See Attachment D

INTERIM COMMISSIONER'S REPORT

Mr. Tom Bates, Interim Commissioner, turned his time over to Mr. Jerome Loughridge, Secretary of Health and Mental Health, who expressed his gratitude to the Board of Health members for giving their time and expertise to discuss important public health issues and admonished board members to continue advocating for public health. He also thanked Mr. Bates for his leadership and the work he has done in the counties and central office.

ADJOURNMENT

Mr. Skillings moved Board approval to Adjourn. Second Payton. Motion Carried.

1 **AYE: Alexopulos, Krishna, Legako, Osterhout, Payton, Skillings, Starkey**

2 **ABSENT: Gerard, Grim**


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4 The meeting adjourned at 3:52 p.m.

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10 Timothy E. Starkey, M.B.A.

11 President, Oklahoma State Board of Health

12 August 13, 2019

**Oklahoma State Department of Health
Statement of Revenues and Expenditures
SFY 19, For the Eight Month Period Ended February 28, 2019**

Description	Annual Budget	YTD Budget	YTD Actuals	Variance	%
Revenues:					
State Appropriations	\$ 54,874,700	\$ 36,583,133	\$ 36,583,136	\$ (3)	0%
Licenses, Certificates and Fees	33,705,435	22,470,290	32,073,704	(9,603,414)	43%
Genetic Counseling License Revenue	25,000	16,667	14,600	2,067	-12%
Hotel & Restaurant License	5,964,470	3,976,313	5,172,171	(1,195,858)	30%
Physicians Laboratory Fee	2,300,043	1,533,362	2,271,166	(737,804)	48%
Public Health Special Fund-Other	2,853,684	1,902,456	1,947,726	(45,270)	2%
Home Health Care Revolving Fund	150,000	100,000	158,980	(58,980)	59%
OK Natnl Background Check Revolving Fund	1,250,000	833,333	933,533	(100,200)	12%
Trauma Care Assistance Revolving Fund	6,639,785	4,426,523	4,857,595	(431,071)	10%
Birth & Death Certificates	6,868,020	4,578,680	4,468,747	109,933	-2%
OMMA	7,400,233	4,933,489	12,142,709	(7,209,220)	146%
OK State Athletic Commission Revolving Fund	254,200	169,467	106,478	62,989	-37%
Tobacco Tax	15,599,550	10,399,700	8,979,743	1,419,957	-14%
Cigarette Tax	11,163,773	7,442,515	5,163,182	\$ 2,279,333	-31%
Tobacco Products Tax	2,588,399	1,725,599	1,834,875	\$ (109,275)	6%
Tribal Compact In Lieu Tax Pmts	1,847,378	1,231,585	1,981,687	\$ (750,102)	61%
WIC Program	55,000,000	36,666,667	27,923,855	8,742,812	-24%
Federal Funds	153,321,111	102,214,074	85,816,705	16,397,369	-16%
Ryan White	25,344,242	16,896,161	12,573,680	4,322,481	-26%
Other	127,976,869	85,317,913	73,243,025	12,074,888	-14%
FY 18 Cash Utilization	28,160,849	28,160,849	28,160,849	0	0%
Reimbursement for Personnel Services	32,097,724	21,398,483	16,772,934	4,625,548	-22%
Other	19,693,474	13,128,983	11,510,175	1,618,808	-12%
Total Revenue	\$ 392,452,843	\$ 271,022,179	\$ 247,821,101	\$ 31,414,989	-12%



Oklahoma State Department of Health
Statement of Revenues and Expenditures-Continued
SFY 19, For the Eight Month Period Ended February 28, 2019

Description	Annual Budget	YTD Budget	YTD Actuals	Variance	%
Expenditures:					
Payroll	\$ 148,764,171	\$ 99,176,114	\$ 77,300,140	\$ 21,875,974	-22%
Travel	2,840,473	1,893,649	849,906	1,043,743	-55%
Other Professional Services	65,026,534	43,351,022	18,764,967	24,586,055	-57%
Telecommunications/Printing Services	10,552,832	7,035,221	1,948,072	5,087,149	-72%
Rent	3,149,601	2,099,734	2,331,525	(231,791)	11%
Maintenance and Repair	4,091,029	2,727,353	1,260,089	1,467,264	-54%
Laboratory & Medical Supplies and Materials	14,911,754	9,941,169	6,969,332	2,971,837	-30%
Office/Safety Supplies	1,991,091	1,327,394	382,691	944,703	-71%
WIC Program	57,795,899	38,530,599	29,891,316	8,639,284	-22%
Program Reimbursements	45,063,110	30,042,073	17,037,234	13,004,839	-43%
Payments- Health & Social Services	34,700,259	23,133,506	10,931,232	12,202,274	-53%
Miscellaneous	3,566,092	2,377,394	371,473	2,005,922	-84%
Total Expenditures	\$ 392,452,843	\$ 261,635,229	\$ 168,037,975	\$ 93,597,254	-36%
Revenues Over/(Under) Expense	\$ (0)	\$ 9,386,950	\$ 79,783,126		



**Oklahoma State Department of Health
Forecasted SFY 19 Collections by Fund
Based upon the Eight Month Period Ended February 28, 2019**

Fund	Fund Description	SFY19 Current BWP	Collections	Forecasted Collections	Surplus/(Deficit)
19901	GRF Duties	\$ 54,874,700	\$ 36,583,136	\$ 18,291,568	\$ 4
20300	Genetic Counseling Licens. Rev	25,000	14,600	7,300	(3,100)
20400	Tobacco Prevntn & Cessatn Fnd	1,330,595	725,962	362,981	(241,652)
21000	Public Health Special Fund	69,509,902	49,913,227	24,956,613	5,359,938
21100	Nursing Facility Adm Penalties	23,551	-	-	(23,551)
21200	Home Health Care Revolving Fd	151,000	159,480	79,740	88,220
21600	OK Natl Background Check Revol	1,250,000	933,533	466,767	150,300
22000	Civil Monetary Penalty Revl Fd	1,575,000	1,221,425	610,712	257,137
22200	Oklahoma Organ Donor Education	145,000	60,830	30,415	(53,755)
22500	Breast Cancer Act Revolving Fd	15,000	10,580	5,290	870
22600	OK Sports Eye Safety Prog Revl	150	-	-	(150)
23300	OK Pre Birth Def, Pre Birth &	160	60	30	(70)
23500	Oklahoma Lupus Revolving Fund	165	2	1	(162)
23600	Trauma Care Assistance Revolv	24,323,613	14,524,786	7,262,393	(2,536,434)
24200	Pancreatic Can Res Lic Plt Rev	1,500	1,260	630	390
24800	OMMA Tax Collections	-	376,034	188,017	564,051
26500	Child Abuse Prevention Fund	47,145	28,700	14,350	(4,095)
26700	EMP Death Benefit Revolv Fund	2,800	1,660	830	(310)
26800	OK Emerg Resp Syst Stab & Im	1,787,765	988,415	494,208	(305,142)
28400	Dental Loan Repayment Revolvin	463,670	269,526	134,763	(59,382)
29500	OK State Ath Comm Revolving Fd	254,200	106,478	53,239	(94,483)
34000	CMIA Programs Disbursing Fund	55,000,000	27,923,855	13,961,928	(13,114,217)
40000	Federal Funds	128,166,837	73,243,025	36,621,513	(18,302,299)
41000	Federal Funds - Ryan White	8,438,135	1,495,841	747,920	(6,194,374)
41100	Federal Funds - Ryan White	16,906,107	11,077,839	5,538,920	(289,348)
	SFY 18 Cash Utilization	\$ 28,160,849	\$ 28,160,849	\$ -	\$ -
Total OSDH		\$ 392,452,843	\$ 247,821,101	\$ 109,830,126	\$ (34,801,616)
	Forecasted Collections Over (Under) Budget				\$ (34,801,616)



