The Second Session of the 55th Legislature convened on Feb. 1, 2016 and adjourned on May 27. In 2016, or the Second Session:

- Lawmakers sent a total of 400 bills to the governor for action.
- The governor signed 394, or 98.5 percent, of those bills and vetoed five, or 1.25 percent.
- Of the five vetoed, OHA urged the governor’s veto of three of those bills (HB 3016, SB 1552 and HB 1567).

This report provides an overview of the health care budget and legislation of interest to OHA members.
President’s Message

This year’s legislative session marked my 20th as an employee of the OHA. In several ways it would be easy for me to characterize it as the most frustrating, based largely on the failure to affect meaningful, sustainable solutions to the state’s ongoing budget woes, many of which are alluded to in this report. I would, however, also note the absence of any bold leadership by our legislative leaders to enable any real opportunities to forge progressive steps toward ensuring sustainable funding sources that help providers to properly meet the health care needs of vulnerable Oklahomans. Our efforts working with key stakeholders to discern, craft and implement “what is a right and good policy for Oklahoma” should not be continually subjected to the politics of the day.

Such an environment kept us from successfully scoring the goal we have been seeking the past two years…broadening coverage for Oklahoma’s uninsured and continually improving the state’s Medicaid program, all while working to ensure adequate provider payments. Yet, we take great pride in knowing that our provider community’s joint advocacy efforts, led especially by OHA’s MakeOKBetter campaign, moved health care to the forefront of the state budget debate, a first in my tenure. Knowing what was occurring behind the scenes, we really came very close to realizing a successful vote on the cigarette tax.

In the midst of state revenue failures and a series of cuts in Medicaid provider payment rates, our efforts led to a budget agreement this year that avoided imminent collapse of medical services across Oklahoma. In a budget where allocations to state agencies were further sliced millions of dollars, the Oklahoma Health Care Authority received an increase of some $20 million. However, despite this reprieve, this does not solve the ongoing crisis. The SFY 2017 budget does not provide long-term dedicated resources to ensure protection for the most vulnerable Oklahomans, our sick and elderly. Inadequate funding for mental health services could result in a critical loss of psychiatric beds statewide. Our work to raise Oklahoma’s cigarette tax (largely supported in public polling) was aimed at taking a major step in this direction.

Together we were very successful in reminding our elected leaders that it is essential to the well-being of Oklahomans and the state’s overall economy to ensure sustained access to quality health care services in communities across Oklahoma. Such unity, among our members and other coalition groups, will again be absolutely essential as we take the field again next year. Until legislators adequately tackle and solve the complicated issues surrounding this objective, Oklahoma health care will remain on the verge of a crisis for the foreseeable future. Yes, indeed, there is more work to be done.

Craig W. Jones, FACHE
President
OHA’s MakeOKBetter campaign makes the difference

During the early weeks of the legislative session, OHA launched a very important phase of a two-year ongoing campaign to garner legislative and public support for accepting federal funds for expanding health insurance coverage in Oklahoma through Insure Oklahoma. The campaign, MakeOKBetter, launched Feb. 24, initially included a brief animated video and other important materials to use in hospitals and communities, including messages for hospital’s social media channels. Our hospital members’ use of the MakeOKBetter toolkit and campaign materials was vital to the success of the campaign throughout the session.

Later, when hospitals and other health care providers were threatened by the Oklahoma Health Care Authority’s proposed 25 percent provider rate cut due to the state budget shortfall, our campaign turned to focus on raising the cigarette tax to stabilize Medicaid provider rates, and on a new emerging solution, the Medicaid Rebalancing Plan. A third video and two press conferences focused on these efforts.

In the end, while we were not successful in legislation to bring our tax dollars back to Oklahoma to broaden insurance coverage, or to raise the cigarette tax, our advocacy efforts made all the difference in the final state budget agreement.

State budget shortfall necessitates hard push for Medicaid funding

SB 1616 (Jolley/Sears)

General Appropriations Bill for FY 2017
(Effective Aug. 24, 2016)
The General Appropriations Bill appropriates $6.8 billion to state agencies, boards and commissions for State Fiscal Year 2017, beginning July 1, 2016.

Oklahoma Health Care Authority Budget

Due to the leadership of OHA’s advocacy efforts, the budget for the Oklahoma Health Care Authority will likely result in no further provider rate cuts this year for hospitals, nursing homes and other Medicaid providers. However, the proposed budget for Mental Health and Substance Abuse Services is $20 million short of what is needed for FY 2017.

While it is good news that massive cuts may be avoided this year, OHA is also deeply concerned that this budget uses one-time money and does nothing to restore previous provider rate cuts or to avoid further cuts next year. (See OKPolicy FY 2017 Budget Highlights, page 28)

It is important to note that a $1.50 increase in the cigarette tax would have adequately funded the health care agencies, including mental health and DHS, with a continuing revenue source.
What does this budget deal mean?

This budget deal may allow OHCA to avoid another SoonerCare provider rate cut this year.

<table>
<thead>
<tr>
<th>Appropriations</th>
<th>OHCA</th>
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<tbody>
<tr>
<td>SFY ’16 (original budget)</td>
<td>$971,050,514</td>
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<tr>
<td>SFY ’16 (revised for revenue failures)</td>
<td>$907,224,478</td>
</tr>
<tr>
<td>SFY ’17 actual</td>
<td>$991,050,514</td>
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The increase of $20 million should cover the amount that OHCA needs to keep provider rates at their current levels. One reason more money is needed is that the federal Medicaid matching rate for Oklahoma will decrease Oct. 1, 2016, costing the state an additional $36 million. OHCA CEO Nico Gomez said “If this budget is approved, it may be close enough for OHCA to avoid any additional provider rate cuts by first looking at deeper administrative cuts and current savings.”

The 2017 budget is not enough to let OHCA restore the 3 percent rate cut that was effective Jan. 1, 2016.

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**Oklahoma Department of Mental Health & Substance Abuse Services Budget**

Funding for the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) for FY 2017 is short $20 million from the amount needed to avoid further cuts. SB 1616, the FY 2017 General Appropriations bill contained a funding level that will not reverse the deep provider cuts of $7 million that went into effect on May 1, 2016. The cuts to ODMHSAS are unacceptable for Oklahoma’s health care system and corrections.

OHA and other providers urged the Legislature to correct this on the last day of the legislative session with a supplemental appropriation of $20 Million. That did not happen.

ODMHSAS receiving only $6.9 million in the FY 2017 budget is not a 2.2 percent appropriation increase from the original appropriation in FY 2016. The 2.2 percent increase is calculated on a revenue failure number of $336.9 million, not the FY 2016 appropriation of $340 million.

Without needed funding to stop behavioral health Medicaid rate reductions in FY 2017, the result will likely be:

- Multiple cuts to provider rates and available levels of services, including inpatient services and psychiatric residential treatment.
- Caps enacted limiting therapy for Oklahomans in treatment, meaning 73,000 Oklahomans will see services slashed by half or more.
- People not receiving treatment means more persons in emergency rooms or unable to work.
- Loss of revenue will impact the ability of providers to maintain positions, will increase wait times and cause additional problems related to accessing beds for mental health.

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*OHA Chairman Jimmy Leopard (right), CEO, Wagoner Community Hospital, visits with Sen. Kim David (R-Porter) (center); and Debi Hamilton, board chairman, Wagoner Community Hospital.*
Cigarette tax increase fails
Improved health outcomes and dedicated Medicaid funding left wanting

HB 3210 (Sears/Jolley)

Cigarette Tax Increase
(Failed)
The bill raises the excise tax on a pack of cigarettes an additional $1.50. HB 3210 also creates the “Healthcare Revolving Fund.” The Legislature appropriates from this fund to agencies for activities that are able to be matched with federal funds through Medicaid. A portion of these funds allocated for the Oklahoma Health Care Authority could have been used by the agency as the state share to draw down federal funds necessary to implement “The Medicaid Rebalancing Act of 2020.” Eligible agencies include, but are not limited to:

- Oklahoma Health Care Authority;
- Department of Mental Health and Substance Abuse Services;
- Department of Human Services;
- State Department of Health;
- JD McCarty Center for Children;
- Oklahoma University Health Sciences Center;
- Oklahoma State University Center for Health Sciences; and
- University Hospital Authority.

The Healthcare Revolving Fund created by the act may carry a balance, which may then be appropriated in the following year. The bill also contains a provision intended to prevent stockpiling of tax stamps, which stabilizes revenue upon implementation of the measure.

The Oklahoma Tax Commission conservatively projected that on a 12-month basis, the new tax would bring in an additional $182-184 million in state revenue. Because of the Oklahoma Constitution (State Question 640), any tax measure goes into effect 90 days after the governor’s signature. Should the bill have been enacted with a Sept. 1, 2016, effective date, this projection is lowered to under $150 million in FY 2017.

- Tax Commission’s estimated revenue increase: FY 2017 - $158.4 million, FY 2018 - $190.1 million.

Oklahoma is one of only 14 states that have not increased the cigarette tax in the last decade. Smoking remains the number one preventable cause of death in Oklahoma, and increasing the price point of cigarettes is the single most effective strategy to reduce cigarette consumption. Increasing the unit price of cigarettes by $1.50 per pack would prevent 31,800 kids alive today from becoming adult smokers and generate long-term health care savings of $1.25 billion. Raising the cigarette tax has widespread public support, with 74 percent of voters supporting increasing the tobacco tax to fund health care. (Sooner Survey, Cole Hargrave Snodgrass and Associates, April 2016.)

