OKLAHOMA STATE DEPARTMENT OF HEALTH (340)

Lead Administrator: Preston L. Doerflinger
Interim Commissioner of Health

FY'18 Projected Division/Program Funding By Source

<table>
<thead>
<tr>
<th>Appropriations</th>
<th>Federal</th>
<th>Revolving</th>
<th>Local</th>
<th>Other*</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health Infrastructure</td>
<td>$3,000,000</td>
<td>$15,816,946</td>
<td>$3,066,723</td>
<td>$21,883,669</td>
<td></td>
</tr>
<tr>
<td>Office of State Epidemiology</td>
<td>$5,123,659</td>
<td>$44,121,739</td>
<td>$5,307,566</td>
<td>$54,552,964</td>
<td></td>
</tr>
<tr>
<td>Community and Family Health</td>
<td>$32,418,224</td>
<td>$131,079,462</td>
<td>$6,653,113</td>
<td>$200,887,984</td>
<td></td>
</tr>
<tr>
<td>Protective Health</td>
<td>$4,527,763</td>
<td>$17,905,990</td>
<td>$34,553,537</td>
<td>$56,987,290</td>
<td></td>
</tr>
<tr>
<td>Health Improvement</td>
<td>$7,837,836</td>
<td>$16,030,405</td>
<td>$10,064,883</td>
<td>$33,933,124</td>
<td></td>
</tr>
<tr>
<td>Athletic Commission</td>
<td>$176,308</td>
<td>$0</td>
<td>$340,891</td>
<td>$517,199</td>
<td></td>
</tr>
<tr>
<td>Information Technology</td>
<td>$0</td>
<td>$0</td>
<td>$8,915,000</td>
<td>$8,915,000</td>
<td></td>
</tr>
<tr>
<td>Special Appropriation</td>
<td>$30,000,000</td>
<td></td>
<td></td>
<td>$30,000,000</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>$83,083,790</td>
<td>$224,954,542</td>
<td>$68,901,713</td>
<td>$407,677,230</td>
<td></td>
</tr>
</tbody>
</table>

*Source of "Other" and % of "Other" total for each.

FY'17 Carryover and Refund by Funding Source

<table>
<thead>
<tr>
<th>FY'17 Carryover</th>
<th>Appropriations</th>
<th>Federal</th>
<th>Revolving</th>
<th>Local</th>
<th>Other*</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>54,318</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$54,318</td>
</tr>
<tr>
<td>$</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

*Source of "Other" and % of "Other" total for each.

- SFY-18 - $50,000 reduction for colorectal cancer screening and $54,318 or 2.8% reduction to FQHC's (SFY-17 $1,939,932 to SFY-18 $1,885,614).
- This also includes the state match for the Informatics APD and CHIE 1332 contracts which total $1 million.

What Changes did the Agency Make between FY'17 and FY'18?

1.) Are there any services no longer provided because of budget cuts?
Yes. Pursuant to the OSDH Corrective Action Plan filed on January 1, 2018, certain contracts have been cancelled. Services related to those contracts are therefore reduced. The contracts are Parent Pro, Oklahoma Child Abuse Prevention and Federally Qualified Health Centers. (See e.g. January 1, 2018 Corrective Report)

2.) What services are provided at a higher cost to the user?
The cost of medications have increased, the cost of TB control has increased, the cost of lead screening has increased and the cost of STD medications have increased. FMAP will increase due to the cost to provide services.

3.) What services are still provided but with a slower response rate?
N/A

4.) Did the agency provide any pay raises that were not legislatively/statutorily required? If so, please provide a detailed description in a separate document.
Yes.