Oklahoma State Department of Health Forecasted SFY 19 Expenditures by Fund Based upon the Eight Month Period Ended February 28, 2019

Fund	Division Description	SFY19 Budget	Expenditures	Encumbrances	Forecasted Expenditures	Surplus/(Deficit)
198	2018 State Appropriations	\$ 5,602,107	\$ 38,498	\$ 60,340	\$ 22,165	\$ 5,481,104
199	2019 State Appropriations	54,874,700	24,425,404	10,098,125	9,697,252	10,653,919
203	Genetic Counseling Licensure Revolving Fund	16,380	6,133	1,533	3,193	5,521
204	Tobacco Prevention and Cessation Revolving Fund	2,466,056	441,201	478,507	40,212	1,506,136
207	Alternatives-to-Abortion Services Revolving Fund	17,951	-	-	-	17,951
210	Public Health Special Fund	74,026,852	33,573,416	10,080,397	14,374,871	15,998,169
212	Home Health Care Revolving Fund	177,488	63,344	43	36,164	77,937
216	National Background Check	2,350,188	916,725	538,890	34,414	860,159
220	Civil Monetary Penalty	6,586,173	1,349,733	1,243,273	15,696	3,977,471
222	Organ Donor Awareness Fund	130,000	-	90,000	-	40,000
225	Breast Cancer Act Revolving Fund	130,094	15,187	2,593	8,078	104,236
228	Oklahoma Leukemia and Lymphoma Revolving Fund	50,000	-	-	-	50,000
236	Trauma Care Assistance Revolving Fund	22,972,415	12,016,683	424,607	9,739,707	791,418
265	Child Abuse Prevention Revolving Fund	120,000	11,756	27,660	-	80,584
267	EMT Death Benefit Revolving Fund	20,000	-	-	-	20,000
268	Rural EMS Revolving Fund	1,787,765	452,331	1,285,183	-	50,252
284	Dental Loan Repayment Revolving Fund	463,670	254,194	-	127,097	82,379
295	Oklahoma Athletic Commission Revolving Fund	289,257	119,195	4,603	65,974	99,485
340	CMIA - WIC FOOD	55,395,899	28,207,336	-	14,945,658	12,242,905
400	Federal Fund	139,631,695	57,990,959	34,529,145	21,382,297	25,729,293
410	Ryan White Grant	8,438,047	1,231,008	711,206	79,545	6,416,288
411	Ryan White Rebate	16,906,107	6,92,874	9,711,073	149,900	120,260
Total OSDH		\$ 392,452,843	\$ 168,037,975	\$ 69,287,176	\$ 70,722,224	\$ 84,405,469
Forecasted Expenditures (Over) Under Budget						\$ 84,405,469



Oklahoma State Department of Health
Schedule of Revenues and Expenditures-Oklahoma Medical Marijuana Authority (OMMA)
Based on the Eight Month Period Ended February 28, 2019

Description	YTD Actuals
Revenues:	
Patient License ¹	\$ 5,341,360
Commercial License ¹	9,635,000
Taxes	<u>376,034</u>
Total Revenue	\$ 15,352,394
Expenditures:	
OSDH Salaries ²	\$ 575,895
Other Professional Services ³	268,317
Information Services ⁴	858,533
Office Equipment and Supplies ⁵	52,274
Miscellaneous ⁶	<u>106,281</u>
Total Expenditures	\$ 1,861,300
Total	\$ 13,491,094

Footnotes:

1 Patient licenses are valid for two years. Commercial licenses are valid for one year. License processing began on 08/25/18. License fee collections are sitting in a revolving fund at the State Treasury which is accessible to OSDH for program expenses.

2 A total of 41 staff spent 11,561 hours implementing and operating SQ788, this includes staff time from FY18 and through the period ending February 28, 2019.

3 Includes contractual expenses for Galt Staffing and Call Center.

4 Includes contractual expenses for Complia, OMES Services, and the purchase of various computer equipment. Expenditures for this line (as well as other lines) will increase substantially as invoices are received and paid. Start up costs include \$271,687 for Information Services.

5 Includes office equipment, office supplies, and materials used in creating the license cards and certificates.

6 Start up costs included in Miscellaneous expenses are attributable to moving expenses and postage expenses.



Oklahoma State Department of Health
Statement of Cash Flows
Based upon the Eight Month Period Ended February 28, 2019

Fund	Description	Balance at 7/1/18	Revenue	Expenditures	Transfers	Ending Balance
202	Kidney Health Revolving Fund	\$ 0.96	\$ -	\$ -	\$ -	\$ 0.96
203	Genetic Counseling Licen. Rev	43,919.15	14,600.00	(6,218.42)	-	52,300.73
204	Tobacco Prevntn & Cessatn Fnd	1,211,903.56	725,961.71	(503,796.63)	-	1,434,068.64
207	Alternatives to Abortion Servi	22,951.94	-	-	-	22,951.94
210	Public Health Special Fund	6,146,962.87	49,913,226.94	(37,976,635.90)	-	18,083,553.91
211	Nursing Facil Adm Penalty	80,141.92	-	-	-	80,141.92
212	Home Health Care Revolving Fd	719,417.07	159,480.00	(63,347.20)	-	815,549.87
216	OK Natl Background Check Revol	1,414,417.18	933,533.00	(927,471.27)	-	1,420,478.91
220	Civil Monetary Penalty Revl Fd	6,835,805.89	1,221,424.98	(1,617,162.25)	-	6,440,068.62
222	Oklahoma Organ Donor Education	114,724.14	60,829.95	2,092.42	-	177,646.51
225	Breast Cancer Act Revolving Fd	131,697.79	10,580.00	(14,091.09)	-	128,186.70
226	OK Sports Eye Safety Prog Revl	5,040.47	-	-	-	5,040.47
228	OK Leukemia and Lymphoma	63,442.61	-	-	-	63,442.61
229	MS Society Revolving Fund	163.35	-	-	-	163.35
233	OK Prev Birth Def, Pre Birth &	2,264.98	60.00	-	-	2,324.98
235	Oklahoma Lupus Revolving Fund	12,590.85	2.00	-	-	12,592.85
236	Trauma Care Assistance Revolv	4,389,992.95	14,524,785.69	(15,670,687.29)	-	3,244,091.35
242	Pancreatic Can Res Lic Plt Rev	12,837.12	1,260.00	279.58	-	14,376.70
248	Medical Marijuana Fund	-	376,033.99	-	-	376,033.99