HB 3210 passed in the Senate Joint Committee on Appropriations & Budget by a vote of 25 aye, 16 nay and seven absent. While the supermajority requirement is 36 aye votes, this only applies to final passage on the House and Senate floor. See OHA website for a roll call on HB 3210.
HB 3210 failed to receive the necessary votes to pass after almost six hours of debate in the House. Passage of the bill required a supermajority (76 votes). At one point, aye votes reached 49 (Republicans), but lacking more votes in favor, the rolls were closed and the bill failed by a vote of 40 to 59. See OHA website for a roll call on HB 3210.

The Oklahoma Hospital Association and our membership of hospitals extend their sincerest thanks to the following organizations for their public support of passage of a cigarette tax to fund health care in FY 2017, HB 3210 Sears/Jolley:

- Oklahoma Association of Health Care Providers
- Oklahoma State Medical Association
- Oklahoma Osteopathic Association
- Oklahoma Nurses Association
- The American Cancer Society
- The American Heart Association
- National Multiple Sclerosis Society
- Alzheimer’s Association, Oklahoma Chapter
- Campaign for Tobacco Free Kids
- Oklahoma City Chamber of Commerce
- City Council of Oklahoma City
- Tulsa City Council
- Tulsa Chamber of Commerce
- Oklahoma City – County Health Department
- Oklahoma Turning Point Council
- Oklahoma Municipal League
- Oklahoma Primary Care Association
- Oklahoma Academy of Family Physicians
- Oklahoma Academy of Physician Assistants
- Oklahoma Substance Abuse Services Alliance
- Oklahoma Association of Optometric Physicians
- Oklahoma State Radiological Society
- Oklahoma Society of Anesthesiologists
- Oklahoma Association of Health Plans
- Oklahoma Psychiatric Hospital Association
- Oklahoma Community-based Providers, Inc.
- Oklahoma City – County Health Department
- Oklahoma Turning Point Council
- Oklahoma Municipal League
- Oklahoma Primary Care Association
- Oklahoma Academy of Family Physicians
- Oklahoma Academy of Physician Assistants
- Oklahoma Substance Abuse Services Alliance
- Oklahoma Association of Optometric Physicians
- Oklahoma State Radiological Society
- Oklahoma Society of Anesthesiologists
- Oklahoma Association of Health Plans
- Oklahoma Psychiatric Hospital Association
- Oklahoma Community-based Providers, Inc.
- Leading Age Oklahoma
- Morningstar Emergency Physicians
- American Academy of Pediatrics
  – Oklahoma Chapter
- American College of Physicians
  – Oklahoma Chapter
- American Congress of OB/GYNs
  – Oklahoma Section
- Oklahoma Association of Community Behavioral Health
- Oklahoma Ambulance Association
- Oklahoma March of Dimes
- Blue Cross Blue Shield - Oklahoma

Medicaid Rebalancing plan emerges as best option for accepting federal funds

HB 2803 (Derby/Griffin)

Medicaid Rebalancing Act of 2020
(Failed)

The bill limits Medicaid coverage to 133 percent of the federal poverty level for nondisabled children and pregnant women when the current maintenance-of-effort expires in 2019. It creates a new individual Insure Oklahoma commercial insurance plan for adults between the ages of 19 and 64 whose incomes do not exceed 133 percent of the federal poverty level. The plan will include an incentive account and will be suspended if the federal matching rate for the plan drops below 90 percent. The Act:

- Restores provider rates to at least 86 percent of Medicare fee schedule as soon as possible if enacted.
- Adds 350,000 new lives to the private health insurance market.
- Reduces SoonerCare enrollment by 17 percent.
- Insures 175,000 Oklahomans who are currently uninsured.
- Reduces the uninsured rate by 35 percent.
- Preserves the SoonerCare provider network.
- Protects access to quality health care in rural and urban areas.
- Strengthens Oklahoma’s behavioral health and substance abuse systems.
- Supports drug courts and mental health courts and protects crisis centers.

A coalition of health care providers, represented by hospitals, nursing homes and substance abuse providers, held a press conference May 12 to urge lawmakers to raise the cigarette tax.
SHOPP Extended through 2020

HB 2267 (Cox/Justice)

SHOPP
(Effective Nov. 1, 2016)
The bill extends the sunset date for the Supplemental Hospital Offset Payment Program (SHOPP) from Dec. 31, 2017, to Dec. 31, 2020. It requires the authority to review and determine the amount of the annual assessment within 20 days of the federal approval and annually thereafter in November of each year instead of December. The bill also allows the OHCA to deposit all SHOPP federal matching funds directly into the Program Disbursing Fund for cash flow purposes. This change brings the account into compliance with federal laws on cash management.

Enacted in 2011, SHOPP allows hospitals to provide additional money for the state to draw down federal matching funds for Medicaid to approximately the federal upper payment limit. Federal upper payment limit is equivalent to what Medicare would pay for the same patient service. Prior to the passage of the Act, Oklahoma hospitals were paid by Medicaid an average of 67 percent of Medicare rates for the same service to patients. For more information, go to www.okoha.com/shopp.

The fees have not been passed on to hospital patients. Not only is this prohibited in the law, but it is unnecessary as hospitals that pay the fee will receive payments to the federal upper payment limit.

Telemedicine Bills Enacted

The OHA worked with a coalition of organizations on legislation rewriting the Oklahoma Telecommunications Act of 1997. The legislation amends the governance of the compensation received from the Oklahoma Universal Service Fund (OUSF) administered by the Oklahoma Corporation Commission (OCC). It was the intent of the coalition that the requirements for all OUSF funding are easily understood by applicants and OCC staff trying to determine whether they qualify for funding from the OUSF.

HB 2547 (Mulready/David)

Informed Consent
(Effective Nov. 1, 2016)
The bill repeals the informed consent provision of the Telemedicine Act because the requirement is an additional informed consent specific to telemedicine and is redundant.

HB 2616 (Thomson/Fields)

Telemedicine/OUSF
(Effective May 9, 2016)
The bill moves the Oklahoma Universal Service Fund (OUSF) from a litigation-based system to an administrative process, which is key to creating efficiency in the fund by reducing Oklahoma Corporation Commission (OCC) staff time and telecommunications carrier time. The bill also establishes deadlines for OCC action once an application for funding is received. Telemedicine will be funded by federal programs first and the remainder by the OUSF. The bill provides for approval of eligible services and credit amounts for the beneficiary before the telecommunication service begins. Competitive bidding for services is now required. All OUSF beneficiaries will apply for federal funds. Federal funds received by beneficiaries will continue to offset state costs.

SB 1163 (Schulz/Wright)

Telemedicine in Optometry Practices
(Effective Nov. 1, 2016)
The bill modifies the definition of optometry to include the delivery of care to a patient who is physically located in this state at the time of care. It expands the definition of any computerized or automatic refracting device to now include applications designed to be used on a computer or video conferencing via an internet device, either in person or in remote locations.

Rep. Doug Cox (R-Grove) speaks to OHA members after being recognized by OHA for his years of dedicated service.
The Oklahoma Health Care Authority is creating a Medicaid supplemental payment program for nursing homes. The state's share of the cost of the supplemental payments will be funded by intergovernmental transfers, so this program will only be available to non-state government-owned (NSGO) nursing homes, including nursing homes owned or leased by NSGO hospitals. NSGO hospitals include municipal, county, and public trust hospitals.

Participating nursing facilities will receive additional Medicaid nursing home payments, so that the total payment approximates the amount that Medicare would have paid for the same service. This is the upper payment limit (UPL) of available federal Medicaid funds. The program was submitted to CMS for approval in June, and is expected to be operational before the end of 2016.

HB 2549 (Cox/Quinn)

Modifying Nursing Home Care Act
(Effective July 1, 2016)

The bill modifies the definition of the term “owner” in the Nursing Home Care Act by adding that any non-state governmental entity that has acquired and owns or leases a facility and that has entered into an agreement with the Oklahoma Health Care Authority to participate in the nursing facility supplemental payment program (“UPL Owner”) shall be deemed the owner of such facility and shall be authorized to obtain management services from a management services provider (“UPL Manager”), and to delegate, allocate and assign as between the UPL owner and UPL manager, compensation, profits, losses, liabilities, decision-making authority and responsibilities, including responsibility for the employment, direction, supervision and control of the facility’s administrator and staff.

SB 1149 (Griffin/Cox)

Nursing Home UPL
(Effective Aug. 25, 2016)

The bill clarifies laws that currently might restrict the location of services provided by public trust hospitals, county hospitals, and municipal hospitals to participate in the federal program for enhanced Medicaid nursing facility payments up to the level paid by Medicare for the same services (the “upper payment limit,” or UPL).

Left to right at the OHA Legislative Reception are: Doug Weaver, CEO, AllianceHealth Pryor; Sen. Don Barrington (R-Lawton); and Richard Gillespie, CEO, Jefferson County Hospital, Waurika.
Bills Supported by OHA – Signed by Governor

HB 2482 (Ownbey/Simpson)

Nurse Licensure Compact
(Effective Nov. 1, 2016)
The bill provides that nurses with domicile in Oklahoma can uniformly obtain a multistate license. The bill sets the application for a multistate license at $150 and its biennial renewal fee at $125 upon implementation of the compact by the Board of Nursing. The bill permits the board to reduce the biennial renewal fees on a pro rata basis for registered nurses and licensed practical nurses. Multistate licensure for nurses will not go into effect until Dec. 31, 2018, when at least 26 states have adopted the compact. Oklahoma was the seventh state to adopt the compact.

SB 1179 (Smalley/Cox)

PMTC
(Effective Nov. 1, 2016)
The bill expands definitions used in the Oklahoma Medical Loan Repayment Program to include health center and teaching health center. The bill permits the Physician Manpower Training Commission to accept donations of public or private funds to assist in funding the Medical Loan Repayment Program. If you read the entirety of SB 1179, PMTC is not restricted from contracting with for-profit corporations.