FY'19 Requested Division/Program Funding By Source

<table>
<thead>
<tr>
<th>Appropriations</th>
<th>Federal</th>
<th>Revolving</th>
<th>Local</th>
<th>Total</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health Infrastructure</td>
<td>$3,000,000</td>
<td>$15,816,946</td>
<td>$3,066,723</td>
<td>$21,883,669</td>
<td>0.00%</td>
</tr>
<tr>
<td>Office of State Epidemiology</td>
<td>$11,598,627</td>
<td>$44,121,739</td>
<td>$5,307,566</td>
<td>$61,027,932</td>
<td>11.87%</td>
</tr>
<tr>
<td>Community and Family Health</td>
<td>$32,678,374</td>
<td>$131,079,462</td>
<td>$37,390,298</td>
<td>$30,000,000</td>
<td>15.06%</td>
</tr>
<tr>
<td>Protective Health</td>
<td>$7,136,571</td>
<td>$17,905,990</td>
<td>$34,553,537</td>
<td>$59,596,098</td>
<td>4.58%</td>
</tr>
<tr>
<td>Health Improvement</td>
<td>$7,837,836</td>
<td>$16,030,405</td>
<td>$10,064,883</td>
<td>$33,933,124</td>
<td>0.00%</td>
</tr>
<tr>
<td>Athletic Commission</td>
<td>$176,308</td>
<td>$0</td>
<td>$340,891</td>
<td>$517,199</td>
<td>0.00%</td>
</tr>
<tr>
<td>Information Technology</td>
<td>$0</td>
<td>$0</td>
<td>$8,915,000</td>
<td>$8,915,000</td>
<td>0.00%</td>
</tr>
<tr>
<td>Special Appropriation</td>
<td>$30,000,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>$62,427,716</td>
<td>$224,954,542</td>
<td>$99,638,898</td>
<td>$30,000,000</td>
<td>$417,021,156</td>
</tr>
</tbody>
</table>

*Source of "Other" and % of "Other" total for each.

FY'19 Top Five Appropriation Funding Requests

<table>
<thead>
<tr>
<th>Program</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health Laboratory -Bond Payment</td>
<td>$4,127,950</td>
</tr>
<tr>
<td>Medical Marijuana (Question No. 788, Initiative Petition No. 412 (SQ788)</td>
<td>$2,608,808</td>
</tr>
<tr>
<td>Immunization Vaccine</td>
<td>$1,516,493</td>
</tr>
<tr>
<td>Infectious Disease Control</td>
<td>$330,525</td>
</tr>
<tr>
<td>Childhood Lead Screening Program</td>
<td>$260,150</td>
</tr>
</tbody>
</table>

Total Increase above FY-18 Request $9,343,926

**FY'18 Appropriation is $53,083,790; if FY'19 Budget Request was granted OSDH FY'19 total appropriation would increase to $62,427,716
### Federal Government Impact

1. **How much federal money received by the agency is tied to a mandate by the Federal Government?**

   The department receives approximately 59% of the overall budget from federal sources. Those monies come with certain expectations or obligations of performance but do not necessarily constitute 'mandates'. In some instances, the federal monies are used to support mandates where appropriated monies or fees cannot sustain programmatic efforts such as infectious disease programs. This support is undertaken only through a system of utilization of allowable federal resources to the programs (See e.g. 2 CFR Sec. 200).

2. **Are any of those funds inadequate to pay for the federal mandate?**

   As mentioned above, a considerable portion of federal monies received by the department are utilized to support state level mandates.

3. **What would be the consequences be of ending all of the federal funded programs for your agency?**

   Discontinuation of federal programs and funding would significantly impact public health systems and service delivery. Most federally funded programs serve statewide initiatives and impact much of the state's population. Those programs include but are not limited to focus on the following public health issues: All Hazards Preparedness, Communicable Disease Prevention and Control, Maternal and Child Health Services, Nursing Home and Health Facility Inspection and Regulation as well as many others. The discontinuance of such services could dramatically impact health status in Oklahoma, leave our citizens vulnerable to outbreaks of disease and virtually eliminate the capability of a coordinated health and medical response in an emergency.

4. **How will your agency be affected by federal budget cuts in the coming fiscal year?**

   Federal reductions in funding could possibly result in the reduced focus of the programs which may affect service delivery in counties throughout the state for various programs and initiative which rely on those funds.