**Oklahoma State Department of Health
Statement of Cash Flows-Continued
Based upon the Eight Month Period Ended February 28, 2019**

Fund	Description	Balance at 7/1/18	Revenue	Expenditures	Transfers	Ending Balance
250	Regional Guidance Centers	12.24	-	-	-	12.24
265	Child Abuse Prevention Fund	146,430.00	28,700.00	(12,712.54)	-	162,417.46
267	EMP Death Benefit Revolv Fund	147,756.50	1,660.00	-	-	149,416.50
268	Okla Emerg Resp Syst Stab & Im	3,082,797.36	988,415.23	(632,930.74)	-	3,438,281.85
284	Dental Loan Repayment Revolvin	379,277.38	269,525.52	(302,103.00)	-	346,699.90
285	OK Ins Disaster & Emer Med Rev	1,656.97	-	-	-	1,656.97
290	Ok Safe Kids Asso Rev Fund	860.00	-	-	-	860.00
295	Ok State Ath Comm Revolving Fd	312,241.93	106,477.68	(144,609.61)	-	274,110.00
340	CMIA Programs Disbursing Fund	395,899.67	17,920,864.19	(31,108,463.23)	13,190,396.03	398,696.66
400	Federal Funds	14,803,145.07	73,349,369.51	(67,123,706.88)	(143,024.41)	20,885,783.29
410	Ryan White Funds	-	1,255,467.11	(1,231,007.71)	-	24,459.40
411	Ryan White Drug Rebate Fund	-	11,077,839.14	(6,913,772.39)	-	4,164,066.75
490	American Recov. & Reinv. Act	156,461.11	-	-	-	156,461.11
700	WIC REBATE	-	13,047,371.62	-	(13,047,371.62)	-
Total Other Funds		\$ 40,634,813.03	\$ 185,987,468.26	\$ (164,246,344.15)	\$ -	\$ 62,375,937.14
	State Appropriation 197	10,509,464.29		(1,152,209.13)		9,357,255.16
	State Appropriation 198	17,110,507.13		(3,147,410.01)		13,963,097.12
	State Appropriation 199	-		(23,540,964.51)	36,583,136.00	13,042,171.49
	Fund 994 Payroll corrections	38,412.47		(33,281.97)		5,130.50
	Fund 79901- Clearing Account	3,450,172.44	3,374,472.48	(428,999.04)	-	6,395,645.88
	Fund 79902-Clearing Account OMMA		2,625,308.50			2,625,308.50
		\$ 31,108,556.33	\$ 5,999,780.98	\$ (28,302,864.66)	\$ 36,583,136.00	\$ 45,388,608.65
Restricted Funds						(53,318,468.11)
Ending Balance		\$ 71,743,369.36	\$ 191,987,249.24	\$ (192,549,208.81)	\$ 36,583,136.00	\$ 54,446,077.68



Oklahoma State
Department of Health
Dental Health Service

April 9, 2019

DENTAL PUBLIC HEALTH

Jana S. Winfree, DDS, MPH
Dental Director
janaw@health.ok.gov
(405)271-5502



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This is Public Health Video
APHA Healthiest Nation in One Generation



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DENTAL PH EDUCATION

For child's healthy happy smile
(WIC, SoonerStart, Home visitation nurses, students, Community baby showers)




Three year old with healthy dentition.

Croll, Theodore, *The Gross, Disgusting and Totally Cool Mouth Book*, ReedDrabickPublishers, 2004

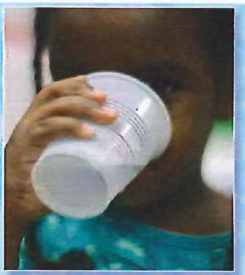
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Healthy Habits for Happy Smiles



Getting Fluoride for Your Child


Fluoride is found in nature in soil, plants, and water. Fluoride is safe. Drinking tap (faucet) water with fluoride, brushing with fluoride toothpaste, and having a health professional apply fluoride varnish to the teeth are important ways to make teeth strong and prevent tooth decay.



School readiness begins with health!

FLUORIDES

- Fluoride Varnish
- Fluoridated Water
- Fluoridated Toothpaste



National Center on Early Childhood Health and Wellness under cooperative agreement #OH C0013 for the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start.
National Center on Early Childhood Health and Wellness. 2015. *Healthy Habits for Happy Smiles: Getting Fluoride for Your Child*. Elk Grove Village, IL: National Center on Early Childhood Health and Wellness.
Photo requiring credit: makelessnoise/FotoJ/CC BY (backpage)

SILVER DIAMINE FLUORIDE



- Arrests decay / Prevents decay
- No anesthesia
- No drilling
- Less traumatic
- Inexpensive







Figure 1. Primary Incisors Before SDF Treatment.



Figure 2. Primary Incisors After SDF Treatment.

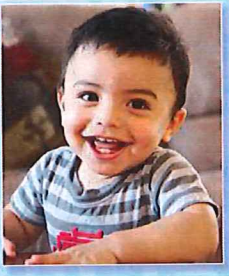
Leon Bragg, DDS, MEd, OHCA, SDF, 2016; Pediatric Dentistry, V 38: No3, May/June 2016 (from ASTDD SDF Fact Sheet, 2017)

Healthy Habits for Happy Smiles



Taking Care of Your Baby's Oral Health


Taking good care of your baby's mouth and teeth is important. A baby's first tooth usually comes in at around age 6 to 10 months. Healthy primary (baby) teeth help children chew food and speak clearly.



School readiness begins with health!

ORAL HYGIENE

- Infants: gently wipe gums
- Young children: a smear
- Older children: 1/2 to pea-sized
- Assist child until about 6-8 y.o.



National Center on Early Childhood Health and Wellness under cooperative agreement #90HC0003 for the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start. National Center on Early Childhood Health and Wellness. 2016. *Healthy Habits for Happy Smiles: Taking Care of Your Baby's Oral Health*. Elk Grove Village, IL: National Center on Early Childhood Health and Wellness. Photos requiring credits: vandenn/ Flickr / CC BY-NC (front page, top); Cristian Bernal/ Flickr / CC BY-NC-ND (front page, bottom)

MOM

- Nutrition
 - Feeding practices (bottles/sippy cups)
 - Danger of juice; sugar-sweetened beverages
 - Snack choices
- Mom as role model
- Mom's oral health affects child's oral health

Keeping your mouth healthy is important for
your baby to have a healthy mouth.