SB 1386 (David/Mulready)

State Innovation Waiver
(Effective Nov. 1, 2016)
The bill authorizes the creation and submission of a State Innovation Waiver for the purpose of creating Oklahoma health insurance products that improve health. It requires the waiver to be created consistent with the innovation design plan developed through the Oklahoma Health Improvement Plan.

Rep. John Paul Jordan (R-Yukon) with Rex VanMeter (right), president, INTEGRIS Canadian Valley Hospital, Yukon.

Bills Supported by OHA – Failed to Pass

HB 1716 (Cox)

Medical Licensure Compact
The bill enacts the Interstate Medical Licensure Compact and allows the governor to enter into compact with certain jurisdictions. Background: state medical boards are joining together to create a new model for physician licensing that would significantly reduce barriers for physicians who wish to practice in multiple states, thus helping facilitate the use of telemedicine and increasing access to care throughout the U.S. The measure creates another path for licensure but does not change a state’s existing medical licensure law.

HB 2387 (Griffith/Griffin)

Insure Oklahoma Expansion
The bill authorizes the Oklahoma Health Care Authority to seek a waiver to expand premium assistance programs to include part time employees.
Bills Opposed by OHA – Failed to Pass or Vetoed

HB 2772 (Strohm)

Hospital Billing of Non-network Physicians
The bill requires a hospital to notify each patient prior to treatment of the name or names of any health care provider who will provide treatment to the patient who is not in the same insurance network provider of such hospital.

HB 2862 (Fourkiller)

Certification of Surgical Technicians
The bill prohibits a person from practicing surgical technology in a health care facility unless the person has met certain qualifications.

HB 3016 (Grau/Dahm)

Parental Rights Immunization Act
(Vetoed)
The bill requires each health care provider who administers a vaccine set forth in the Vaccine Injury Table to obtain informed consent from the legal representative of any child or other adult authorized by law to consent on behalf of a minor. It requires the health care provider to provide relevant information regarding benefits and risks of the vaccine. The measure was vetoed by the governor for several reasons, including Oklahoma's current vaccination rate is 90 percent – that is down from 94.1 percent in 2006, which places the Sooner state 4 percent below the national average rate.

HB 3065 (Newell)

Oklahoma Right to Shop Act
The bill requires a health care entity to provide information prior to admission, procedure or service about pricing. The bill requires an insurance carrier to establish a toll-free telephone number and website that enables an enrollee to request information, and requires the carrier to respond within two days of the request. The bill prohibits the enrollee to pay more than the disclosed allowed amounts provided by the insurance carrier.

SB 924 (Brecheen)

Oklahoma Health Care Cost Reduction and Transparency Act of 2016
The bill requires the State Department of Health to make the most current price information it receives from hospitals and ambulatory surgical facilities available to the public on its website.

SB 1286 (Standridge)

Any Willing Provider
The bill requires any insurer issuing benefits to be willing to enter into care provider services agreements with a health care provider of the category or categories necessary to provide health care services covered by the insurer if the health care provider is qualified under Oklahoma law.

SB 1363 (David/Echols)

Compensation by Health Maintenance Organizations
The bill requires the compensation a health maintenance organization pays a provider be based upon costs that are usual, customary and common to the specific geographic area where the provider is located and be limited for reimbursement at a level no greater than that of an in-network service amount. The bill establishes that providers who choose not to contract with an HMO are deemed “out of network.” It provides that any out-of-network provider who provides emergency services to an HMO enrollee may not charge the enrollee for amounts other than applicable copayments or deductibles.

SB 1466 /SB 1551 (David/Newberry)

HMOs
Both bills would have mandated that the Office of Management and Enterprise Services offer cheaper HMO plans with less benefits and limited provider access across the state.

SB 1480 (Yen/Cox)

Certification of Surgical Technicians
The bill establishes criteria for persons who may practice surgical technology in a health care facility.
**Bills Impacting Hospitals & Other Health Care Facilities**

**Human Resources**

**HB 2253 (McDaniel,R./Newberry)**

**Omnibus Changes to OESC (Effective Nov. 1, 2016)**

The bill removes outdated language related to the definition of “wage” and “taxable wages.” The bill defines the terms “assigned tax rate” and “earned tax rate.” The bill requires any individual in training approved by the Oklahoma Employment Security Commission that fails to adequately attend classes or training sessions be disqualified from receiving benefits for each week the individual was scheduled to be in training. The bill requires the unemployment tax rate computed for or assigned to an employer be reduced by 2 percent for the time period beginning Jan. 1, 2017, and ending Dec. 31, 2026, with some exceptions. The bill provides that the employer transferring its trade or business will be the predecessor employer and the employer or entity acquiring the transferred trade or business will be the successor employer.

**HB 2844 (Echols/Smalley)**

**Officers & Directors (Effective Nov. 1, 2016)**

The bill clarifies that a lawsuit or claim against an officer, director or shareholder of a corporation can only be brought for conduct, acts or contractual obligations outside their scope as an officer, director or shareholder.

**SB 1552 (Dahm/Brumbaugh)**

**Unprofessional Conduct - Doctors (Vetoed)**

The bill would have added performance of an abortion to the list of activities considered unprofessional conduct for all licensed physicians. The bill permitted the licensure boards for physicians to refuse to admit or to revoke any existing license if the physician has performed an abortion. The measure provided for a criminal penalty for any person, including licensed physicians, who perform an abortion for any reason other than when necessary to preserve the life of the mother.

**SB 1567 (Standridge/Echols)**

**Health Information Disclosures (Vetoed)**

The bill requires a health information organization to make publicly available a current and accurate statement of its information-handling practices pertaining to the disclosure of health information by said organization.

**SB 1198 (Justice/Jordan)**

**OSHA Fines by Oklahoma Department of Labor (Effective Nov. 1, 2016)**

The bill allows the commissioner of labor to promulgate rules establishing a schedule of administrative penalties and fines for violations of the Oklahoma Occupational Health and Safety Standards Act.

**Hospitals**

**HB 2510 (Billy/Paddack)**

**Open Records – Social Security Numbers (Effective Nov. 1, 2016)**

The bill requires all social security numbers included in a public record to be confidential regardless of the person’s status as a public employee or private individual and to be redacted or deleted prior to release of the record by the public body.
HB 2586 (Perryman/Jech)

Death Certificates
(Effective Nov. 1, 2016)
The bill adds the requirement that no later than July 1, 2017, for the medical certificate portion of a death certificate to be entered into the prescribed electronic system provided by the State Registrar of Vital Statistics and the information submitted to the State Registrar of Vital Statistics. The bill allows the medical certification to be signed by a hospice’s medical director. The bill requires physicians to sign and file death certificates using the prescribed electronic system no later than July 1, 2017.

HB 2601 (Ritze/Brown)

Mammography – Breast Density
(Effective Nov. 1, 2016)
The bill requires all health care facilities that perform mammography examinations to include in the summary of the mammography report, required by federal law to be provided to a patient, information that identifies the patient’s individual breast density classification based on the Breast Imaging Reporting and Data System established by the American College of Radiology. The bill requires a specific notice if the facility determines that a patient has heterogeneously or extremely dense breast tissue. It permits patients who receive diagnostic or screening mammograms to be directed to informative material about breast density that may include the American College of Radiology’s most current brochure on the subject of breast density. Nothing in this section shall be deemed to create a duty of care or other legal obligation beyond the duty to provide notice as set forth in the bill and shall not be deemed to require a notice that is inconsistent with the provisions of the federal Mammography Quality Standards Act.

HB 2602 (Ritze/Newberry)

Modification of Medical Treatment Laws
(Effective April 20, 2016)
The bill modifies statutory references in the Medical Treatment Laws Information Act by adding language that requires licensees of the State Board of Osteopathic Examiners to watch a State Board of Medical Licensure and Supervision online video concerning the Hydration and Nutrition for Incompetent Patients Act, the Nondiscrimination in Treatment Act, the Oklahoma Advance Directive Act, the Oklahoma Do-Not-Resuscitate Act, and the Assisted Suicide Prevention Act.

- OHA worked with the bill’s authors to eliminate the requirement that boards of directors watch the video, but the bill still requires health care providers and the administrator or chief executive officer associated with inpatient health services to watch the video at least once during each consecutive two-calendar-year period.
HB 2797 (Coody, A./Griffin)

Humanity of the Unborn Child Act & Public Restrooms
(Effective Nov. 1, 2016)
The bill requires the State Department of Health to develop, update annually and maintain an electronic form containing information concerning public and private agencies and services available to assist a woman through pregnancy, upon childbirth and while the child is dependent. The bill requires that the Department make available to each facility in Oklahoma that is open to the public, containing a restroom available to the public and licensed by the Department, to post signage in its restroom containing the statement on or before Jan. 1, 2018. The State Department of Education, in collaboration with the State Department of Health, shall establish an instructional program for students consistent with the provisions of the Humanity of the Unborn Child Act.

HB 2969 (Nelson/Griffin)

Education Accreditation – Hospitalization
(Effective Aug. 25, 2016)
The bill directs the State Department of Education to adopt accreditation standards for education services pertaining to partial hospitalization programs, day treatment programs, day hospital programs, residential treatment programs and emergency shelter programs.

HB 3017 (Calvey/Sykes)

Physician Orders for Life-Sustaining Treatment Act (POLST)
(Effective Aug. 25, 2016)
The measure requires the Office of the Attorney General to establish a standard form for physician orders for life-sustaining treatments that adheres to a particular set of directions, sequence and wording. It establishes conditions of compliance in which a physician or other health care provider is not subject to civil or criminal liability or discipline for unprofessional conduct. It also establishes conditions in which a physician or other health care provider is subject to civil damages not to exceed $200,000 plus attorney’s fees. It also creates a cause of action for the establishment of temporary orders to preserve the life of the patient, which can be petition by the health care provider, facility, the patient, or other person designated by the patient. Amends existing law on Durable Powers of Attorney to exclude the execution of a POLST form.

