# OKLAHOMA'S STATEWIDE HEALTH INFORMATION EXCHANGE & OKSHINE PROGRAMS

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Chief Technology Officer & State Coordinator for Health Information Exchange Oklahoma Health Care Authority



HIE Office Hours – April 16, 2025

### **AGENDA**

- Purpose / Why a Health Information Exchange?
- History, Common Questions, Legislation, & Framework
- HIE Incentive Programs / Eligible Provider Types
- HIE Progress & Capabilities
- Value for Providers
- Discussion / Questions



47

Measures

#### Summary

#### Strengths

- Low prevalence of excessive drinking
- High per capita public health funding
- High supply of mental health providers

#### Challenges

- High prevalence of non-medical drug use
- High economic hardship index score
- High prevalence of physical inactivity

#### Highlights

Asthma

28%

adults between 2017 and 2022.

Uninsured

18%

population between 2019 and 2022.

**Premature Death** 

17%

years lost before age 75 per 100,000 population between 2020 and 2021.

vieasure		Rank	Value	Value
Social & Econor	mic Factors	44	-0.639	
Community and	Homicide (Deaths per 100,000 population)	34	86	.7.7
Family Safety	Occupational Fatalities (Deaths per 100,000 workers)	34	5.2	39
	Public Health Funding (Dollars per person)	15	\$222	\$183
Economic	Economic Herdehip Index (Index from 1-100)	42	76	-
Resources	Food Insecurity (% of households)	45	14.2%	11.2%
	Income Inequality (80-20 Ratio)	33	4.8	4.92
Education	Fourth Grade Reading Proficiency (% of public school students)	48	26.0%	32.7%
	High School Completion (% of adults ages 25+)	37	89.6%	80.0%
Social Support and	Adverse Childhood Experiences (% of children ages 0-17)	46	18.3%	14.0%
Engagement	High-Speed Internet (% of households)	44	91.0%	90.9%
ridadement.	Residential Segregation - Black/White (Index from 0-100)	15	50	
	Volunteerism (% of population ages 16+)	30	23.6%	23.2%
	Voter Participation (% of U.S. citizens ages 18-)	47	52.7%	595%
Physical Enviro		49	-0.340	100
Air and Water	Air Pollution (Micrograms of fine particles per cubic meter)	40	8.7	8.6
Quality	Drinking Water Violations (Average number of violations per community water system)	50	3.2	27
	Water Fluoridation (% of population served)	32	68.0%	72.7%
Climate and	Climate Policies (Number of four policies)	36	0	-
Health	Climate Risks (% of population)*	45	72.0%	35.5%
	Renewable Energy (% of total electricity generated)*	10	46.6%	20.5%
Housing and	Housing With Lead Risk (% of housing stock)	21	13.5%	16.5%
Transit	Severe Housing Problems (% of occupied housing units)	19	13.2%	167%
	Transportation Health Risks (% of population)*	15	12.4%	240%
Clinical Care		48	-1.109	
Access to Care	Ausided Care Due to Cost (% of adults)	47	167%	101%
	Dental Care Providers (Number per 100/000 population)	32	582	645
	Mental Health Providers (Number per 100,000 population)	12	432.3	3249
	Primary Care Providers (Number per 100,000 population)	43	2056	232.0
	Uninsized (% of population)	-68	11.7%	8.0%
Preventive Clinical	Childhood Immunizations (% of children by age 24 months)	45	65.9%	70.0%
Services	Colorectal Cancer Screening (% of adults ages 45-75)	44	55.8%	61.8%
Services	Dental Visit (% of adults)	45	58.8%	65.0%
	Flu Vaccination (% of adults)	38	41.2%	45.0%
- 1- 1	HPV Vaccination (% of adolescents ages 13-17)	49	46.2%	位的
Quality of Care	Dedicated Health Care Provider (% of adults) Preventable Hospitalizations (Discharges per 100,000 Medicare	40	3,051	2,581
Behaviors	bereficiaries ages 18+)	47	-1.040	10
Nutrition	Exercise (% of adults)	48	15.6%	23.0%
and Physical	Fruit and Vegetable Consumption (% of adults)	49	38%	7.4%
Activity	Physical Inactivity (% of adults)	47	29.5%	23.4%
Sexual Health	Chlamydia (Cases per 100,000 population)	35	595	4955
	High-Risk HIV Behaviors (% of adults)	30	5.9%	5.7%
	Teen Births (Births per 1,000 fernales ages 15-19)	47	241	119
Sleep Health	Insufficient Sleep (% of adults)	24	35.5%	35.5%
Tobacco Use	Smoking (% of adults)	39	15.6%	34.0%
Health Outcom		41	-0.435	
Sehavioral	Drug Deaths (Deaths per 100,000 population)*	15	249	321
Health	Excessive Drinking (% of adults)	-6	14-6%	18.4%
	Frequent Mental Distress (% of adults)	44	187%	15.9%
	Non-medical Drug Use (% of adults)	38	16.2%	15.9%
Mortality	Premature Death (Years lost before age 75 per 100,000 population)	42	12,764	9,478
1	Premature Death Racial Disparity (Ratio)	-11	1.3	1.5
Physical Health	Frequent Physical Distress (% of adults)	42	14.2%	12.4%
	Low Birth Weight (% of live births)	30	0.0%	8.5%
	Low Birth Weight Racial Disparity (Ratio)	24	20	21
	Multiple Chronic Conditions (% of adults)	40	14.0%	11.2%
		-	Annual Control	
Overall	Obesity (% of adults)	45	400% -0.709	33.6%

Additional measure (not included in ownall rank). For measure definitions, source details and methodology, and wave timescate additional experience of the control of the c



## WHAT IS AND WHY HEALTH INFORMATION EXCHANGE?

A Health Information Exchange (HIE) is a **secure system** that allows electronic sharing of a patient's medical record among different healthcare **providers involved in their care**.