   The CDC Tobacco Control Core program is anticipating a reduction in funding between 10% and 50% ($109,032 to $545,162) beginning March 31, 2017. The proposed budget cut has affected staffing costs, contracts and services related to tobacco control efforts.

5. **Has the agency requested any additional federal earmarks or increases?**

   The agency has not requested any federal earmarks. However, approximately, 59% of the departments funding is awarded through 77 separate federal revenue streams. The department continues efforts to identify all available funding opportunities that align with core public health functions.

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### How would the agency handle a 2% appropriation reduction in FY'19?

<table>
<thead>
<tr>
<th>$ Amount</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,000,000</td>
<td>A reduction in appropriation will be addressed by proper analysis of all programs by the agency. First, a service delivery model will be developed pursuant to core public health objectives. Then, a zero based budgeting approach will be utilized to develop and fund the strategy in a responsible fiscal fashion. Since the agency has been in the throes of financial distress, all of the agency's service delivery will be subjected to complete fiscal redevelopment through the zero based budget model. This process will create a platform for addressing the public health requirements of the agency with the available agency resources. (See e.g. January 1, 2018 Corrective Report)</td>
</tr>
</tbody>
</table>

**$0 Total Reduction of Expenditures**

### How would the agency handle a 4% appropriation reduction in FY'19?

<table>
<thead>
<tr>
<th>$ Amount</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>$53,840,000</td>
<td>A reduction in appropriation will be addressed by proper analysis of all programs by the agency. First, a service delivery model will be developed pursuant to core public health objectives. Then, a zero based budgeting approach will be utilized to develop and fund the strategy in a responsible fiscal fashion. Since the agency has been in the throes of financial distress, all of the agency's service delivery will be subjected to complete fiscal redevelopment through the zero based budget model. This process will create a platform for addressing the public health requirements of the agency with the available agency resources. (See e.g. January 1, 2018 Corrective Report)</td>
</tr>
</tbody>
</table>

**$0 Total Reduction of Expenditures**

### How would the agency handle a 6% appropriation reduction in FY'19?

<table>
<thead>
<tr>
<th>$ Amount</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>$109,032 to $545,162</td>
<td>A reduction in appropriation will be addressed by proper analysis of all programs by the agency. First, a service delivery model will be developed pursuant to core public health objectives. Then, a zero based budgeting approach will be utilized to develop and fund the strategy in a responsible fiscal fashion. Since the agency has been in the throes of financial distress, all of the agency's service delivery will be subjected to complete fiscal redevelopment through the zero based budget model. This process will create a platform for addressing the public health requirements of the agency with the available agency resources. (See e.g. January 1, 2018 Corrective Report)</td>
</tr>
</tbody>
</table>

**$0 Total Reduction of Expenditures**

### Is the agency seeking any fee increases for FY'18?

<table>
<thead>
<tr>
<th>Increase</th>
<th>Description</th>
<th>$ Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>The increase was to the food establishment industry and went into effect November 1, 2017.</td>
<td>$2,000,000</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td>$0</td>
</tr>
</tbody>
</table>

### What are the agency's top 2-3 capital or technology (one-time) requests, if applicable?

- Public Health Laboratory Total Construction Bond
- OKLAHOMA STATE DEPARTMENT OF HEALTH (340)
OKLAHOMA STATE DEPARTMENT OF HEALTH (340)

Division and Program Descriptions

Public Health Imperatives
Protect the health/safety of the citizenry against infectious, occupational and environmental hazards; ensure adequate health/medical emergency/response; and offer protection to vulnerable persons against exposure to severe harm

Priority Public Health - Improvement of Health Outcomes
Health promotion and interventions aimed at reducing poor health outcomes and excess death in Oklahoma

Prevention Services and Wellness Promotion
These services are characterized by public health programs that prevent adverse health conditions and consequences and/or promote health and wellness

Access to Competent Personal, Consumer and Healthcare Services
These services may include the training and education of public health and/or private medical providers, linking individuals to healthcare services or the provision of healthcare services when otherwise unavailable

Science and Research
Services that seek to research public health problems & interventions for effectiveness; improve the practice of public health; and enhance the body of public health research through scientific publication and presentation