OHA opposition to the bill came from two elements: (1) the POLST could supersede a legally executed advanced directive or DNR and (2) the cost of implementation of a very specifically formatted form would be an unfunded mandate on hospitals and physicians. The OHA, the Oklahoma State Medical Association (OSMA) and the Oklahoma Osteopathic Association (OOA) were able to work with Sen. Sykes on an amendment that states if the POLST form does become invalid and no form is complete, full treatment and resuscitation is to be provided, except as authorized by Oklahoma law. This means that if a legally executed advanced directive or DNR exists for the patient, those instruments should be followed if POLST becomes void under HB 3017.

HB 3104 (Caldwell/Newberry)

Good Faith Standard for Debt Collection
(Effective Nov. 1, 2016)
The legislation modifies language related to garnishment in any court by a creditor. Creditors shall be entitled to proceed by garnishment in any court having jurisdiction against any person who the creditor, in good faith, believes to be indebted to the creditor’s debtor. The bill establishes a fee of $25, paid by judgement creditors as reimbursement for costs incurred in answering a garnishment to garnishees that are federally insured depository institutions, which must be delivered with the garnishment summons.

SB 200 (Justice/Osborn)

Elevator Inspections
(Effective Nov. 1, 2016)
The bill would allow for an individual or business to apply for an elevator inspection license. The bill requires that any new elevator, platform or chair lift be inspected by the labor commissioner or their designee before operation. Periodic inspections can now be performed by a licensed third party inspector, an elevator inspector employed by the owner’s insurance company, or a Department of Labor elevator inspector. SB 200 does not change the statutory requirement for an annual inspection in hospitals of elevators, escalators, etc. SB 200 also allows for inspection of hot water heating and hot water supply boilers by licensed boiler operators or plumbing contractors.

SB 874 (Anderson/Caldwell)

Increased Lien Collections on Real Property
(Effective Nov. 1, 2016)
The bill increases the fair market value of property owned by a decedent and subject to disposition by will or interstate succession, less liens and encumbrances, from $20,000 to up to $50,000. The impact of the change is the lien holders now have up to $50,000 of fair market value of real property of a decedent to attach a lien.

SB 1147 (Crain/Faught)

Death Certificates
(Effective Nov. 1, 2016)
The bill requires the medical certificate portion of death certificate data to be entered into a prescribed electronic system provided by the State Registrar of Vital Statistics by July 1, 2017.
SB 1196 (Griffin/Nelson)

Self-Consent by Minors to Sexual Assault Exams
(Effective May 16, 2016)
The bill permits any minor who is the victim of sexual assault to consent to have services provided by health professionals provided that such self-consent only applies to a forensic medical examination by a qualified licensed health care professional.

SB 1360 (Treat/Ownbey)

Organ Procurement Organizations
(Effective Nov. 1, 2016)
The bill permits a hospital adopt guidelines for the interaction between organ procurement organizations and hospital staff. It provides that nothing in the Oklahoma Uniform Anatomical Gift Act should be construed as to authorize an organ procurement organization to use coercion or emotional abuse of patients, families of patients, physicians or hospital staff in any aspect of the organ donation process, including but not limited to the testing and screening of potential donors and the procurement of organs.

HB 2248 (Murphey/Sykes)

Sales Tax – Ballot
(Effective Nov. 1, 2016)
The bill clarifies language related to sales tax propositions on ballots by providing that existing statute cannot be interpreted to prohibit a one subject proposition from residing upon the same paper voting ballot as other one subject propositions.

HB 2281 (Murphey/Dahm)

Public Records Disclosure
(Effective Nov. 1, 2016)
The bill requires any public body which makes requested records available on the Internet to meet the obligation of providing prompt, reasonable access to its records.

Discussing health care issues at the state Capitol are (left to right) Sen. Brian Crain (R-Tulsa); Scott Adkins; Kevin Gross, president & CEO, Hillcrest HealthCare System, Tulsa; and Donald Baker, CFO, Hillcrest.
SB 154 (David/Mulready)

**Emergency Contracts**
*(Effective Aug. 25, 2016)*
The bill modifies the Public Competitive Bidding Act of 1974 by increasing the amount for emergency contracts from $50,000 to $75,000.

SB 172 (Loveless/Newell)

**Alternative Business Process at Academic Health Centers**
*(Effective Nov. 1, 2016)*
The bill permits the Office of Management and Enterprise Services (OMES) to approve an alternative process for certain business operations, including but not limited to accounts payable, travel, and expense control at academic health centers, that meets or exceeds OMES requirements, when unnecessary duplication or redundancies add cost and inefficiency to routine processing systems. For purposes of this section, an academic health center consists of an allopathic or osteopathic medical school, one or more other health profession schools or programs such as allied health, dentistry, graduate studies, nursing, pharmacy, public health, veterinary medicine, and one or more owned or affiliated teaching hospitals or health systems.

SB 884 (Brooks/Cox)

**Department of Corrections Exemption for Drug Licensure as Hospital**
*(Effective Nov. 1, 2016)*
The bill exempts Department of Corrections hospitals from being required to obtain a license from the State Department of Health to operate. The intent of the law is to permit the Department of Corrections to be able to obtain prescription drugs without a hospital license for dispensing to inmates and those being administered the death penalty.

SB 1011 (Justice/Osborn)

**Municipal Public Trust Governing Body Indebtedness**
*(Effective Nov. 1, 2016)*
The bill requires a municipality with a governing body consisting of fewer than seven members to approve the creation of an indebtedness or obligation for an express trust by a three-fifths vote of the governing.

SB 1607 (Bingman/Hickman)

**University Hospital Trusts - Open Records, Open Meetings Act**
*(Effective June 6, 2016)*
The bill exempts an entity with which either the University Hospital Trust (University of Oklahoma) or the Oklahoma State University Medical Trust enters into a joint venture or acquires an interest in to effectuate the administration of the mission of the trusts from the Oklahoma Open Meetings Act and the Oklahoma Open Records Act. It makes confidential any information submitted to or compiled by the Trust with respect to marketing plans, financial statements, trade secrets, research concepts, methods or products or any other proprietary information submitted to or compiled by the trusts and others, except to the extent that the person or entity that provided the information or that is the subject of the information consents to disclosure. It provides that the bill’s provisions do not apply to budgetary information related to appropriations or the appropriations process.
Hospital Executive’s 2016 Checklist

The OHA recommends hospital and health system CEOs hold discussions with key staff members to alert them to legislative changes that will impact hospital operations or patient care. The following listing of legislation provides a short description of each measure. Please refer to the explanation of the legislation described in this report for additional information. To retrieve the “enacted” or final version of the bill signed by the governor, go to the Oklahoma House of Representatives Home page, www.okhouse.gov, Find Legislation, Versions, select Enrolled and the bill will appear, or contact Melanie Morris, OHA legislative assistant, morrissme@okoha.com.

Clinical

Physician Orders for Life-Sustaining Treatment Act (POLST) – Effective Aug. 25, 2016, physicians and administrators of medical records should be aware that a new mandatory form will be developed and implemented by the Oklahoma Attorney General for physician orders for life-sustaining treatments. This legislation amends existing law on Durable Powers of Attorney to exclude the execution of a POLST form. If the POLST form becomes invalid, full treatment and resuscitation is to be provided, except as authorized by Oklahoma law, only if a legally executed advanced directive or DNR exists for the patient. See HB 3017 (page 14).

Informed Medical Consent for Minors – Obtaining medical consent for surgery for a minor is not necessary if an emergency exists, surgery is necessary and effort has been made to contact a parent or other adult authorized to consent on behalf of the minor, effective Nov. 1, 2016. See HB 2518 (page 23).

Self-Consent by Minors to Sexual Assault Exams – Effective May 16, 2016, any minor who is the victim of sexual assault may consent to have services provided by health professionals, provided that such self-consent only applies to a forensic medical examination by a qualified licensed health care professional. See SB 1196 (page 15).

Inpatient Mental Health and Substance Abuse Treatment of Minors – The definition of the Act now includes physician assistant and licensed alcohol and drug counselor/mental health (LADC/MH), effective Nov. 1, 2016. See SB 1217 (page 21).

Reporting – Children, Vulnerable Adults and Families

Vulnerable Adult Definition Expanded – Hospital personnel must begin to mandatorily report to the OKDHS Hotline any suspected abuse or neglect of an adult who is incapacitated by Alzheimer’s disease or other dementias. Effective Nov. 1, 2016. See SB 1127 (page 23).

Reporting of Abuse or Neglect of Active Duty Military Children – Effective Nov. 1, 2016, DHS will notify the designated federal authorities at the federal military installation that they received a report that a child who is member of an active duty military family may be abused, neglected or drug-endangered. The hospital staff should be aware an additional level of inquiry may take place with military facilities when children of active duty members are reported. See HB 2491 (page 23).

Facilities

Restroom Signage for Women – Before Jan. 1, 2018, hospitals must post certain signage in each facility open to the public and containing a restroom available to the public. The restroom signage shall contain the statement, “There are many public and private agencies willing and able to help you carry your child to term and assist you and your child after your child is born, whether you choose to keep your child or to place him or her for adoption. The State of Oklahoma strongly urges you to contact them if you are pregnant.” This restroom signage requirement applies only to licensees of the Oklahoma State Department of Health. See HB 2797 (page 14).