The network is a digital hub where various doctors, nurses, care coordinators, pharmacists, mental health professionals, and other authorized healthcare professionals can access a patient's medical history in real-time.

Patient records are accessed within the network according to HIPAA and other relevant state and federal laws.

Reduce health care costs associated with redundant testing, hospital readmissions, and emergency department visits

Improve care coordination during transitions between health care settings, reduce adverse drug events and missed preventive care

Provide Clinical data to improve outcomes and support Healthier Oklahomans

>90% of Oklahomans have records in more than one health care delivery system

## **COMMON QUESTIONS**

- Fees are set by the state designated entity for providers that choose to participate
  - Participation Fees vary based on Organization Type and Size
  - Connection Fees can be paid through the Connection Fee Assistance Program.
  - Incentives are available for certain provider types that will in most case exceed the annual costs of participation.
- Privacy & Security
  - HIPAA Compliance: SDE HIE policies are more restrictive than HIPAA and providers must be in a treatment relationship to access records and attest to that at the time of access
  - No Substance Abuse 42 CFR Part 2 data, or psychotherapy notes go into the HIE.
  - Providers can mark charts or encounters as sensitive, and not sent.
  - Security: SDE technology is HITRUST certified, 10+ years operating
- Provider Choice / Patient Consent
  - Patients have the right to opt-out and prevent disclosure (No Break the Glass allowed)
  - **Mental health patients must affirmatively consent** to any data being shared by a participating provider.
  - **Providers have a choice in participation**; all exemption requests will be granted.

### **LEGISLATION**

#### SB 574 (May 2021)

Created the Oklahoma State Health Information Network Exchange (OKSHINE).

#### SB 1369 (May 2022)

- Created the **Office of the State Coordinator** for Health Information Exchange.
- Designated that a health information exchange organization be named state-designated entity for health information exchange (operations) be named and overseen by the Coordinator.
- Defined the Health Information Exchange **Organization** as one **governed by its stakeholders.**
- Patient-specific protected health information shall only be disclosed in compliance with relevant state or federal privacy laws
- Provided for Tort protection for providers who use or do not use HIE data
- Data ownership remains in the property of the source providing.
- Declared a mandate that "all providers shall" participate in the statewide HIE by July 1, 2023.
- Coordinator may grant exemptions

#### **SB 32X**

Provided \$21 Million for one-time connection fees to the HIE for Oklahoma providers

#### **SB 1337**

Provides for managed care entities and providers to submit data to the HIE

#### **HB 3556**

Changed Language to "all providers may" participate in the statewide – Final Rules Reflect Choice

## INCENTIVES FOR HIE PARTICIPATION

**Connection Fee Assistance Program SoonerSelect Provider Incentive Program** 

### 1. CONNECTION FEE ASSISTANCE

- 2023 Legislative appropriation of \$30 million specific for HIE connection funding
  - Any Organization that employs licensed Health Care providers in the State of Oklahoma is eligible.
  - Covers all one-time fees from EHR Providers and MyHealth to get providers connected, other related fees may be considered.
  - Funding may not always be available:
    - Carry-over remaining funds to FY25
    - 2024 Legislature approved pool for FY2025 of \$21 Million.



Secure Connection Fee Assistance now! Apply at <a href="https://okshine.ok.gov">https://okshine.ok.gov</a>

## 2. SOONERSELECT PROVIDER INCENTIVE PROGRAM

#### Eligible Provider Types:

- Advance practice nurses, mid-level practitioners, **mental health providers** and licensed behavioral health practitioners, podiatrist, physician, or anesthesiologist assistant.

#### Exceptions

- Behavioral Health Services by Mental Health professionals and Licensed Behavioral Health Practitioners at <u>Community Mental Health Centers are excluded</u> as they participate in a separate directed payment program.
- Services rendered by <u>state employed or contracted physicians are excluded</u> as they participate in a separate directed payment program.
- <u>Services at Federally Qualified Health Centers, Rural Health Clinics, and IHS/Tribal clinics are excluded.</u>
- Services for Medicaid population not transitioning to SoonerSelect (such as ABD) are excluded

## 2. SOONERSELECT PROVIDER INCENTIVE PROGRAM

- Eligible providers can receive an estimated 28% increase in base fee schedule reimbursements for qualifying care and services.
  - +18.5% base fee schedule increase for providers participating in SoonerSelect.
  - **+9.25**% for SoonerSelect Medicaid providers who participate in the HIE (send data & utilize) including;
    - Membership in Good Standing with Oklahoma State Designated Entity, MyHealth Access Network.
    - Live (or demonstratably in progress) Connection from the provider's EMR to the HIE (SSO must be included for larger practices).
    - ➤ Program Q1 Q5, (April 2024 June 2025) does not require a set utilization metric target
      - ➤ Note: Future Quarters will likely require demonstrated increase in Utilization by the Organization/Provider)

## 2. SOONERSELECT PROVIDER INCENTIVE PROGRAM

### AVERAGE PROGRAM PAYOUT EXAMPLES (APRIL 2024 – DECEMBER 2024)

Facility/Clinic Type	Avg Individual Providers	Avg Qualified Medical Billings	Avg SoonerSelect Incentive Payment	Avg Total Amount Paid for HIE Participation	HIE Participation Cost for per Quarter	Avg Net to Organization
Major Hospital						
System	831	\$4,280,864.81	\$1,234,823.32	\$395,980.00	\$71,249.64	\$974,191.08
Large Clinic Group	55	\$361,704.31	\$100,406.28	\$33,457.65	\$5,609.52	\$83,544.39
Small Clinic Group	1	\$18,991.89	\$5 <i>,</i> 478.58	\$1,756.75	\$165.00	\$4,775.25
Large Behavioral						
Health Group	186	\$2,739,410.44	\$760,214.15	\$253,404.72	\$13,635.36	\$719,308.08
Small Behavioral						
Health Group	3	\$87,062.75	\$24,159.92	\$8,053.31	\$165.00	\$23,664.93