Public Health Infrastructure
The public health infrastructure exists to support specific imperative, priority and other public health programs. These include infrastructure costs associated with providing a statewide public health presence

<table>
<thead>
<tr>
<th>FY'19 Budgeted FTE</th>
<th>Supervisors</th>
<th>Classified</th>
<th>Unclassified</th>
<th>$0 - $35 K</th>
<th>$35 K - $70 K</th>
<th>$70 K - $$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health Infrastructure</td>
<td>48</td>
<td>24</td>
<td>24</td>
<td>9</td>
<td>25</td>
<td>14</td>
</tr>
<tr>
<td>Office of State Epidemiology</td>
<td>40</td>
<td>9</td>
<td>31</td>
<td>1</td>
<td>20</td>
<td>19</td>
</tr>
<tr>
<td>Community and Family Health</td>
<td>266</td>
<td>195</td>
<td>71</td>
<td>53</td>
<td>158</td>
<td>55</td>
</tr>
<tr>
<td>Protective Health</td>
<td>64</td>
<td>30</td>
<td>34</td>
<td>2</td>
<td>34</td>
<td>28</td>
</tr>
<tr>
<td>Health Improvement</td>
<td>17</td>
<td>1</td>
<td>16</td>
<td>4</td>
<td>34</td>
<td>13</td>
</tr>
<tr>
<td>Athletic Commission</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>436</td>
<td>259</td>
<td>177</td>
<td>65</td>
<td>241</td>
<td>130</td>
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</tbody>
</table>

FTE History

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health Infrastructure</td>
<td>141</td>
<td>136</td>
<td>134</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Office of State Epidemiology</td>
<td>163</td>
<td>221</td>
<td>219</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community and Family Health</td>
<td>1419</td>
<td>1408</td>
<td>1394</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protective Health</td>
<td>251</td>
<td>244</td>
<td>241</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Improvement</td>
<td>156</td>
<td>147</td>
<td>145</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Athletic Commission</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2132</td>
<td>2156</td>
<td>2133</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

(Black & Red / red denotes actual vs. black-predicted)
## Performance Measure Review