Telemedicine Funding – Effective May 9, 2016, the procedures for application for telemedicine funding of telecommunications lines at the Oklahoma Corporation Commission for the Oklahoma Universal Services Fund (OUSF) have changed. For future funding years, a pre-approval application is required in which not-for profit health care providers that are eligible must apply for federal telemedicine funding first, use competitive bidding and apply for OUSF pre-approval prior to funding of telemedicine lines. See HB 2616 (page 8).

Records

Public Records Disclosure by Public Trust Hospitals – Any public body, including public trust hospitals, that makes requested public records available on the Internet, shall meet the obligation of providing prompt, reasonable access to its records effective Nov. 1, 2016. See HB 2281 (page 15).

Modernization of Vital Statistics – Effective Nov. 1, 2016, the state registrar will authorize each applicant requesting an electronic verification of a birth or death certificate through a system and collect a fee of $4 for each record requested. See HB 2703 (page 22).
Legislation of Health Care Interest

**Insurance, State & Education Employees Insurance (OMES EGID)**

The Office of Management & Enterprise Services (formerly the Office of State Finance) and the Employee Group Insurance Division (formerly State & Education Employees Insurance Board, OSEEGIB) are now known as OMES EGID.

HB 2097 (Mulready/Brown)

**HMO Information**  
(Effective Nov. 1, 2016)  
The bill clarifies language related to health maintenance organization contracts by permitting a member to request a printed copy of the contract.

HB 2761 (Kirby/Brown)

**Confidentiality of Records**  
(Effective Nov. 1, 2016)  
The bill provides than no waiver of any applicable privilege or claim of confidentiality in the documents, materials or information provided to the insurance commissioner shall occur as a result of disclosure to the commissioner or as a result of sharing as authorized by this bill.

HB 2962 (Nelson/Griffin)

**Mandatory Insurance Coverage for Autism**  
(Effective Nov. 1, 2016)  
The bill requires a health benefit plan to provide coverage for the screening, diagnosis and treatment of autism spectrum disorder in individuals less than nine years of age, or if an individual is not diagnosed or treated until after three years of age, and requires the coverage be provided for at least six years, provided that the individual continually and consistently shows sufficient progress and improvement as determined by the health care provider. The bill requires the Oklahoma Health Care Authority, in conjunction with the Department of Mental Health and Substance Abuse Services, the State Department of Health and the State Department of Education, to examine the feasibility of a state plan amendment to the Oklahoma Medicaid Program for applied behavior analysis treatment of autism spectrum disorders. It exempts health benefit plans from the requirement if they experience a greater than 1 percent increase in premium costs as a result of providing applied behavior analysis for treatment of autism spectrum disorders.

HB 2996 (Moore/Brown)

**Stop Loss Insurance**  
(Effective Nov. 1, 2016)  
The bill requires any stop-loss insurance coverage issued by an insurer to provide an aggregate retention of no less than 110 percent of the expected claims. It requires the insurance commissioner to develop a uniform disclosure form to be utilized by insurers issuing stop-loss insurance coverage to small employers. It requires the minimum disclosure standards and forms be promulgated by rule in accordance with the Administrative Procedures Act.

HB 3071 (Mulready/Quinn)

**Insurance Mandates First Applied to State Employees**  
(Effective Nov. 1, 2016)  
The bill requires any mandated health insurance coverage signed into law after Nov. 1, 2016, for specific health services, benefits, diseases, copay structure, formulary structure or for certain providers of health care services to also apply to the Oklahoma Employees Health Insurance Plan.

SB 791 (Sykes/Mulready)

**Liability Insurance**  
(Effective Nov. 1, 2016)  
The bill prohibits certain insurance contracts from applying to a liability insurance policy unless there is actual notice that a claim has been made against an insured, who will have also reported the claim to the insured's insurer.

SB 1012 (Brown/Mulready)

**Anti-Fraud Unit**  
(Effective Nov. 1, 2016)  
The bill modifies language related to the Anti-Fraud Unit within the Legal and Investigation Division of the Insurance Department. The bill clarifies language related to the investigation of suspected fraud and adds authority to investigate any licensee under the regulation or authority of the insurance commissioner.
SB 1377 (Griffin/Cox)

Insurance Payments for Dental Services
(Effective Nov. 1, 2016)
The bill prohibits a contracting entity from selling, assigning or otherwise granting access to the dental services of a participating provider under any health care contract unless expressly authorized by the health care contract. The bill requires the health care contract to specifically provide that one purpose of the contract is the selling, assigning or giving the contracting entity rights to the services of the participating provider, including network plans.

SB 1499 (Standridge/Cox)

Insurance Coverage – Opioids
(Effective Nov. 1, 2016)
The bill requires the College of Pharmacy at Southwestern Oklahoma State University to analyze the effectiveness of the anti-abuse properties of anti-abuse formulated opioids. It also requires the College of Pharmacy to analyze the discrepancies between insurance coverage for the anti-abuse formulated prescription opioids and coverage for prescription opioids without abuse deterrent properties.

EMS and Emergency Response

HB 1036 (Faught/Smalley)

Stretcher Van
(Effective Nov. 1, 2016)
The bill limits stretcher van services to counties with populations of at least 500,000 people. Stretcher van passengers must be authorized as qualified for transport through a screening protocol prior to transport. The measure requires Licensed Emergency Medical Services to conduct quality assurance reviews of operations and medical care provided.

HB 2742 (Cox/Standridge)

Community Paramedic Program Established
(Effective Nov. 1, 2016)
The legislation modifies and adds definitions for community paramedics relating to public health and safety, utilization of emergency medical personal and levels of care. Community paramedic services must be part of a care plan ordered by a primary health care provider or a hospital provider in consultation with the medical director of an ambulance service. Community paramedic services shall include health assessment, chronic disease monitoring and education,
medication compliance, immunizations and vaccinations, laboratory specimen collection, hospital discharge follow-up care and minor medical procedures compliant with the community paramedic’s scope of practice and approved by the ambulance medical director. The bill allows any hospital or health care facility operating within the state to use community paramedics. The bill requires the State Board of Health to promulgate necessary rules.

HB 3126 (Cockroft/Smalley)

**Creates the Oklahoma 9-1-1 Management Authority Act**
*(Effective Nov. 1, 2016)*
The bill establishes the Oklahoma 9-1-1 Management Authority for the purpose of overseeing the development and regulation of 9-1-1 emergency systems in this state and managing the distribution of all 9-1-1 telephone fees. The bill outlines the duties and powers of the Authority including the authority to request the Tax Commission escrow the wireless fees attributable to the public agencies that have not submitted a master plan or that have not complied with the terms of a master plan approved by the authority.

SB 1027 (Barrington/Joyner)

**Oklahoma Incident Management Team Advisory Committee**
*(Effective Nov. 1, 2016)*
The bill states the purpose of the Oklahoma Incident Management Team Advisory Committee is to advise and assist the commissioner of public safety in the development of setting of goals, objectives and priorities with respect to state-sponsored all-hazard emergency incident management team functions.

**Guns & Knives**

HB 3098 (Coody, J./Dahm)

**Guns - Open Carry**
*(Failed)*
The bill would have permitted the open carry of guns with no requirement for the completion of concealed carry education.

HJR 1009 (Fisher/Sykes)

**Open Carry**
*(Failed)*
The legislation would send to a vote of the people the right for everyone, even convicted felons, to carry guns. If approved by vote of people, the measure restricts future legislatures from any changes. OHA and several hospitals signed onto a letter opposing these measures. Other entities signing the letter include chambers, banking, law enforcement, cities, education and the Oklahoma City Thunder.

SB 1057 (Fry/Calvey)

**Weapons on Government Property**
*(Effective Nov. 1, 2016)*
The bill prohibits the holder of an event permit from establishing a policy or rule that has the effect of prohibiting any person from carrying a concealed or unconcealed firearm on property unless: a portion of the property or building is owned or controlled by city, town, county, state or federal government, is a sports field, the fairgrounds during the Oklahoma State Fair and the Tulsa State Fair, or a portion of the property is under contract to a business or not-for-profit entity. The bill also prohibits the entity from liability arising from the carrying of a concealed or unconcealed weapon on the property, but allows a person who has suffered a loss from the discharge of a weapon to seek redress or damages from the person who discharged the weapon outside of the provisions of the Oklahoma Self-Defense Act. SB 1057 is a bill that was negotiated by the Oklahoma City Chamber and State Chamber of Oklahoma regarding events on government property. OHA fully supports this legislation.

SB 1159 (Dahm/Jordan)

**Legalizing Carrying of Unconcealed and Concealed Knives**
*(Effective Nov. 1, 2016)*
The legislation removes dagger, bowie knife, dirk knife and sword cane from the list of weapons that are unlawful carry, whether such weapon be concealed or unconcealed.

**Medicaid**

SB 1091 (Standridge/Kannady)

**Statute of Limitations on Medicaid Fraud**
*(Effective Nov. 1, 2016)*
The bill establishes statute of limitations of five years from commission of crime for Medicaid fraud, pursuant to Section 1005 of Title 56 of the Oklahoma Statutes. The Medicaid fraud referenced is a person making false claims for benefits and attempting to or receiving benefits from the Oklahoma Medicaid Program.

SB 1515 (Standridge/Kannady)

**Oklahoma Medicaid False Claims Act**
*(Effective Nov. 1, 2016)*
The bill modifies and deletes definitions relating to penalties, civil actions, procedure and jurisdiction for the Oklahoma Medicaid False Claims Act. The bill modifies requirements for liability and increases penalties. The legislation modifies civil actions for relief by employees, contractors and agents that pursue claims under the Medicaid False Claims Act.
Mental Health & Substance Abuse

HB 1697 (Denney/Griffin)

Labor Commissioner Mark Costello Act
(Effective Nov. 1, 2016)
The bill establishes an assisted outpatient treatment system titled the Labor Commissioner Mark Costello Act in honor of the commissioner who was killed by his son. The bill modifies the definition of the term “licensed mental health professional” to include a psychiatrist who is a diplomate of the American Osteopathic Board of Neurology and Psychiatry. The bill defines the terms “assisted outpatient” and “assisted outpatient treatment.” The bill requires petitions filed to determine if an individual should be ordered to assisted outpatient treatment only be filed by certain professionals. The bill establishes criteria by which the court may order an individual to assisted outpatient treatment.