## HEALTH PROVIDERS ELIGIBLE FOR THE INCENTIVE PROGRAM

<b>Provider Type</b>	Specialty
09 - Advance Practice Nurse	092 - Clinical Nurse Specialist 093 - Certified Nurse Practitioner 094 - Certified Registered Nurse Anesthetist (CRNA) 095 - Certified Nurse Midwife 096 - CNP Allergist 097 - Psychiatric/Mental Health APRN 100 - Physician Assistant
Practitioner	102 - PA Allergist 569 - Addiction Medicine
11 - Mental Health Provider	<ul> <li>112 - Psychologist</li> <li>115 - Licensed Clinical Social Worker</li> <li>116 - Certified Social Worker</li> <li>119 - Family Training</li> <li>121 - Licensed Professional Counselor</li> <li>123 - Para Professional</li> </ul>
14 - Podiatrist	140 - Podiatrist

Provider Type	Specialty
31 - Physician	272 - Oral Surgeon
	310 - Allergist
	311 - Anesthesiologist
	312 - Cardiologist
	313 - Cardiovascular Surgeon
	314 - Dermatologist
	315 - Emergency Medicine Practitioner
	316 - Family Practitioner
	317 - Gastroenterologist
	318 - General Practitioner
	319 - General Surgeon
	320 - Geriatric Practitioner
	321 - Hand Surgeon
	322 - Internist
	323 - Neonatologist
	324 - Nephrologist
	325 - Neurological Surgeon

## HEALTH PROVIDERS ELIGIBLE FOR THE INCENTIVE PROGRAM (CONT)

Provider Type	Specialty
31 - Physician	326 - Neurologist
	327 - Nuclear Medicine Practitioner
	328 - Obstetrician/Gynecologist
	329 - Oncologist
	330 - Ophthalmologist
	331 - Orthopedic Surgeon
	332 - Otologist, Laryngologist, Phenologist
	333 - Pathologist
	334 - Pediatric Surgeon
	335 - Maternal Fetal Medicine
	336 - Physical Medicine and Rehabilitation
	Practitioner
	337 - Plastic Surgeon
	338 - Proctologist
	339 - Psychiatrist
	340 - Pulmonary Disease Specialist
	341 - Radiologist

Provider Type	Specialty
31 - Physician	342 - Thoracic Surgeon
	343 - Urologist
	344 - General Internist
	345 - General Pediatrician
	346 - Dispensing Physician
	(1 active provider)
	347 - Radiation Oncologist
	348 - Abdominal Surgery
	349 - Adolescent Medicine
	350 - Critical Care
	351 - Diabetes
	352 - Endocrinology
	353 - Geriatric Psychiatry
	354 - Gynecological Oncology
	355 - Hematology
	356 - Hematology Oncology
	357 - Immunology

## HEALTH PROVIDERS ELIGIBLE FOR THE INCENTIVE PROGRAM (CONT)

<b>Provider Type</b>	Specialty
31 - Physician	358 - Infectious Diseases
	359 - Internal Medicine Pediatrics
	520 - Laryngology
	521 - Maxillofacial Surgery
	(3 active providers)
	522 - Musculoskeletal Oncology
	523 - Neurology Child
	524 - Occupational Medicine
	525 - Pain Medicine
	526 - Pediatric Critical Care Medicine
	527 - Pediatric Emergency Med (Pediatrics)
	528 - Pediatric Endocrinology
	529 - Pediatric Gastroenterology
	540 - Pediatric Hematology Oncology
	541 - Pediatric Infectious Disease
	542 - Pediatric Nephrology
	543 - Pediatric Ophthalmology

Provider Type	Specialty
31 - Physician	544 - Pediatric Orthopedics
	545 - Pediatric Otolaryngology
	546 - Pediatric Pathology
	547 - Pediatric Pulmonology
	548 - Pediatric Rheumatology
	549 - Pediatrics Allergy
	550 - Pediatrics Cardiology
	551 - Pediatric Surgery (Neurology)
	552 - Pediatric Urology
	553 - Psychiatry Child
	554 - Pulmonary Diseases
	555 - Rheumatology
	556 - Rhinology
	557 - Sports Medicine
	558 - Surgery Colon & Rectal
	559 - Surgery Head & Neck

## HEALTH PROVIDERS ELIGIBLE FOR THE INCENTIVE PROGRAM (CONT)

Provider Type	Specialty
31 - Physician	560 - Surgery Pediatric
	561 - Surgery Traumatic
	562 - Transplant Surgery
	563 - Neonatal Perinatal Medicine
	565 - Sleep Medicine
	566 - Medical Resident in Training
	568 - Family Practice Obstetrics
	569 - Addiction Medicine
53 - Licensed	093 - Certified Nurse Practitioner
Behavioral Health	115 - Licensed Clinical Social Worker
Practitioner	121 - Licensed Professional Counselor
	535 - Licensed Mental Health Professional –
	LBPs
	536 - Under Supervision
	585 - Licensed Marital and Family Therapists
	586 - Licensed Alcohol and Drug Counselor
	587 - LADC/MH

Provider Type	Specialty
11 - Mental Health Provider	110 - Outpatient Mental Health Clinic
60 - Anesthesiologist Assistant	101 - Anesthesiologist Assistant

## HEALTH PROVIDERS EXCLUDED FROM THE INCENTIVE PROGRAM

#### **Exclusions**

 Payments made for services rendered at or by providers or organizations with the following types and specialties are not included in the incentive payment calculation.