### OKLAHOMA STATE DEPARTMENT OF HEALTH (340)

<table>
<thead>
<tr>
<th>Performance Measure Review</th>
<th>FY'17</th>
<th>FY'16</th>
<th>FY'15</th>
<th>FY'14</th>
<th>FY'13</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All Hazards Preparedness</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improve state score on National Health Security Preparedness Index by</td>
<td>6.4%</td>
<td>7.6%</td>
<td>8.3%</td>
<td>7.3%</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Improve Infectious Disease Control</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incidence of tuberculosis, pertussis, hepatitis A and indigenously-acquired measles cases per 100,000. Previous years data in this document are for the measure as stated. FY 2016 data is for the new measure: Average number of reported Tuberculosis, Pertussis and Salmonella cases per 100,000 population.</td>
<td>25.81%</td>
<td>5.60%</td>
<td>6.86%</td>
<td>8.80%</td>
<td>6.80%</td>
</tr>
<tr>
<td>Incidence of Reported Acute Hepatitis B Cases per 100,000 Oklahoma Population:</td>
<td>1.00%</td>
<td>1.98%</td>
<td>1.47%</td>
<td>1.03%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Percent of immediately notifiable reports in which investigation is initiated by ADS within 15 minutes.</td>
<td>96%</td>
<td>100%</td>
<td>95%</td>
<td>98%</td>
<td>95%</td>
</tr>
<tr>
<td><strong>Improve Mandates Compliance</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of State Mandated Non-Compliant Activities Meeting Inspection Frequency Mandates (IFMs)</td>
<td>100.0%</td>
<td>100.0%</td>
<td>93.0%</td>
<td>86.0%</td>
<td>92.3%</td>
</tr>
<tr>
<td>Percent of State Mandated Complaint Activities Meeting Inspection Frequency Mandates (IFMs)</td>
<td>100.0%</td>
<td>95.0%</td>
<td>91.0%</td>
<td>80.0%</td>
<td>23.1%</td>
</tr>
<tr>
<td>Percent of Contracted Non-Complaint Activities Meeting Inspection Frequency Mandates (IFMs)</td>
<td>100.0%</td>
<td>100.0%</td>
<td>88.0%</td>
<td>86.0%</td>
<td>86.0%</td>
</tr>
<tr>
<td>Percent of Contracted Complaint Activities Meeting Inspection Frequency Mandates (IFMs)</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>80.0%</td>
</tr>
<tr>
<td><strong>Improve Children's Health</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of Pregnant Women Receiving Adequate Prenatal Care as Defined by Kotelchuck's APNCU Index</td>
<td>72.5%</td>
<td>73% / 70.1</td>
<td>72% / 70.5</td>
<td>71.6% / 70.0%</td>
<td></td>
</tr>
<tr>
<td>Rate of Infant Deaths per 1,000 Live Births. Note from Joyce Marshall: Please note that the Infant Mortality Rate (IMR) is a rate per 1000 live births and not percentage and that we included both annual and three-year data for the IMR. The three-year moving average IMR is the current standard and the one we are reporting publicly.</td>
<td>7.3</td>
<td>7.5</td>
<td>7.2</td>
<td>7.5</td>
<td>7.6%</td>
</tr>
<tr>
<td>Percent of Infants Born to Pregnant Women Receiving Prenatal Care in the First Trimester</td>
<td>71.0%</td>
<td>68.5%</td>
<td>68.6%</td>
<td>68.5%</td>
<td></td>
</tr>
<tr>
<td>Rate of Pre-Term Births</td>
<td>10.1%</td>
<td>12.4% / 10.3</td>
<td>12.6% / 10.5</td>
<td>12.8% / 10.8</td>
<td></td>
</tr>
<tr>
<td><strong>Improve Disease and Injury Prevention</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of children 19-35 months old immunized with 4:3:1:3:3:1:4: This measure changed and FY 2016 data is for the new schedule - 4:3:1:3:3:1:4:</td>
<td>74.0%</td>
<td>64.8%</td>
<td>70.8%</td>
<td>62.7%</td>
<td>61.0%</td>
</tr>
<tr>
<td>Decrease the Number of Preventable Hospitalizations for Medicare Enrollees (per 1,000)</td>
<td>61.0</td>
<td>76.9</td>
<td>78.3</td>
<td>76.9</td>
<td>81.0</td>
</tr>
<tr>
<td>Number of motor vehicle deaths in infants less than one year of age. Should read: “Number of fatal and nonfatal motor vehicle crash injuries among occupants less than one year of age.” per Pam Archer. Numbers in red for previous years are corrected per Pam also.</td>
<td>95</td>
<td>88 / 89</td>
<td>97 / 98</td>
<td>97 / 104</td>
<td>104 / 116</td>
</tr>
<tr>
<td><strong>Improve Oklahomans’ Wellness</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of Oklahoma adults who are obese</td>
<td>33.0%</td>
<td>33.0%</td>
<td>32.5%</td>
<td>32.2%</td>
<td>31.1%</td>
</tr>
<tr>
<td>Percent of Oklahoma adults who smoke</td>
<td>21.0%</td>
<td>21.1%</td>
<td>23.7%</td>
<td>23.3%</td>
<td>26.1%</td>
</tr>
<tr>
<td>Cardiovascular deaths per 100,000</td>
<td>250.0</td>
<td>259.3</td>
<td>288.5</td>
<td>290.4</td>
<td>284.0</td>
</tr>
<tr>
<td>Number of Certified Healthy Communities</td>