SB 1070 (Sharp/Biggs)

Exemption for Law Enforcement - Transport of Mental Health Patients
(Effective Nov. 1, 2016)
The legislation provides a law enforcement agency shall not be liable for the actions of a peace officer commissioned by the agency when such officer is providing services as a third party transporting mental health patients outside his or her primary employment as a peace officer.

SB 1217 (Sharp/Grau)

Inpatient Mental Health and Substance Abuse Treatment of Minors
(Effective Nov. 1, 2016)
The bill expands the definition of the Inpatient Mental Health and Substance Abuse Treatment of Minors Act to include physician assistant and a licensed alcohol and drug counselor/mental health (LADC/MH) as defined in the Licensed Alcohol and Drug Counselors Act.

SR 71 (Standridge)

Adult Inpatient Psychiatric Admissions
(Accepted by Secretary of State on May 17, 2016)
The resolution clarifies inpatient psychiatric Medicaid policy for Oklahoma. It states that consistent with federal Medicaid law, all Medicaid-covered psychiatric services provided to persons under the age of 21 who are admitted as inpatients in a hospital in Oklahoma are acute, inpatient hospital services, regardless of the level of state Medicaid reimbursement provided for such services. Resolution is ordered to be distributed to the Oklahoma Health Care Authority Board.

Long Term Care

HB 2280 (Murphey/Standridge)

Violations Classification System
(Effective Nov. 1, 2016)
The bill directs the State Health Department, in consultation with the Long-Term Care Facility Advisory Board, to develop a classification system for violations of the Continuum of Care and Assisted Living Act that reflects the severity of the violation and prescribes graduated penalties based on the level of harm to the resident. The measure also requires the facility to submit a plan of correction that details how the violation will be corrected and how similar violations will be prevented from occurring in the future.

HB 2282 (Murphey/Standridge)

Administrators
(Effective Nov. 1, 2016)
The bill requires the Oklahoma State Board of Examiners for Long-Term Care Administrators to adopt rules, on or before July 1, 2017, allowing applicants to take the state standards test at a testing facility using procedures approved by the National Association of Long-Term Care Administrators.

HB 2667 (Cox/Yen)

Informal Dispute Resolution for Residential Care
(Effective Nov. 1, 2016)
The bill authorizes any residential care home that wishes to challenge a statement of deficiency through either an informal dispute resolution process or an alternative informal dispute resolution process to make a written request to the State Department of Health within 30 calendar days after the receipt of a statement of deficiencies from the Department. It provides membership requirements for an impartial decision-making panel for the alternative informal dispute resolution.

SB 1287 (Griffin/Jordan)

Investigative Findings Regarding Vulnerable Adults
(Effective Nov. 1, 2016)
The bill prohibits the forwarding of unsubstantiated findings and findings of self-neglect on vulnerable adults to the office of the district attorney and repeals statutory language related to the reporting of abuse due to duplication.
SB 1374 (Treat/Denny)

Long Term Care Insurance Act
(Effective Nov. 1, 2016)
The bill adds a definition of “not-for-profit life care community” to the Long Term Care Insurance Act and specifies that an endowed prepayment, license or entry fee charged of $50,000 or more be independently, actuarially determined prior to opening the community and annually thereafter to ensure that sufficient payments are collected to meet the future needs of residents.

SB 1506 (David/Cox)

Informal Dispute Resolution for Residential Care Homes
(Effective Nov. 1, 2016)
The bill allows a residential care home, upon written request to the State Department of Health, to participate in an informal dispute resolution panel or an alternate dispute resolution panel. Such request shall be made within 30 days of the receipt of a Statement of Deficiencies from the Department.

Public Health

HB 2398 (Biggs/Griffin)

Justice for J.W. Act of 2016
(Effective June 6, 2016)
The bill is new law and provides that the term “force” shall mean any force necessary to accomplish the act of sexual assault without the consent of the victim. The Court of Criminal Appeals is to publish a uniform jury instruction for jury trials defining the term “force.” The measure defines the term “sexual assault.” The measure defines the term “consent.” The measure provides that the crime of sodomy has occurred if the person is at the time unconscious of the nature of the act or if the person is intoxicated by a narcotic or anesthetic agent administered by the accused.

HB 2703 (Hall/Holt)

Modernization of Vital Statistics
(Effective Nov. 1, 2016)
The legislation allows the State Registrar to grant applications for electronic verification of the existence of birth and death certificates for legal and administrative purposes when an application is made by a government agency conducting official business, a benefit paying party, a physician licensed to practice in the U.S. to determine if a patient has been lost to care, or other entities for fraud protection as determined by the State Department of Health. The department may charge up to $4 for each electronic birth or death verification. The bill requires the State Department of Health to make a public birth and death index available on its website no later than July 1, 2017, required to contain a subject’s name, gender, date of birth or death and the county in which the birth or death occurred.

HB 2835 (Echols/Yen)

Legalized Marihuana Oil Usage for Certain Adults
(Effective Nov. 1, 2016)
The legislation amends HB 2154 from 2015, which permitted the usage of marihuana oil for children for specific medical conditions in an act titled Katie and Cayman’s Law. HB 2835 deletes the age limitation for “marijuana” and “qualifying patient” when relating to cannabidiol (CBD) oil trials. HB 2835 now includes usage by individuals with spasticity due to multiple sclerosis or paraplegia, intractable nausea and vomiting, or appetite stimulation with chronic wasting diseases to be prescribed CBD oil by a clinician.

SB 1150 (Yen/Cox)

Reform of Oklahoma Pharmacy Act
(Effective Nov. 1, 2016)
The legislation prohibits the sale or wholesale of dangerous drugs, medicines, medical gases, chemical or poisons without first obtaining a license from the State Board of Pharmacy. The bill prohibits any person, firm or business establishment from offering to the public their services as a “pick-up station” or intermediary for the purpose of having prescriptions filled or delivered, whether for profit or gratuitously.
Treatment of Student Athlete Concussions
(Effective Nov. 1, 2016)
The bill modifies language regarding concussion education through the Oklahoma Secondary School Activities Association. Health care provider in the act means an individual who is registered, certified, licensed or otherwise recognized by the state to provide medical or psychological treatment and who is trained and experienced in the evaluation, management and care of concussions. The bill requires coaches and officials to undergo yearly training. The bill requires an athlete showing signs of a concussion to be removed from practice or competition. The legislation provides a waiver of liability for health care providers who are volunteers or employees for treatment of athletes’ concussions unless the acts or omissions constituted gross negligence, willful or wanton misconduct.

SB 1164 (Griffin/Kirby)

Study of Opioids Formulated to Deter Opioid Abuse
(Effective Nov. 1, 2016)
The legislation requires the College of Pharmacy at Southwestern Oklahoma State University to analyze the effectiveness of the anti-abuse properties of anti-abuse formulated opioids. It also requires the College of Pharmacy to analyze the discrepancies between insurance coverage for the anti-abuse formulated prescription opioids and coverage for prescription opioids without abuse deterrent properties. A report shall be submitted to the Legislature on or before Dec. 31, 2016.

SB 1499 (Standridge/Cox)

Children & Families

Current law states that when treating children or vulnerable adults, hospital personnel are required to report any suspected cases of child or vulnerable adult abuse or neglect to the Oklahoma Department of Human Services (OKDHS) Hotline for investigation. Please note that there was a change to the definition of vulnerable adult, which mandates required reporting. Employees should be trained on the latest requirements for reporting under the law for both vulnerable adults and children.

HB 2491 (Coody, A./Fields)

Mandatory Reports of Child Abuse or Neglect of Military Families
(Effective Nov. 1, 2016)
The legislation requires the Department of Human Services to notify the designated federal authorities at the federal military installation where the active duty service member is assigned that the Department has received a report that such child may be abused, neglected or drug-endangered if the child is a member of an active duty military family. It requires an investigation or assessment in-clude an inquiry into whether the person responsible for the health, safety or welfare of the child is an active duty service member of the military or the spouse of an active duty service member.

HB 2518 (Grau/Dahm)

Modifying Informed Medical Consent for Minors
(Effective Nov. 1, 2016)
The bill provides an exception for medical consent for minors if an emergency exists, surgery is necessary and effort has been made to contact a parent or other adult authorized by law to consent on behalf of minor.

HB 2821 (Denney/Crain)

Achieving a Better Life Experience Program for Persons with Disability Certifications
(Effective Jan. 1, 2017)
The Achieving a Better Life Program is established in HB 2821 and shall be operated through the use of accounts. An account may be established to save for the qualified disability expenses of the account owner who has a disability certification.

HB 2965 (Nelson/Griffin)

Child Abuse Reporting – Governing Bodies
(Effective Nov. 1, 2016)
The bill prohibits a governing body or entity from interfering with the child abuse reporting obligations and allows for recovery of damages.

HB 2971 (Nelson/Treat)

Child Welfare Review of Children with Disabilities
(Effective July 1, 2016)
The Child Welfare Review Committee for the Death and Near Death of Children with Disabilities is established in this legislation. The purpose of the committee will be to study cases of the death and near death of children with disabilities who have previous child welfare involvement with or are in the custody and care of the Department of Human Services. The submission of a report shall be made available to the public.