Dental Care During Pregnancy is Safe and Important
A healthy mouth for mother, a healthy start for baby

Good women during pregnancy about how the condition of their teeth and gums can impact their children's oral health.

4 Ways Pregnant Women Can Give Their Newborns a Healthy Start

For more information and resources, visit www.okdental.org/during-pregnancy and www.okdental.org

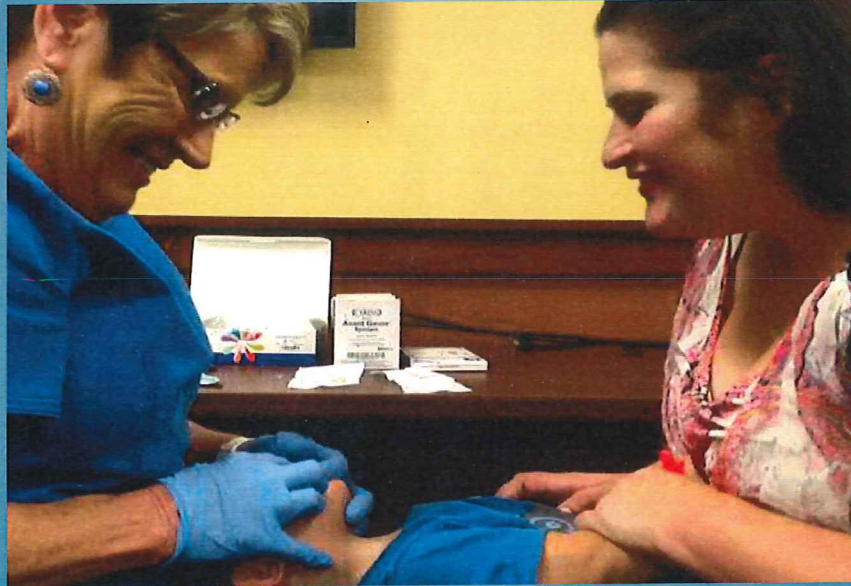
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Fluoride Varnish in County Health Departments

Topical Fluoride Varnish delivered by RNs in County Health Departments
Source: PHOCIS (3/19/2019)

fiscal year	# counties	# clinics	# encounters	# clients	# providers	notes
SFY 15	3	4	4	4	4	Program under development
SFY 16	23	29	2,070	2,004	106	Trainings
SFY 17	35	39	4,296	3,819	130	
SFY 18	33	37	2,744	2,489	116	
SFY 19 (partial)	13	16	875	818	37	Partial year thru March 19, 2019

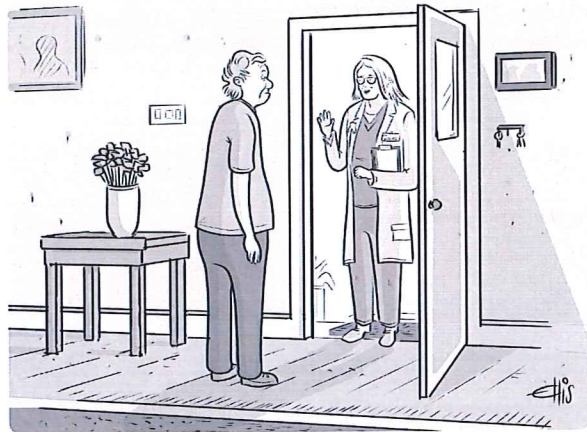
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PH NURSES: LeFlore Co Health Department, Poteau, OK



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*"Do you have a moment to talk about
community water fluoridation?"*



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Department of Environmental Quality (DEQ)



Fluoridation Factsheet

Health Benefits: (Source CDC)

- For 70 years, people in the United States have benefited from drinking water with fluoride.
- Drinking fluoridated water keeps teeth strong and reduces tooth decay by approximately 25% in children and adults.
- The U.S. Community Preventive Services strongly recommends community water fluoridation for the prevention and control of tooth decay.
- Community water fluoridation is supported by the American Dental Association, American Academy of Pediatrics, U.S. Public Health Service, and the World Health Organization.
- Community water fluoridation is the single most effective public health measure to prevent tooth decay, and the CDC named it 1 of the 10 great public health achievements of the 20th century.

Costs: (Source CDC)

- Community water fluoridation is the most cost-effective method of delivering fluoride to all members of the community regardless of age, educational attainment, or income level.
- By preventing tooth decay, community water fluoridation has been shown to save money for both families and the health-care system.
- Unimproved community water fluoridation programs exist even in neighboring communities that are not fluoridated.

Fluoride Levels:

- Optimal fluoride level for good oral health = 0.7 mg/L
- Defendence level = 2.0 mg/L - National Secondary Drinking Water Standard; this level may cause aesthetic effects in developing teeth of children and requires public notice
- 4.0 mg/L - National Primary Drinking Water Standard; (Maximum Contaminant Level) requires public notice over many years to that level may cause bone disease and requires public notice

Regulation Requirements:

- Analyze the water twice a day for fluoride content, both before and after fluoridation.
- Submit monthly fluoridation operational reports to both DEQ and the State Health Department. DEQ form No. 631-001 is available at: <http://www.deq.state.ok.us/water/fluoform.html>
- Perform monthly check samples of post-fluoridation water comparing water plant lab results to that of a state accredited lab analysis of the water.
- When difference is greater than 0.1 mg/L, take steps necessary to improve accuracy of the water plant lab results.
- Ensure that a copy of the analytical report is forwarded to the State Health Department.

Operational and Construction Standards regulations may be found on the DEQ website at:
<http://www.deq.state.ok.us/water/fluoform.html>
 - 252-624 Public Water Supply Construction Standards
 - 325-631 Public Water Supply Operation amended

Systems that intend to implement fluoridation must:

- Submit plans and specs to DEQ to get a construction permit.
- Notify the DEQ in writing if you have previously fluoridated and want to begin fluoridating again.