Provider Type	Specialty
02 - Ambulatory Surgical Center (ASC)	022 – ITU Ambulatory Service Center
08 - Clinic	080 - Federally Qualified Health Center 081 - Rural Health Center 084 - ITU Outpatient Clinic 086 - Dental Clinic 087 - OT/PT/ST/RT Group 106 - ITU Inpatient Service 184 - Hospital Based Rural Health Clinic 185 - Free Standing Rural Health Clinic

Provider Type	Specialty
11 - Mental Health	111 - Community Mental Health Clinic
Provider	118 - Department of Mental Health and
	Substance Abuse Services
	(DMHSAS) Contracted Provider
13 - Public Health	All Specialties
Agencies	
26 - Transportation	268 - ITU Ambulance
Provider	
52 - State Employed	All Specialties
Physicians	

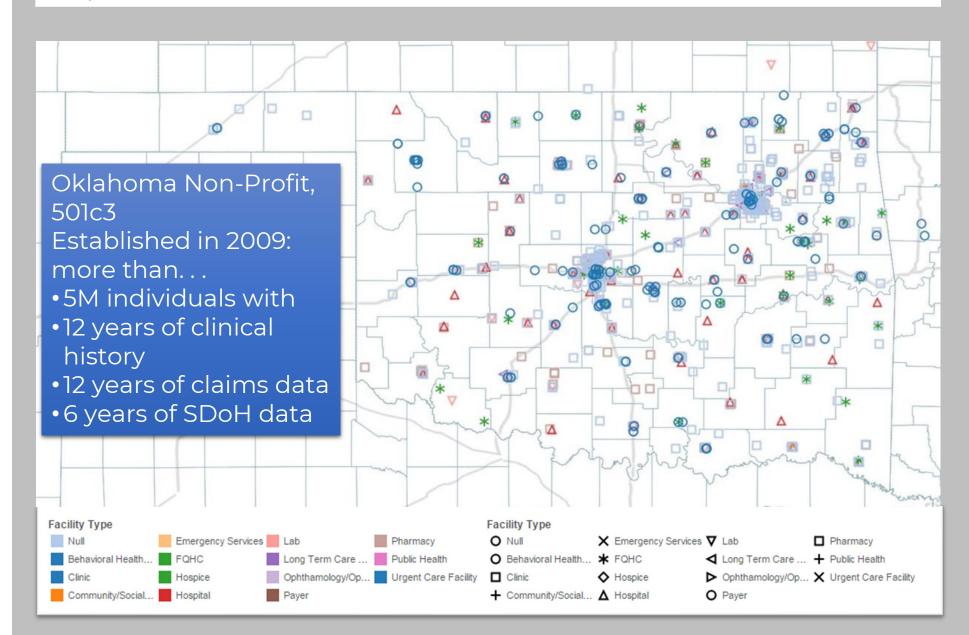
## HIE PROGRESS & FRAMEWORK



### **HIE PROGRESS**

- Progress Statistics
  - Averaging >50,000+ Unique Patient's records accessed monthly
    - 200%+ increase in Utilization from Sept 2022
  - Over 500 organizations actively participate in the HIE serving patients in 1500+ Locations
    - 200+ Organizations joined since July 2022; membership nearly doubled!
  - SoonerSelect Dental & Medical MCE's Contracted, Trained and Connected
    - ADT / care fragmentation available are in use at MCE's who have elected to receive.
  - Connection Fee Grants Awarded: 480
    - Over **200+** Organizations Actively working on connecting Optimization in Process
    - EMR Connection Fees now eligible for reimbursement.
  - SoonerSelect Directed payments (April 2024 June 2025)
    - Plan Q1 (04/24-06-24) Closed Payments Issued \$12M / HIE Incentive \$2M
    - Plan Q2 (07/24-09-24) Closed-Payments Issued \$37M / HIE Incentive \$7M
    - Plan Q3 (Oct24-Dec24) Payments Issued \$26M / HIE Incentive \$5.5M
    - Continues through June 2025 (Planning to extend to SFY26, working with CMS)

#### >2200 locations serving >130,000 patients daily



### HIE FRAMEWORK

Program Oversight Mandate Management Office of the State Coordinator
State Agencies Use Coordination
Define/Accept Functionality

Reporting/Analytics Funding Resources

Portal/EMR SSO Integration

**Technology Layer** 

eMPI/eCQM Services

#### State Designated Entity for HIE Operations Layer

Member Governance Execute Agreements/Establish Fees Test and Validate Solution Releases



Facilitate Onboarding & Outreach Manage Day-to-Day HIE Operations Provides Value-Add Services

#### **Data Gateway Layer**





**Pharmacists** 

Other HIEs











Payers

State Agencies

### **DIVISION OF RESPONSIBILITY**

#### Office of State HIE

- Select and oversee the state designated entity
- Implement laws and rules related to HIE
- Represent the state in SDE governance
- Seek funds / incentives to support providers in adopting the HIE



#### **State Designated Entity**

- Stakeholder-governed operator of HIE
- Establish policies for data exchange and utilization
- Establish pricing for services
- Outreach and Onboard participants
- Ensure patient rights are protected & data secured



### WHAT USERS ARE SAYING

#### **Net Promoter Score**





I am seeing a new patient and need access to previous studies to aid in determining next steps of care. Traditional records requests can take weeks, or I can use MyHealth and see reports within minutes.



#### **Care Manager**

A client came in with psychosis and said they had no medication allergies. However, after looking in MyHealth, I was able to confirm a medication allergy. We have this medication in our inventory and could have administered it had we not had this information available.