<td>80</td>
<td>77</td>
<td>72</td>
<td>52</td>
<td>43</td>
</tr>
<tr>
<td>Number of Certified Healthy Schools</td>
<td>685</td>
<td>595</td>
<td>523</td>
<td>314</td>
<td>155</td>
</tr>
<tr>
<td><strong>Improve Infrastructure, Policy, and Resource Support to Achieve</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of PHAB Accredited Health Departments</td>
<td>3</td>
<td>2</td>
<td>2</td>
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<tr>
<td>Percent of turnover agency-wide</td>
<td>15.0%</td>
<td>14.8%</td>
<td>11.7%</td>
<td>13.1%</td>
<td>12.9%</td>
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<tr>
<td>Fund Description</td>
<td>FY'15-17 Avg. Revenues</td>
<td>FY'15-17 Avg. Expenditures</td>
<td>June '17 Balance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------</td>
<td>------------------------</td>
<td>----------------------------</td>
<td>------------------</td>
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<tr>
<td>Kidney Health Revolving Fund 202 for Duties</td>
<td>$8,233.33</td>
<td>$3,966.91</td>
<td>$20,387</td>
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</tr>
<tr>
<td>Genetic Counseling License Revolving Fund 203 for Duties</td>
<td>$1,130,283.47</td>
<td>$1,079,112.55</td>
<td>$984,957</td>
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<tr>
<td>Alternatives to Abortion Services Revolving Fund 207 for Duties</td>
<td>$19,916,515.32</td>
<td>$17,114,106.22</td>
<td>$13,779,152</td>
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<tr>
<td>Nursing Facility Administrative Penalties Fund 211 for Duties</td>
<td>$41,081.19</td>
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<td>$333,767</td>
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<td>Home Health Care Revolving Fund 212 for Duties</td>
<td>$234,558.42</td>
<td>$141,000.18</td>
<td>$774,305</td>
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<tr>
<td>National Background Check Fund 216 for Duties</td>
<td>$1,137,941.95</td>
<td>$542,864.03</td>
<td>$1,358,545</td>
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<tr>
<td>Civil Monetary Penalty Revolving Fund 220 for Duties - Restricted by CMS see 42 CFR 488.433</td>
<td>$70,026.51</td>
<td>$861,389.06</td>
<td>$1,600,853</td>
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<tr>
<td>Oklahoma Organ Donor Education Revolving Fund 222 for Duties</td>
<td>$130,031.23</td>
<td>$195,678.17</td>
<td>$143,792</td>
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<td>Breast Cancer Act Revolving Fund 225 for Duties</td>
<td>$17,395.34</td>
<td>$6,823.33</td>
<td>$101,979</td>
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<td>Oklahoma Lupus Revolving Fund 235 for Duties</td>
<td>$3,510.67</td>
<td>$233.33</td>
<td>$12,368</td>
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<td>Trauma Care Assistance Revolving Fund 236 for Duties</td>
<td>$25,366,604.93</td>
<td>$28,312,504.44</td>
<td>$2,218,954</td>
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<td>Pancreatic Cancer Research License Plate Revolving Fund 242 for Duties</td>
<td>$1,926.67</td>
<td>98.00</td>
<td>$10,181</td>
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<td>Regional Guidance Centers Revolving Fund 250 for Duties</td>
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<td>Child Abuse Prevention Revolving Fund 265 for Duties</td>
<td>$53,744.68</td>
<td>$30,850.46</td>
<td>$91,821</td>
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<td>EMP Death Benefit Revolving Fund 267 for Duties</td>
<td>$17,990.50</td>
<td>$1,666.66</td>
<td>$152,157</td>
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<td>Oklahoma Emergency Response System Stabilization and Improvement Revolving Fund 268 for Duties</td>
<td>$1,163,396.79</td>
<td>$1,481,644.09</td>
<td>$2,332,531</td>
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<td>Dental Loan Repayment Revolving Fund 284 for Duties</td>
<td>$409,642.94</td>
<td>$454,079.03</td>
<td>$113,797</td>
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<td>Oklahoma Insurance Disaster and Emergency Medicine Revolving Fund 285 for Duties</td>
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<td>$999,171.88</td>
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<td>Children's Hospital - Oklahoma Kids Association Revolving Fund 290 for Duties</td>
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<td>Oklahoma State Athletics Commission Revolving Fund 295 for Duties</td>
<td>$191,976.09</td>
<td>$237,175.94</td>
<td>$28,825</td>
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