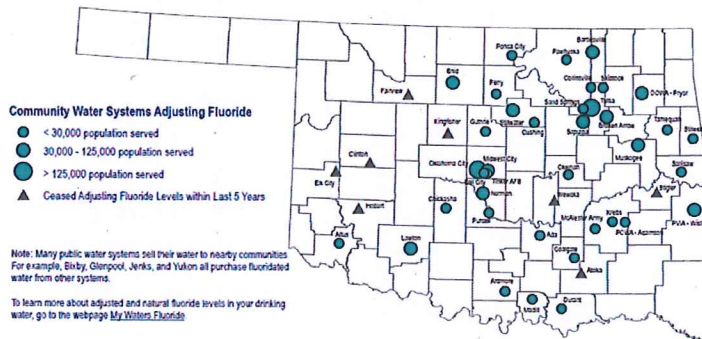
For more information on fluoridation effects and costs contact:
 Oklahoma State Department of Health,
 Dental Health Service,
 405-271-5593
 Visit the My Water's Fluoride webpage at:
http://deq.ok.gov/DOH_FLUORIDATIONPublicWeb

The Factsheet is based on information from the Department of Environmental Quality, Oklahoma State Department of Health, and the Centers for Disease Control and Prevention. It is not intended to be used for regulatory purposes. The user acknowledges and accepts all intended limitations of the map, including but not limited to the data source accuracy and its intended use by members.

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COMMUNITY WATER FLUORIDATION, 2017

Status of Water Fluoridation in Oklahoma



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COMMUNITY WATER FLUORIDATION

**Strengthen your body:
one glass at a time.**

Water with fluoride is the easy, inexpensive, and healthy choice for your teeth and body.

*Oral health equity begins with
community water fluoridation*

HEALTHY COMMUNITIES **BUILD HEALTHY FAMILIES**

Is your water fluoridated? Visit [My Water's Fluoride](#)

ODLRP

Shortage-area dentists: must see a minimum of 30% Medicaid patients. These patients are predominantly children. Adult Medicaid dental benefits are limited, for the most part, to emergency extractions.

Faculty dentists: teach at OUCOD, valued for the recruitment and retention of faculty and for improving the emerging dental workforce.

Participating dentists: receive \$25,000 per year in monthly installments.

OKLAHOMA DENTAL LOAN REPAYMENT PROGRAM (ODLRP)

What?
The Oklahoma Dental Loan Repayment Act, authorized in 2006, created a program designed to increase the number of dentists serving and caring for those dependent upon the state for dental care and to make dental care accessible to underserved areas by providing educational loan repayment assistance for up to 25 Oklahoma licensed dentists for up to 5 years per dentist. Dentists may also enter the program as faculty at the University of the Oklahoma College of Dentistry, as applicable.

How?
Practice full time in a designated ODLRP professional shortage area or exempted facility according to state law
AND
Agree that at least 30% of total patients treated are Medicaid recipients
OR
Qualify for an ODLRP faculty position at the OU College of Dentistry.

Who?
New dentists who:

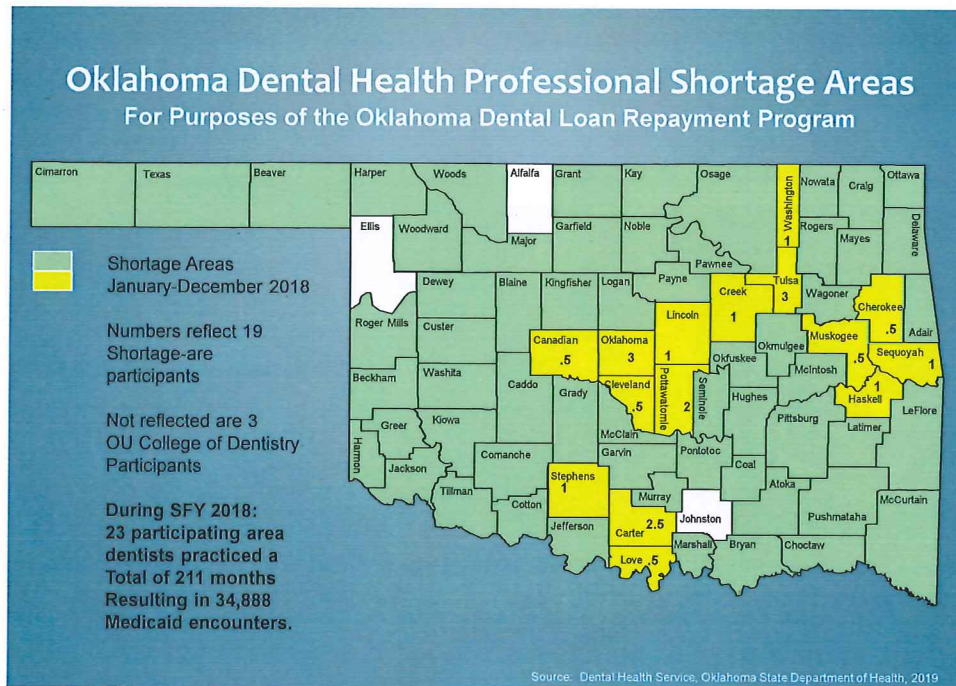
- Have graduated from dental school during the last 5 years.
- Have an Oklahoma dental license or faculty permit at the time the service obligation begins.

Why?

- Contribute to your community and reduce health disparities
- Receive \$25,000 per year per dentist toward the repayment of dental school loans. Number of participants and amount of loan assistance is dependent upon the availability of state funds.

Where?
For more information, guidelines and application forms, please see our website at <http://den.health.ok.gov> or contact us at ODLRP@health.ok.gov

OKLAHOMA STATE DEPARTMENT OF HEALTH
OKLAHOMA DENTAL LOAN REPAYMENT PROGRAM
DENTAL HEALTH SERVICE
1000 NE 10th STREET
OKLAHOMA CITY, OK 73117



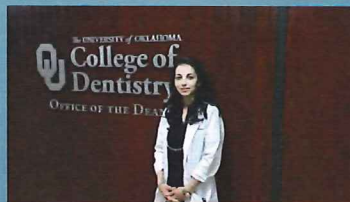
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Testimonials from ODLRP Participants

"The Oklahoma Dental Loan Repayment Program has been great. It has allowed me the opportunity to continue to help the underserved population of Oklahoma."
Dr. William Farmer (Pediatric Dentist, OKC)



"Having the privilege to be part of the ODLRP, has given me the opportunity to be part of OUCOD and to really concentrate as well as enjoy delivering both comprehensive dental education to students and high quality patient care."