SB 1127 (Crain/Munson)

Modifying the Protective Services for Vulnerable Adults Act
(Effective Nov. 1, 2016)
The bill modifies the definition of “vulnerable adult” in terms of persons who may need the intervention of DHS protective services to include persons with Alzheimer’s disease or other dementias. The
definition of “vulnerable adult” now means an individual who is an incapacitated person or who, because of physical or mental disability, including persons with Alzheimer’s disease or other dementias, incapacity, or other disability, is substantially impaired in the ability to provide adequately for the care or custody of himself or herself, or is unable to manage his or her property and financial affairs effectively, or to meet essential requirements for mental or physical health or safety, or to protect himself or herself from abuse, verbal abuse, neglect, or exploitation without assistance from others.

SB 1200 (Griffin/Jordan)

Modifies Usage of Juvenile Detention Facilities
(Effective Nov. 1, 2016)
The bill clarifies that an adjudicated child in need of supervision and who has violated a court order shall not be placed in a juvenile detention facility except in certain circumstances.

SB 1211 (Griffin/Roberts)

DHS Childcare Advisory Committee and Childcare Licensing
(Effective Nov. 1, 2016)
The bill modifies requirements of advisory committees appointed by the Department of Human Services to include the utilization of subcommittees to make recommendations of best practices in licensing standards for child care centers, family child care homes, residential child care facilities and group homes.

SB 1273 (Floyd/Cockroft)

Childcare Facilities and Bedding
(Effective July 1, 2016)
The bill creates Shepard’s Law. Child care facilities and child care homes are now prohibited from using soft or loose bedding, including blankets, in sleeping equipment or in sleeping areas used for infants. It also provides no facility will allow toys or educational devices in sleeping equipment or in a sleeping area. Further, no facility will place a child in sleeping equipment or in a sleeping area which has not been previously approved for use as such by the Department of Human Services.

SB 1274 (Floyd/Cockroft)

Liability Insurance at Childcare Facilities
(Effective May 9, 2016)
The legislation requires that the childcare facility keep a form signed by the parent or legal guardian of each child that he or she has been told that the child care facility does not carry at least $200,000 of general liability insurance. Notices in child care facilities concerning insurance shall be placed conspicuously and in accordance with specific requirements and to maintain compliance files.

SB 1554 (Marlatt/Russ)

Modification of Child Care Director Credentials & Floor Space
(Effective Aug. 25, 2016)
The bill requires that any person with a bachelor’s degree or postgraduate degree shall be considered as having met the educational requirements for a director of a full-time child care center required by the Department of Human Services. Licensed child care facilities opened or expanded before Nov. 1, 2016, shall have 35 square feet of floor area per infant in rooms occupied only by infants. New construction and existing space not previously licensed for child care after Nov. 1, 2016, shall have 40 square feet of floor area per infant in rooms occupied only by infants.

Public Safety

A legislative proposal that would have given state motorists the choice of a biometric license or a traditional ID was rejected when the Legislature adjourned May 27, 2016. Oklahoma would have been the first state in the nation to give its citizens a choice in the type of driver’s licenses they may obtain. The federal Real ID Act of 2005 was passed after the 9/11 attacks. REAL ID essentially involves adding a number of security features to state-issued driver’s licenses and identification cards. Opponents believe the new IDs are an undue invasion of privacy. Oklahoma lawmakers passed a measure in 2007 opposing the federal law and preventing compliance. The state law also prohibited state law enforcement agencies from implementing any of the federal Real ID requirements.

- One impact of the Oklahoma law is that until the law is repealed, the state cannot produce driver’s licenses that are compliant with federal law.
- Oklahomans are not able, at this time, to obtain a license that is compliant to be able to fly in commercial airplanes, enter military bases, or enter federal buildings.

Currently, Oklahoma has an extension for compliance through Oct. 10, 2016. Hopefully that date will be extended through 2017. At present, 23 states are fully compliant with the REAL ID Act, and the U.S. Homeland Security Department has used its authority to grant states extensions when they demonstrate steps toward compliance. Twenty-seven states and territories, including Oklahoma, have been granted extensions for a period of time to become compliant.

SB 683 (Dahm/Echols)

Repealing Oklahoma Nonparticipation in Implementation of Real ID Act of 2005
(Failed)
The bill directs the Department of Public Safety to issue a nonbiometric Class D driver license or identification card to a qualified recipient, who requests an exemption from biometric identification, upon certification by the Department that the issuance of a biometric Class D driver license or identification card would violate the
tenets of the religion or religious beliefs of the person. It exempts any applicant seeking a religious exemption from being required to provide any biometric sample with the exception of the signature of the applicant. The bill requires the Department of Public Safety to permanently delete, within 72 hours, any facial image collected for the issuance of a new, renewal or replacement Class D driver license or ID, issued to a qualified person under this exemption. The bill also repeals the Oklahoma Nonparticipation in Implementation of Real ID Act of 2005.

Professions & Licensure Boards

HB 2603 (Ritze/Standridge)

Pain Management
(Effective July 1, 2016)
The bill adds osteopathic physicians as qualified to be licensed under the Oklahoma Pain Management and Treatment Act.

HB 2820 (Denney/Bice)

Music Therapy Practice Act
(Effective Nov. 1, 2016)
The bill establishes the Music Therapy Practice Act by prohibiting any person from holding themselves out as being able to practice music therapy or provide music therapy services unless the person is licensed in accordance with the provisions of the act. The bill establishes the Music Therapy Committee to assist the State Board of Medical Licensure and Supervision in conducting examinations for applicants and to advise the board on all matters pertaining to implementation of the Act. The bill establishes licensing requirements and the scope of practice for licensed musical therapists.

SB 615 (Sparks/Thomsen)

Dietitians
(Effective Nov. 1, 2016)
The bill amends the Licensed Dietitian Act by expanding the definition of Dietetics and adding two new terms: nutrition assessment and nutrition counseling. It expands the list of violations for which a dietitian’s license may be revoked, suspended, or otherwise punished. Lastly, it establishes a fine for violations of the Act and stipulates such a person may be held liable for costs incurred by the State Board of Medical Licensure and Supervision to implement disciplinary actions or prosecute a case.

SB 687 (Sykes/Derby)

Massage Therapy Practice Act
(Effective Aug. 25, 2016)
The bill prohibits a person who is not a licensed massage therapist from: using the title of massage therapist; representing himself or herself to be a massage therapist; using any other title, words, abbreviations, letters, figures, signs or devices that indicate the person is a massage therapist; or utilizing the terms “massage,” “massage therapy” or “massage therapist” when advertising or printing promotional material. It also grants the State Board of Cosmetology and Barbering the authority to adopt and promulgate rules necessary to implement the Massage Therapy Practice Act. The bill also establishes steps and fees for licensure and establishes disciplinary action against individuals who violate the provisions of the Act.

SB 1148 (Crain/Ritze)

Maintenance of Certification for Physicians
(Effective Nov. 1, 2016)
The legislation prohibits the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act from requiring a physician secure a Maintenance of Certification (MOC) as a condition of licensure, reimbursement, employment or admitting privileges at a hospital in this state. The bill defines MOC as continuing educating program measuring core competencies in the practice of medicine and surgery, approved by a nationally-recognized accrediting organization. Because the change only directly applies to licensure decisions, hospitals may still require board certification from whatever organizations they deem appropriate as a requirement of medical staff membership and/or employment.

James Moore (left), president, INTEGRIS Southwest Medical Center, Oklahoma City, was the recipient of the AHA-PAC MVP award during OHA Advocacy Day. Presenting the award is Craig W. Jones, president, OHA.
The legislative session ended May 27 without the Legislature taking up an omnibus resolution approving and disapproving administrative rules. 2016 marked the third consecutive year in which the resolution was not considered, leaving the final decision to Gov. Mary Fallin. Two bills proposed changes to the administrative rules process in an effort to fix the problems that kept the Legislature from passing a final resolution in 2014 and 2015, but neither HB 2254 nor SB 1276 made it to Gov. Fallin’s desk.

HJR 1072 (Faught/Dahm)

Administrative Rule Approvals
(Failed)
The bill approves and disapproves certain administrative rules promulgated by state agencies. It was on the Senate’s agenda the last day of session, but was not taken up before that chamber adjourned sine die just after noon. The resolution passed 64 to 26 in the House on May 12. HJR 1072 would have disapproved the following agency rules of interest to the OHA: Oklahoma Health Care Authority, OAC 317: 30-5-95.24, subsections a, b, and d dealing with inpatient psychiatric facilities. A 2013 law requires all rules to be approved by general reference in an omnibus joint resolution and for disapproved rules to be listed individually. The omnibus resolutions in 2014 and 2015 also failed to receive legislative approval. In both instances, Gov. Fallin chose to approve administrative rules that the resolutions proposed disapproving; and disapproved others that the resolution would have approved. On June 9, Gov. Fallin issued an approval of all agency rules submitted from April 2015 through April 2016, except for three rules, none of which impacted hospitals in Oklahoma.

HB 2254 (Faught/Newberry)

Modifying Administrative Procedures Act
(Failed)
The bill modifies the definition and changes the expiration date of emergency rules from September to July 15. The bill states that a transmission of a rule for legislative review on or before April 1 of each year will result in the approval of such rule by the Legislature if it is in regular session and it has failed to disapprove such rule before the last day of session unless such rule establishes or increases a fee or fees or is a rule by an agency, board of commission created by or receives its authority from Title 59 of the Oklahoma Statutes. It requires those agencies or rules imposing a fee increase or establishing a new fee to be approved by the Legislature by joint resolution. If the Legislature fails to approve the rule on or before the last day of the legislative session, the rule will be deemed disapproved.