#### Clinician

As patients age and see more providers their ability to maintain records becomes increasingly difficult. My Health Access Network is an excellent and easy to use caveat for healthcare professionals to streamline the process of record keeping and enhance communication across all healthcare disciplines

## HIE CAPABILITIES & COVERAGE

MyHealth Access Network - The State Designated Entity for Health Information Exchange

#### **CAPABILITIES**



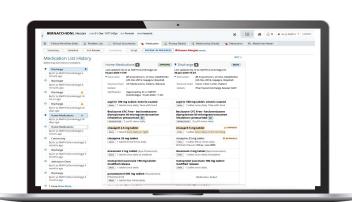
Care Coordination/ Records Aggregation



Single Sign-On (Access from inside EMR)



Quality/Care Gap Mgmt.,



Portal & EMR Integrated Access



Real-time Notifications (CoP) Care

Fragmentation Reporting





Public Health Reporting



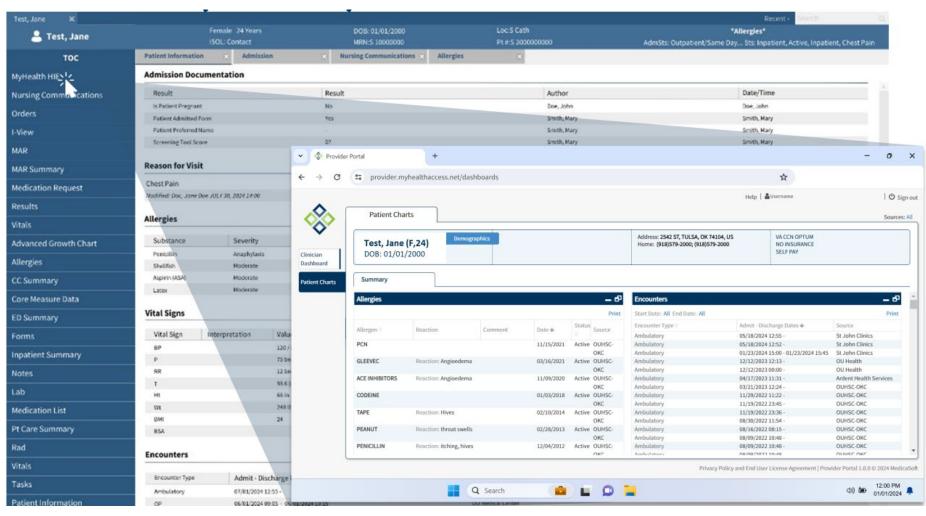




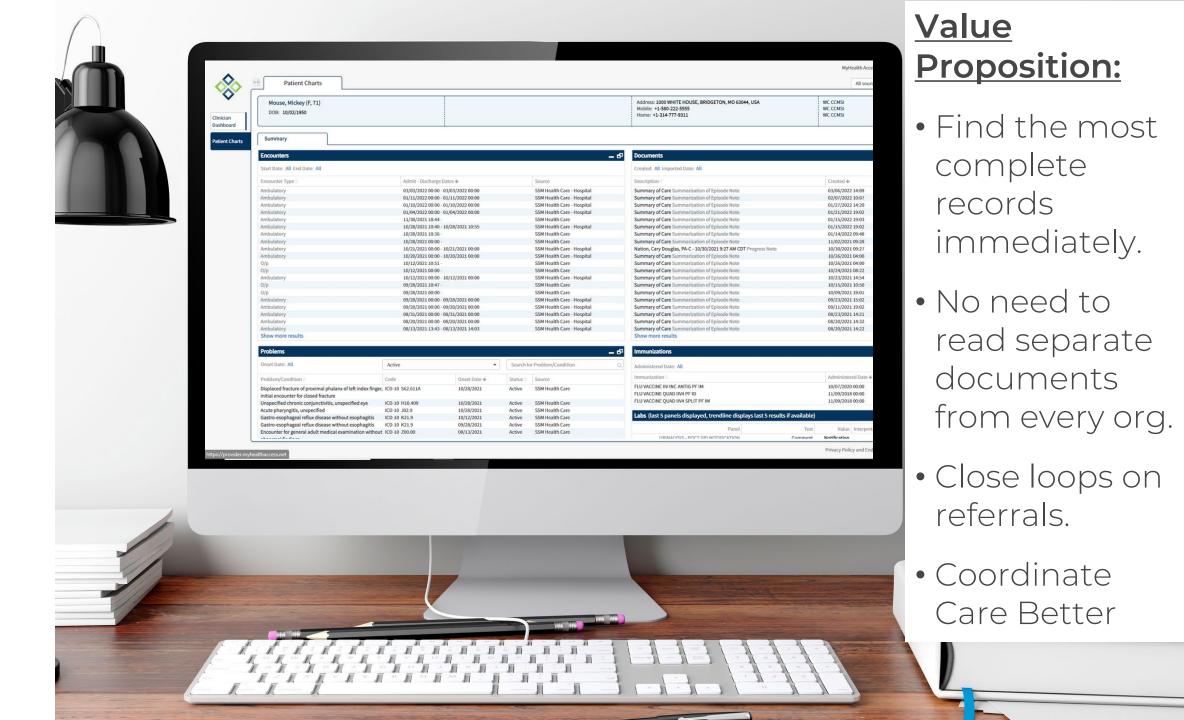
### **SINGLE SIGN-ON**

#### Pivotal in Strategy to increase utilization

- Access to
   HIE in patient
   context!
- No Login
- No Searching





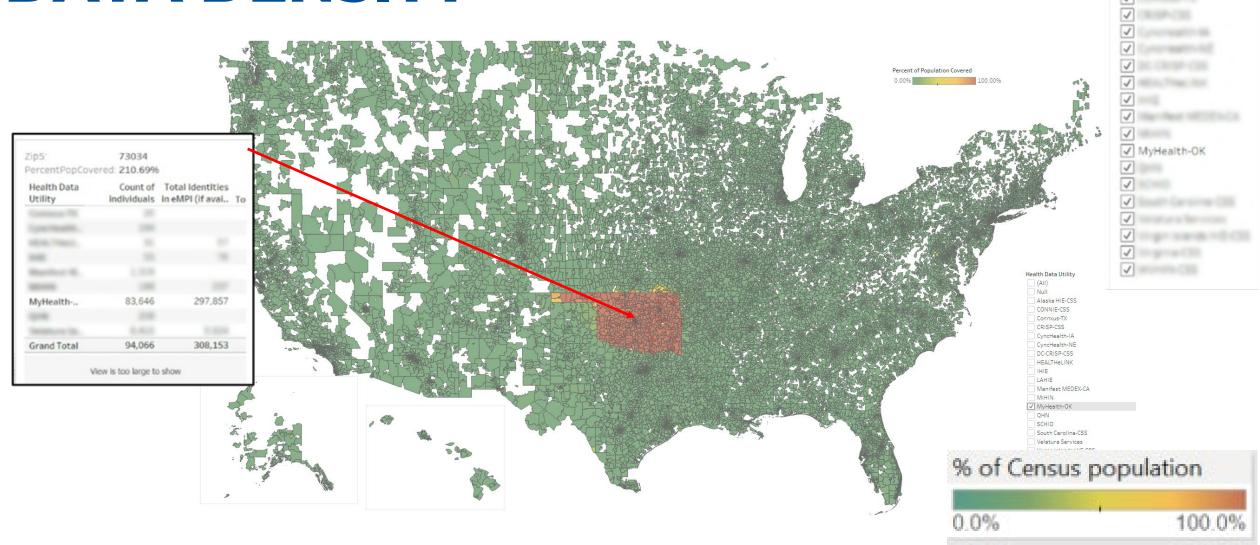


### PATIENT CHART SUMMARY

The following are examples of categories recorded in a patient's HIE chart, including the types of data captured and the source associated with each dataset.

Allergies	· Allergen, Reaction, Comment, Date, Status (Active/Inactive)
Dispensed Medication	• Medication, Pharmacy, Date Filled
Documents	Description, Created
Encounters	• Encounter Type, Admit – Discharge Dates
Equipment Devices	Device, Date Implanted, Body Location
Family History	Problem/Condition, Onset Date
Immunizations	Immunization, Administered Date
Insurances	Insurance Name, Effective Dates
Labs	• Panel, Test, Value, Interpretation, Trendline, Elapsed Time, Status & Range
Medication	<ul> <li>Medication, Route, Start/End Dates, Date Written</li> </ul>
Patient Relationships	Name, Phone, Relationship
Problems	Problem/Condition, Code, Onset Date
Procedures	• Procedure, Date
Radiology	Test, Date, Ordering Provider
Social History	Social History, Onset Date
Vital Signs	Vital Sign, Interpretation Time, Value, Elapsed Time