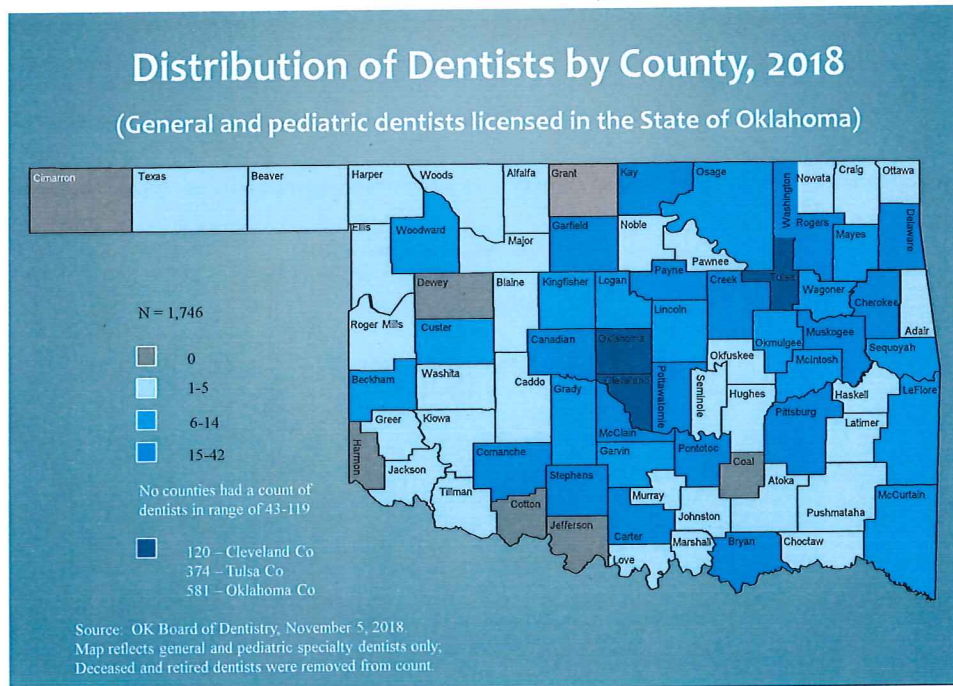


"The Oklahoma Dental Loan Repayment Program has been a blessing. It has alleviated the financial burden of student loan repayments for my family while enabling me to pay my loans off sooner than expected. During this time I've met wonderful patients and provided a service for the community."

Dr. Meghan Sellmeyer (Skiatook, OK)

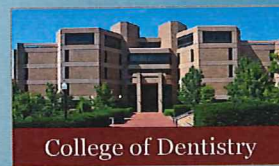


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RYAN WHITE GRANT HIV/STD & DENTAL HEALTH COLLABORATION

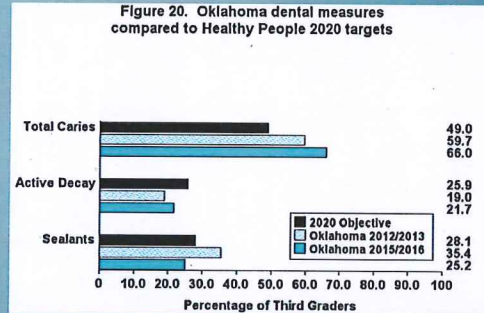
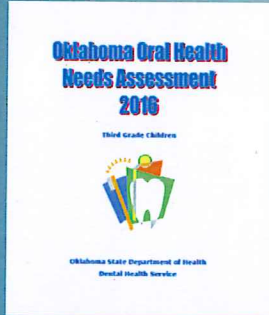


- Monitor the dental component of the Ryan White Grant
- Verify credentials of dental providers
- Assure appropriateness of care
 - Treatment plans
 - Charting
 - Dental hygiene
 - Oral health education



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ORAL HEALTH SURVEILLANCE, 2016



- 1,285 3rd grade children screened
- 6 schools participated from each of the 6 regions (total of 36 schools)
- Dental hygienists used as screeners
- Choice of passive consent contributed to higher participation rate (67%)
- 66% of Oklahoma 3rd grade children experienced dental decay



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QUESTIONS?

SMILE, BECAUSE YOU CAN.

For 70 years, people in the United States have enjoyed the benefits of drinking water with fluoride.

Fluoride in water. 70 years and going strong. At a faucet near you.

www.cdc.gov/fluoridation

CHOOSE TAP WATER...

...FOR A SPARKLING SMILE!

2min2x!
Brush 2 minutes 2 times a day AND eat healthy for a healthy smile!

ADA.org/needham
Brush two minutes, two times a day. Clean between your teeth daily. Limit snacks, eat healthy meals. Visit your dentist regularly.

ADA American Dental Association



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Childhood Lead Poisoning 2019 Update: A Kay County Perspective

Oklahoma State Board of Health Meeting
April 9, 2019



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Study Objectives

- Part of 5-Year Follow-up Assessment by DEQ
 - Assess prevalence of blood lead levels ≥ 5 $\mu\text{g}/\text{dL}$ in Blackwell children age 6 – 72 months
 - Determine risk factors associated with increased blood lead levels
 - Provide environmental investigations to children with blood lead levels ≥ 5 $\mu\text{g}/\text{dL}$



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Study Overview

- Simple random sample of children age 6 – 72 months living in Blackwell, OK
- Conducted August 31, 2017 – January 5, 2018
- 172 children participated through collection of a blood lead test and completion of a parental questionnaire



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Study Population

Characteristic	N	%
Age at Time of Blood Lead Test		
6 - 36 Months of Age	91	53%
37 - 72 Months of Age	81	47%
Gender		
Female	85	49%
Male	87	51%
Race		
Caucasian	150	87%
American Indian/ Alaskan Native	4	2%
Asian	2	1%
Multiracial	14	8%
Other	2	1%
Ethnicity		
Hispanic	23	13%
Non-Hispanic	149	87%
Year Home Built		
Pre-1950	114	67%
1950 - 1978	48	28%
Post-1978	7	4%
Unknown	3	-



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Blood Lead Levels

- Estimated **prevalence** of BLLs ≥ 5 $\mu\text{g/dL}$ among Blackwell children is **3.5%** (95% CI: 1.2 – 5.8%)
 - Lower than 2017 surveillance data prevalence of 8.2%
- Geometric mean blood lead level was 1.6 $\mu\text{g/dL}$



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Demographic and Housing Characteristics

Characteristic	N	Geometric Mean BLL & 95% CI ($\mu\text{g/dL}$)	Number of EBLL ≥ 5 $\mu\text{g/dL}$	EBLL Prevalence (%)
Race of Child				
American Indian/Alaskan Native	4	1.61 (1.07 - 2.42)	0	-
Asian	2	1.30 (0.96 - 1.77)	0	-
Caucasian	150	1.61 (1.49 - 1.74)	6	4.0
Multiracial	14	1.74 (1.39 - 2.18)	0	-
Other	2	1.90 (0.91 - 3.97)	0	-
Ethnicity of Child				
Hispanic	23	1.33 (1.15 - 1.55)	0	-
Non-Hispanic	149	1.67 (1.54 - 1.80)	6	4.0
Gender of Child				
Female	85	1.52 (1.38 - 1.67)	3	3.5
Male	87	1.73 (1.56 - 1.92)	3	3.4
Age at Test				
6 - 36 Months of Age	91	1.58 (1.43 - 1.75)	4	4.4
37 - 72 Months of Age	81	1.66 (1.50 - 1.83)	2	2.5
Year Home Built				
Pre-1950	114	1.78 (1.62 - 1.96)	6	5.3
1950 - 1978	48	1.33 (1.20 - 1.46)	0	-
Post-1978	7	1.31 (0.97 - 1.76)	0	-
Home Ownership Type				
Owner Occupied	83	1.43 (1.30 - 1.58)	3	3.4
Rental	77	1.79 (1.62 - 1.99)	2	2.6
Other	12	1.94 (1.43 - 2.63)	1	8.3