SB 912 (Loveless/Faught)

Agency Drafting of Administrative Rules
(Effective Nov. 1, 2016)
The bill requires agencies filing administrative rules with the Office of Administrative Rules, the governor’s office and the Legislature to include a statement of the gist of the rule.

SB 1276 (Dahm/Faught)

Legislative Modification of Administrative Rules
(Failed)
The bill modifies the procedure related to legislative approval of administrative rules. The bill permits, rather than requires, the Legislature to have an omnibus joint resolution prepared for consideration each session. It adds language permitting the Legislature to repeal or amend a proposed permanent rule. The bill changes from “technical defect” to “nonsubstantive error” in the joint resolution approved by the Legislature that allows the governor to take action to approve the rules by executive order.

SJR 76 (Dahm/Faught)

Disapproving Certain Rules – Challenge to Executive Authority
(Failed)
The resolution would have disapproved and approved proposed permanent rules of the Statewide Virtual Charter School Board. According to the authors, this was a challenge to the executive authority of the governor to approve or disapprove rules under the Oklahoma Administrative Procedures Act. The authors state the governor is exceeding her authority under the statute.
State Budget

HB 3206 (Sears/Jolley)

Cash Flow Reserve Funds
(Effective Sept. 1, 2016)
The bill requires the Office of Management and Enterprise Services to analyze and submit to the State Board of Equalization the amount of funds remaining in the Cash Flow Reserve Fund that is not necessary for current FY cash flow needs and is available for legislative appropriation.

HB 1581 (Park/Treat)

Reporting Federal Funds
(Effective Sept. 1, 2016)
The bill requires state agencies to report to the Office of Management and Enterprise Services the amount of federal funds received by the agency; the source of those funds, a description of any action required to be taken by the agency, and actions prohibited to be taken. Information is to be made available on a state website.

SB 694 (Griffin/Wright)

DHS Spending Limits
(Effective July 1, 2016)
The bill directs the Department of Human Services to allocate $119,832,053 to phases one, two, three and four of the Pinnacle Plan. In addition, the measure states legislative intent regarding Developmental Disabilities Services, the Advantage Waiver Program, Community-based Waiver Program, Money Follows the Person, Homeward Bound Waiver, In-home Supports and Adult Day Services. The measure also directs the Department of Human Services to fund the Child Abuse Multidisciplinary Account. The bill also provides legislative intent with regard to maintaining FY 2016 funding levels of salaries for Child Welfare Services Division and foster and adoptive home rates. The measure also provides for the transfer for federal monies, appropriations and cash to the Department of Human Services for FY 2017.

SB 1030 (Mazzei/Brumbaugh)

Oklahoma Multi-Year Revenue & Expenditure Projection Act
(Effective May 16, 2016)
The bill requires state agencies to submit additional information to the Office of Management and Enterprise Services (OMES) for budgeting purposes. Agencies will be required to report the estimated collections, itemized budget needs and capital expenditures for the ensuing fiscal year and the following two fiscal years. The expanded time frame will also apply to a comprehensive economic report prepared by the Oklahoma Tax Commission (OTC) and a multi-year trend analysis of the state’s budget outlook prepared by OMES.

OMES and OTC will be required to submit a copy of their report and analysis to the speaker, pro tempore and members of the House and Senate appropriations committee.

The measure also requires the subcommittees of the House and Senate appropriations and budget committees to establish budget performance measurements for each spending agency under its jurisdiction. All spending agencies, regardless of whether or not it receives state appropriations, will be required to submit analysis reports to allow the Legislature and the governor to obtain measurable data to determine if the agency is performing its duties in the most cost-effective manner.

SB 1342 (Treat/Newell)

Taxpayer Transparency Act
(Effective Jan. 1, 2017)
The bill requires the Office of Management and Enterprise Services to make modifications to the website required by the Taxpayer Transparency Act to give users the ability to track expenditures of federal funds by agencies of the state.
Fiscal Year 2017 State Budget Highlights

At the close of the 2015 Legislative Session, most state agencies’ FY 2016 appropriations were reduced by 0.75 percent to as much as 7.25 percent, while some agencies were held flat and others received small increases. Ultimately, the Legislature balanced the budget by taking more than $500 million from various sources, including the Rainy Day Fund.

In Gov. Mary Fallin’s State of the State Address, she presented her budget proposal for FY 2017. As the state faced a $1.3 billion dollar budget shortfall, her proposal provided that, even with tax reform to collect more revenue, 53 state agencies would be cut 6 percent, and the health agencies (OHCA, ODMHSAS, OSDH) and the department of education would be cut only 3 percent. This 3 percent cut would be on top of the cuts already sustained in prior years and the 3 percent cut that was imposed Jan. 1 by the OHCA. She proposed many options for restructuring state tax collections, including implementing a $1.50 cigarette tax increase, vigorously supported by OHA.

Most agency budgets will be cut deeper in FY 2017.

- 59 of the 73 agencies receiving state appropriations will see a further cut in FY 2017, on top of cuts absorbed in FY 2016 due to the mid-year revenue failures.
- Only four agencies will see an increase compared to their initial FY 2016 appropriations – the Oklahoma Health Care Authority, Tax Commission, Elections Board and Legislative Services Bureau. Four others are held flat – Department of Corrections, Corporation Commission, Court of Criminal Appeals and Commissioners of Land Office.
- The budget for the Legislative Services Bureau will grow by $9.3 million, or 205 percent. After accounting for cuts to the House of Representatives and Senate, the total legislative budget will increase by $4.1 million, or 11.5 percent, compared to FY 2016.
- Five agencies were held flat or will see an increase compared to their final FY 2016 funding – Human Services, Mental Health and Substance Abuse Services, the Indigent Defense System, Juvenile Affairs, and the Pardon and Parole Board. This is also the case for Common Education, excluding a FY 2016 supplemental to make up for a shortfall in the Ad Valorem Reimbursement Fund.
- Of the 10 agencies receiving the largest state appropriations, Higher Education receives the deepest cut in FY 2017 – 15.9 percent compared to its initial FY 2016 funding. More than half of all appropriated agencies – 39 of 73 – have now been cut by 20 percent or more since FY 2009, without accounting for inflation.
The budget includes almost $1 billion in additional revenue beyond the certified estimate.

- To the $5.851 billion certified by the State Equalization Board, lawmakers generated an additional $996 million for the FY 2017 budget.
- The main revenue enhancements were transfers from multiple funds ($391 million), eliminating or reducing various tax breaks ($237 million), transportation bonds ($200 million), and the Rainy Day Fund ($66 million).
- Of the $996 million in additional revenues, some $560 – $690 million consists of one-time revenues, which will need to be replaced in developing the FY 2018 budget.
- Various recurring revenue options, including rolling back the income tax cut that took effect in January 2016, raising the cigarette tax or fuel tax, and broadening the tax base to services, were considered but not adopted.

### Table 1: FY 2017 Revenue Enhancements (includes $55.1 M for FY 2016 supplementals)

<table>
<thead>
<tr>
<th>Recurring Revenue</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Economically at-risk rebate</td>
<td>110,958,893</td>
</tr>
<tr>
<td>End double deduction</td>
<td>87,296,435</td>
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<tr>
<td>EITC non-refundable</td>
<td>25,937,185</td>
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<tr>
<td>OTC Tax compliance initiative</td>
<td>48,998,204</td>
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<td>Investment/New Job credit</td>
<td>12,652,032</td>
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<tr>
<td>Sales Tax statute of limitations</td>
<td>5,078,840</td>
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<tr>
<td>Income tax withholding reconciliation</td>
<td>4,483,475</td>
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<tr>
<td>Railroad maintenance credit</td>
<td>122,570</td>
</tr>
<tr>
<td>Child Care Facilities credit</td>
<td>115,074</td>
</tr>
<tr>
<td>Coal credit</td>
<td>881,473</td>
</tr>
<tr>
<td><strong>Total Recurring</strong></td>
<td><strong>300,524,181</strong></td>
</tr>
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| Cash Flow Reserve Fund                                  | $132,000,000 |

<table>
<thead>
<tr>
<th>One-Time Revenues</th>
<th>$</th>
</tr>
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<tr>
<td>Transportation Bond issue</td>
<td>200,000,000</td>
</tr>
<tr>
<td>Transportation ROADS Fund transfer</td>
<td>73,000,000</td>
</tr>
<tr>
<td>Rainy Day Fund for FY 17</td>
<td>65,855,088</td>
</tr>
<tr>
<td>Revolving Funds (Agency Budgets)</td>
<td>53,066,387</td>
</tr>
<tr>
<td>CIRB (County Roads &amp; Bridges) Transfer</td>
<td>50,000,000</td>
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<tr>
<td>Revolving Funds to Special Cash</td>
<td>46,700,000</td>
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<tr>
<td>Unclaimed Property Fund</td>
<td>36,000,000</td>
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<tr>
<td>Railroad Sale Proceeds</td>
<td>26,328,480</td>
</tr>
<tr>
<td>License Plate Reissuance</td>
<td>12,687,303</td>
</tr>
<tr>
<td><strong>Total One-Time</strong></td>
<td><strong>563,647,258</strong></td>
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</table>

| Total additional revenue                                | $996,171,439 |

Information and analysis provided by the Oklahoma Policy Institute.
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The OHA political action committee provides OHA and its members with an additional tool complementing our legislative efforts.

Elected officials at the Oklahoma Capitol and in Washington, D.C. are increasingly making critical decisions that impact Oklahoma hospitals and health systems. These decisions profoundly effect a hospital’s ability to fulfill its mission of providing high quality, affordable health care. Hospitals and health systems need a unified voice at the Oklahoma Legislature and before members of Congress. OHA-PAC can give us this voice by helping to elect officials at the state and national level who are willing to stand up for our concerns.

For more information on the OHA-PAC, go to www.okoha.com/PAC.