## US HIE PATIENT POPULATION / DATA DENSITY



Health Data Utility

#### FRAGMENTATION BY HEALTH SYSTEM

**HEALTH SYSTEM A** 

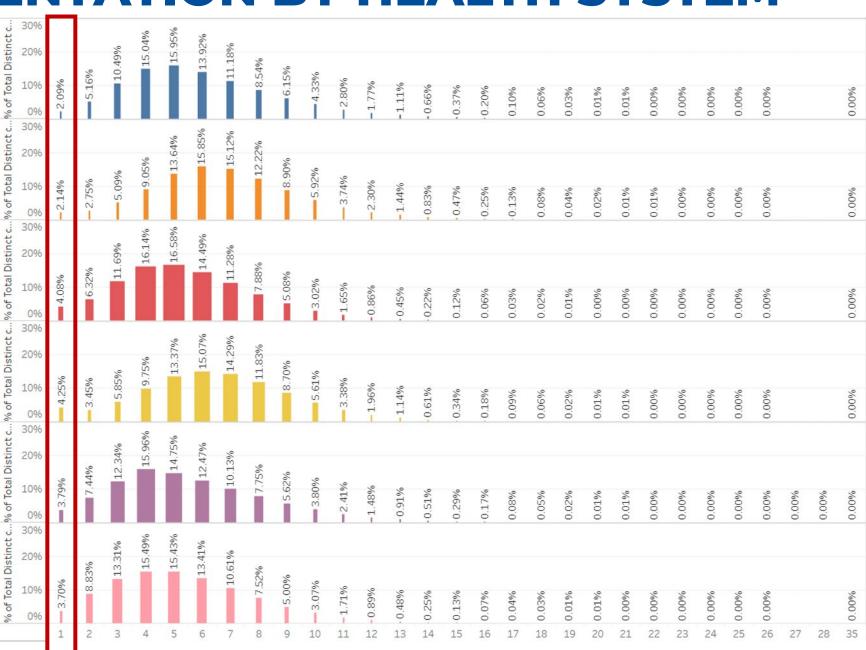
**HEALTH SYSTEM B** 

**HEALTH SYSTEM C** 

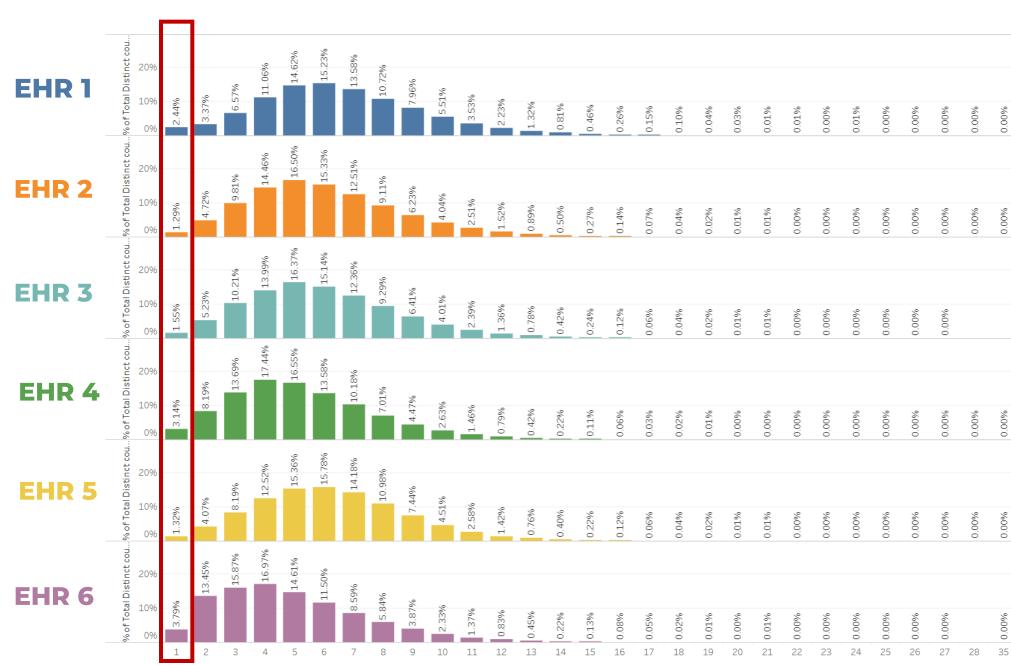
**HEALTH SYSTEM D** 

**HEALTH SYSTEM E** 

**HEALTH SYSTEM F** 



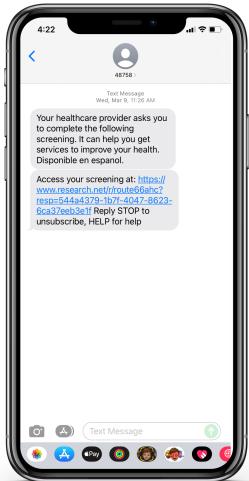
#### FRAGMENTATION BY EHR VENDOR



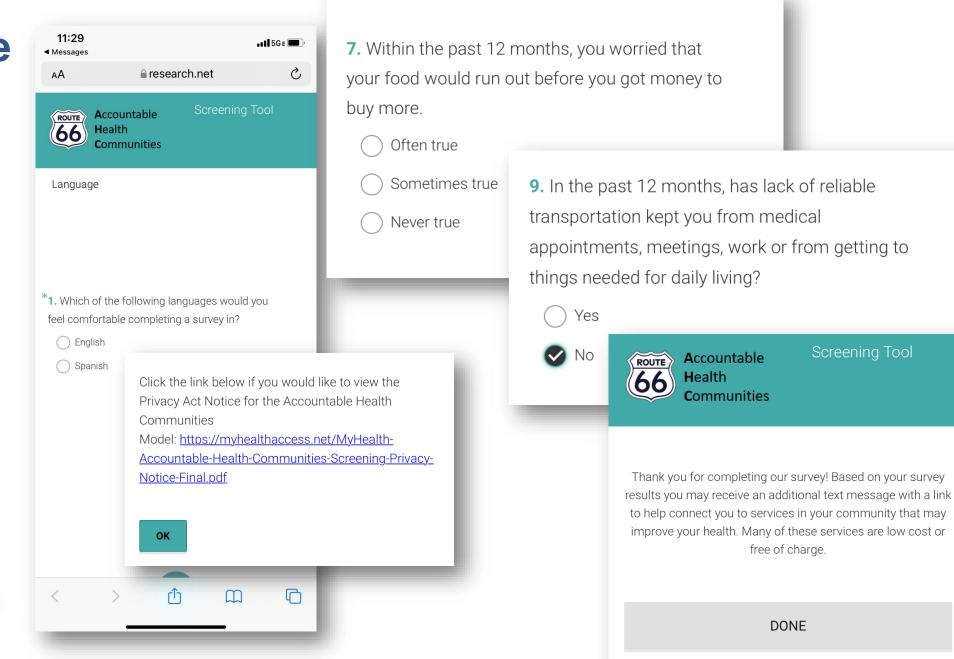
## ADDITIONAL VALUE CAPABILITIES

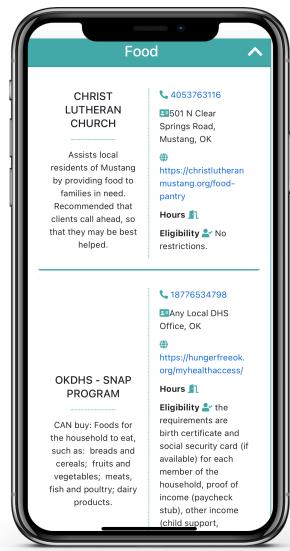
**Social Drivers of Health** 

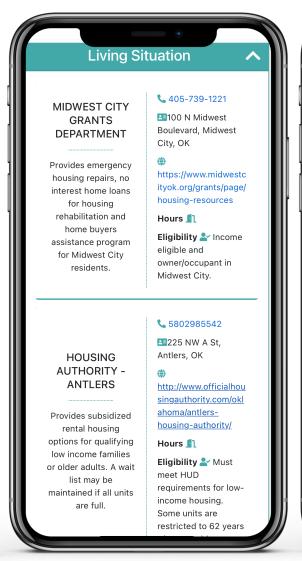
### SDOH Mobile Screening

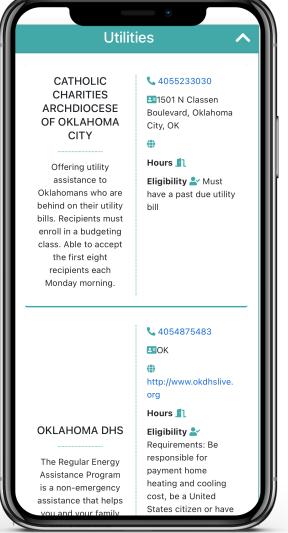












### Community Resource Summary

Texted back to patient after completion of the screening

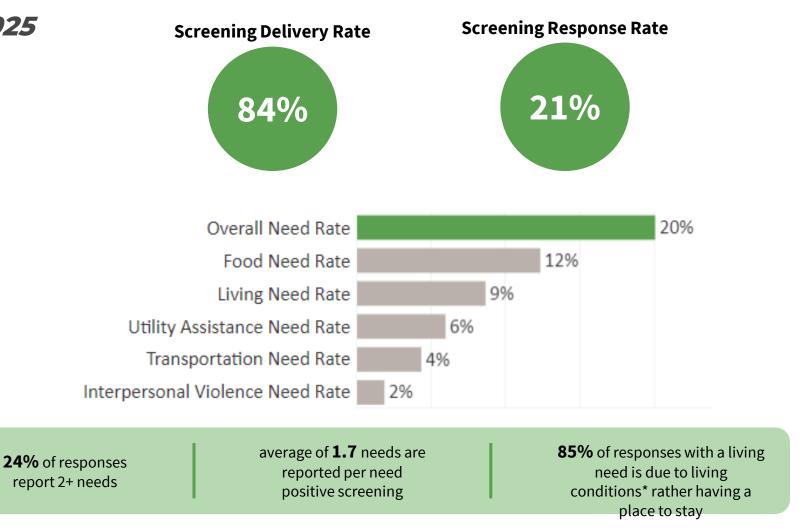


### **SDOH PROGRAM METRICS**

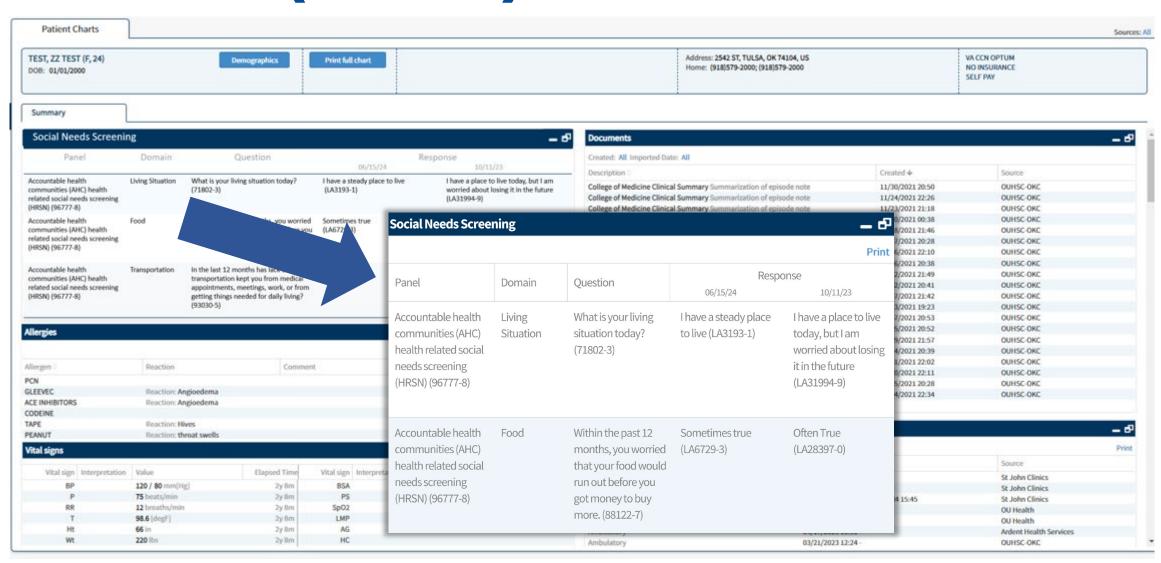
**AUGUST 2018 - MARCH 2025** 

#### By the numbers:

- ✓ **5.4+** million offers to screen
- **√ 931,000**+ responses
- ✓ 191,000+ responses with needs
- √ 317,000+ individual needs reported



## PROVIDER PORTAL – SOCIAL NEEDS RESULTS (IN DEV)



## HIE VALUE FOR HEALTHCARE PROVIDERS

- Reduced errors in care
- Speed access to care
- Reduce costs and burden
- Level playing field for rural and independent providers
- Performance in risk- and value-based payment models

# THE OPPORTUNITY AHEAD



### **PIVOTAL TIME IN OKLAHOMA HIE**

#### Opportunities

- State Funding for HIE has never been greater
- Cost pressure on Managed Care
- · Incentives to get providers connected.
- Never before could most providers connect at no cost!
- In most cases the Provider will be incentivized more than their cost!

#### Risks

- Legislature
- High risk of losing funding
- Timely Action by Providers

### **HIE IN SUMMARY**

- Improved care coordination
  - Enhanced Assessment
  - Close Gaps in Care
  - Enable better Follow-Up
  - Enhanced care management
- Reduced costs of care
- Address social needs
- Timely access to care and services



Vision: App for Patients and Providers

The HIE provides a path to information for Healthier outcomes for Oklahomans!

### **HIE VISION**

"Our vision is for all Oklahomans to have a portable health record that can be easily accessed securely and used in care coordination between health care providers across the state to enable healthier Oklahomans."

## **QUESTIONS?**

Stephen Miller, CHCIO
Chief Technology Officer OHCA & State
Coordinator for
Health Information Exchange
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**Learn More About OKSHINE** 



OKSHINE.Oklahoma.gov

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## DISCUSSION