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Individual and Household Lead Exposure Hazards

Question	N	Geometric Mean BLL & 95% CI (µg/dL)	Number of EBLL ≥5 µg/dL	EBLL Prevalence (%)
Is there deteriorated paint on porches, fences, garages, play structures, railings, buildingsiding, windows, trim, or mailboxes?				
No	88	1.46 (1.34, 1.59)	1	1.1
Yes	84	1.81 (1.62, 2.02)	5	6.0
Are there visible paint chips near the perimeter of the house, fences, garages, or play structures?				
No	112	1.51 (1.40, 1.63)	1	0.9
Yes	60	1.84 (1.61, 2.11)	5	8.3
To your knowledge, were gasoline or other solvents ever used to clean parts or disposed of at the property?				
No	149	1.55 (1.44, 1.67)	5	3.4
Yes	23	2.14 (1.75, 2.62)	1	4.3
Household member working in a chemical plant, glass factory, oil refinery, or other industry involving lead				
No	121	1.72 (1.58, 1.89)	6	5.0
Yes	51	1.39 (1.25, 1.55)	0	-
Household member involved in remodeling, repairing, renovating dwellings or buildings, or tearing down buildings or metal structures				
No	158	1.57 (1.46, 1.69)	6	3.8
Yes	14	2.23 (1.74, 2.86)	0	-
Household member involved in auto body repair work				
No	151	1.54 (1.43, 1.65)	5	3.3
Yes	21	2.34 (1.90, 2.88)	1	4.8
Does the child play in, live in, or have access to any areas where gasoline is kept?				
No	140	1.54 (1.43, 1.67)	5	3.6
Yes	32	1.99 (1.70, 2.34)	1	3.1
Does the child eat, chew on, or put candy wrappers into his/her mouth?				
No	129	1.52 (1.40, 1.64)	3	2.3
Yes	43	1.97 (1.68, 2.31)	3	7.0



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Property Soil Sampling and Remediation Status

Characteristic	N	Geometric Mean BLL & 95% CI (µg/dL)	Number of EBLL ≥5 µg/dL	EBLL Prevalence (%)
Lead Soil Sampling and Remediation Status				
Property Soil Status Unknown	7	1.56 (1.04 - 2.35)	1	14.0
Sampled- Yard ≤400 ppm; Alley 401 - 750 ppm	13	1.87 (1.48 - 2.36)	-	-
Yard 401 - 750 ppm; Alley ≤400 ppm	18	2.34 (1.76 - 3.10)	2	11.0
Remediated- Yard ≤400 ppm; Alley ≤400 ppm	44	1.89 (1.64 - 2.18)	2	4.5
Sampled- Yard ≤400 ppm; Alley ≤400 ppm	90	1.37 (1.26 - 1.48)	1	1.1
Lead in Soil Status				
Unknown Yard or Alley Risk	7	1.56 (1.04 - 2.35)	1	14.0
No Known Yard or Alley Risk (Lead ≤400 ppm)	134	1.52 (1.41 - 1.64)	3	2.2
Yard or Alley Risk (Lead >400 ppm)	31	2.13 (1.75 - 2.58)	2	6.5
Soil Lead PPM in Yard or Alley, as applicable				
0 - 99 ppm	32	1.24 (1.12 - 1.37)	-	-
100 - 199 ppm	51	1.56 (1.38 - 1.77)	1	2.0
200 - 299 ppm	26	1.64 (1.39 - 1.93)	1	3.8
300 - 400 ppm	25	1.73 (1.42 - 2.12)	1	4.0
401 - 500 ppm	17	2.62 (2.03 - 3.39)	1	5.9
>500 ppm	14	1.65 (1.28 - 2.13)	1	7.1



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Environmental Investigations

- Conducted for 3 children
 - 2 refusals; 1 EI conducted by private inspector
- All investigations found:
 - Lead-based paint hazards
 - Interior lead-contaminated dust
- Two homes had lead-contaminated soil (>400 ppm)



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Study Conclusions

- Children living in Blackwell have a higher prevalence of BLLs $\geq 5 \mu\text{g/dL}$ than children nationwide
- Lead-based paint continues to pose a major environmental hazard
- Lead in soil from previous smelter activity still poses a hazard for certain children



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ATSDR Public Health Assessment

- A citizen request for a Public Health Assessment was made to ATSDR in 2010.
- The Public Health Assessment was posted for public comment (now closed) on September 21, 2018.
- **Conclusion #1** (Public Comment Version)
 - Blackwell residents are exposed (now and in the past) to lead, arsenic, and cadmium in the soil, at various locations, throughout the community at levels that could harm their health.
 - Persons residing in properties that have not been sampled or remediated are at increased risk of harmful effects from exposure.



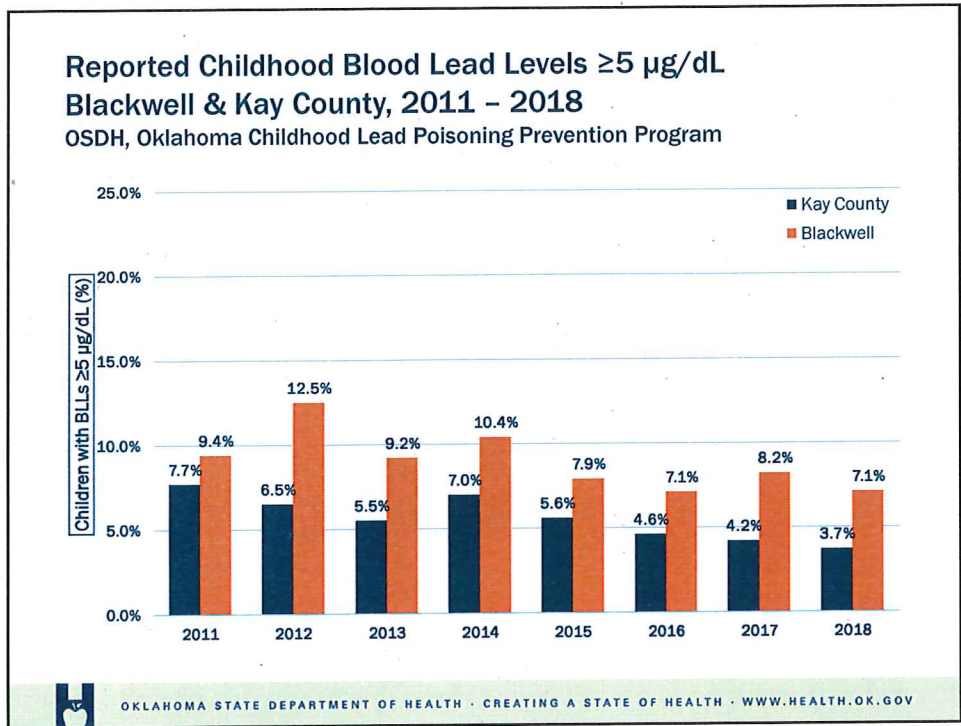
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ATSDR Public Health Assessment

- **Conclusion #1** (cont.)
 - Exposure to lead-contaminated paint and to other sources of lead may harm individuals' health, especially children and fetuses of pregnant women.
- **Conclusion #2** (Public Comment Version)
 - ATSDR reviewed blood lead level data from 2010 to 2016 for children ages 6 months to 6 years in Blackwell, Kay County and the state and found the percent of children with elevated levels in Blackwell was not significantly different from Kay County but both were much higher compared to state test results.



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Next Steps

- Enhanced education and outreach
 - CDC education visit
 - Partnership enhancement, building, and engagement
- Kay County Health Department infrastructure rebuilding
- ATSDR/CDC Regional Partnership involvement

Questions?



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OSDH Proposed Permanent Rule Changes, 2019 Legislative Session				
Reference	Chapter Title	Short Description*	Program Area	Reason for Change
OAC 310:2; 63 O.S. § 7302	Tanning Facilities Requirements (Subchapter 35)	Establishes rule for certain prohibitions of and signage required for tanning facilities.	Consumer Health Service	State law requiring OSDH rulemaking action
OAC 310:515	Communicable Disease and Injury Reporting	Update to list of reportable diseases and injuries and timeframes for required reporting.	Office of the State Epidemiologist Acute Disease and HIV/STD Public Health Laboratory; Injury Prevention Service	Updating to reflect best practices for disease and injury reporting
OAC 310:615	Ambulatory Surgical Centers	Amends to incorporate by reference the latest standards for Medicare certification; removes outdated references; modifies certain visit frequency.	Ambulatory Surgery Centers	Alignment with federal standards and existing state law
OAC 310:661; 63 O.S. § 1-862	Hospice	Defines aspects of curriculum, instructors, education documentation and violation penalty for hospice administrators.	Medical Facilities Service	State law requiring OSDH action (63 O.S. § 1-862)
OAC 310:667	Hospital Standards	Updates and amends several sections with most current national guidelines (2018 FGI Guidelines for Design and Construction) and revokes outdated references.	Health Facilities Plan Review	Alignment with federal standards.
OAC 310:670; 74 O.S. § 192	Jail Standards	Revised standards addressing definitions and various aspects of jail inspection.	Jail Inspection	Updating to reflect best practices for jail standards and safety

OSDH Proposed Permanent Rule Changes, 2019 Legislative Session				
Reference	Chapter Title	Short Description*	Program Area	Reason for Change
OAC 310:625; OAC 310:630; OAC 310:663; OAC 310:675; OAC 310:677	Certificate of Need; Continuum of Care and Assisted Living; Nursing and Specialized Facilities; Nurse Aide Training and Certification	Amends numerous sections within multiple chapters to remove outdated and disrespectful language with "Individuals with Intellectual Disabilities"	Protective Health Service	Alignment with national and state recognized language. Updating to reflect best practices for use of IID terminology
OAC 310:250	Fee Schedule for Consumer Health Services	Modifies the fee schedule for licensed temporary food establishments and updates the drug manufacturer license.	Consumer Health Service	Update to licensing fees for temporary food events, improve consistency for drug manufacturing licensing fees
OAC 310:550	Newborn Screening Program	Adds conditions to Newborn Screening testing panel and updates outdated language, makes clarifications.	Newborn Screening	Alignment with federal standards. Updating to reflect best practices for Newborn Screening
OAC 310:10; OAC 310:2; 45 CFR 46; 42 CFR 50	Human Subjects Protection	Incorporates by reference updates to federal human subjects rules. Moves language from Chapter 10 to Chapter 2, eliminating duplication.	Center for Health Statistics, Institutional Review Board	Alignment with Federal Standards
OAC 310:535	Immunization	Updates immunization rules to align with Advisory Committee on Imm. Practices	Immunization Service	Discontinued on 3/14/2019, agency has decided to not pursue for 2019 cycle
OAC 310:2	Contracts with Charitable Health Care Providers (Subchapter 27)	Updates language of charitable provider program requirement and responsibilities.	Oklahoma Volunteer Charitable Provider Program; Office of Primary Care	Updating to reflect best practices for charitable health provider registration.

OSDH Proposed Permanent Rule Changes, 2019 Legislative Session				
Reference	Chapter Title	Short Description*	Program Area	Reason for Change
OAC 310:410	Women, Infants and Children (WIC) Program	Updates rules for WIC concerning retail vendors, revise terminology, reference e-WIC payment system and other and corrections.	WIC	Alignment with federal standards.
OAC 310:681	Medical Marijuana Control Program	Make permanent the emergency rules, with amendments, to the Medical Marijuana program resulting from passage of SQ788 (63 OS 420A).	Oklahoma Medical Marijuana Authority	Update emergency rule to permanent rule, state law requiring OSDH action.
OAC 310:205	Alarm and Locksmith Industry	Revocation of rules on alarm/locksmith industry, due to responsibility being transferred to Dept of Labor	Protective Health	Align with state law. (SB 1866 - 2012) Law transferred authority from OSDH to Dept. of Labor
OAC 310:675	Nursing and Specialized Facilities	Update to rules to comply with CMS and state adoption of NFPA, including exceptions and amendments. Amendments to the rule also include an update to the incorporation by reference from the most current edition of various standards related to fire safety, refrigeration, construction standards and building safety.	Medical Facilities Service	Alignment with federal standards.
OAC 310:9	Health Care Information	Amending rules for OAC 310:9-1, 2 and 3 to define ED discharge data information collection, data files and submission schedule.	Center for Health Statistics	Updating to reflect best practices for hospital data reporting

OSDH Proposed Permanent Rule Changes, 2019 Legislative Session				
Reference	Chapter Title	Short Description*	Program Area	Reason for Change
OAC 310:2	Procedures of the OSDH (Subchapter 3)	Modifies the method for submitting records requests, timeframes, and fee schedule.	Office of General Counsel	Updating to reflect best practices for state compliance with Open Records Act and improving legal review processes
OAC 310:567	State Central Cancer Registry	Require certain healthcare facilities to report certain cancer data elements and submission schedule.	Center for Health Statistics	Updating to reflect best practices for cancer surveillance, assessment of statewide cases, and reporting
* For summary description please see the Administrative Agency Rule Report as submitted to the Governor, Legislature, and Secretary of State on 4/1/19.				