

2.3.2.3. Controls and Reporting

Presently, OHIET's fiscal agent is the OHCA. Once the SDE is transferred to OHIET, we anticipate placing an Inter-Local agreement with the OHCA to remain in this capacity. OHIET requires an external fiscal agent who is adept at cost controls and experienced in financial reporting, in particular in compliance with ARRA requirements. OHCA has stated a willingness to continue its role in the SHIECAP process as OHIET's fiscal agent. This would facilitate transfer of records and funding to the new organization, while maintaining continuity in the historical content and knowledge of funding and reporting to date.

Updated budget approvals for FY2011 occur in the March/April 2011 time frame. Further, the board is to receive detailed financial plans for OHIET for review and discussion in July each year. Also in each July, the board is to make final approval of the upcoming fiscal year's budget.

The board intends to approve a qualified bidders list for accounting and auditing firms in April 2011 and on-board the successful firms in the May/June 2011 period. Approval of controls and reporting policies will take place at the June 2011 board meeting.

OHIET intends to use generally accepted accounting principles to prepare, present and report financial statements. Financial reports on the operational activities of OHIET and the progress of implementation based on the established timeline are provided monthly at the regularly scheduled trustee meetings.

The OHIET board of trustees is responsible for ensuring that appropriate financial controls are in place and that all relevant Office of Management and Budget circulars are addressed pertaining to potential funding under the SHIECAP. The board of trustees will also provide oversight in the completion of reports due to Office of the National Coordinator (ONC) as it relates to the progress of the statewide HIE and use of any funding. Mr. Sam Guild, the Treasurer of the OHIET Board, leads this effort on behalf of the trustees.

In addition, the trust will operate and account for its activities according to the OMB Circular A-122 and Circular A-133 which dictates that an independent audit be performed to certify that the financial policies, procedures and controls are maintained in compliance with generally accepted accounting principles (GAAP) and relevant OMB guidelines. The trust will serve as a single point of contact to submit progress and spending reports periodically to ONC.

Internally, the COO will be responsible for daily oversight of cost and financial controls, with the assistance of external consulting. Audit and accounting services will be procured to assist the organization in these tasks, as well as payroll, tax compliance and other standard accounting procedures.

OHIET is a public trust and operates under the Open Meeting Act of Oklahoma. Documents will be filed in compliance with this act.

2.3.3.4. Procurement and Contracting

As a public trust, OHIET has contracting and procurement requirements specific to this legal structure. OHIET endeavors to obtain the best and most cost effective measures that will ultimately accrue to its beneficiaries, the state of Oklahoma and its citizenry.

OHIET intends to approve procurement and contracting policies and to adopt its first contracts in April 2011. This timing is to immediately follow the successful transfer of SDE from OHCA to OHIET. At that time, various vendor lists are to be approved and the procurement processes commence to hire professionals and consultants in accounting, auditing, public relations and marketing and possibly others.

OHIET legal counsel, Crowe & Dunlevy, is presently drafting the procurement policies and providing recommendations regarding the applicability of or need for compliance with the Oklahoma Central Purchasing Act, other Oklahoma statutes related to purchasing and contracting (including the requirements of 62 O.S. § 34.11.1 related to technology contracts), and the feasibility of OHIET using Oklahoma's statewide contracts and other entities' contracts, such as General Services Administration (GSA), and cooperative agreements such as Western States Contracting Alliance (WSCA) or U.S. communities. The Oklahoma Attorney General in the former administration was consulted on these issues and counsel will seek similar advice from the new Attorney General. They are also drafting standard OHIET contracts for Inter-Local, consulting and employee agreements.

Purchasing/Contracting Operations

OHIET may elect to contract with another agency or organization to assist in initial procurement processes. Procurement policies to be adopted include:

- Process for contract approvals
- Purchasing procedures and responsible personnel
- Accountability and transparency
- Compliance with state and local laws and reporting requirements.

Where possible, OHIET will leverage contracts and processes from other entities, such as the Oklahoma Department of Central Services, will use a market-based procurement approach tailored to the services/products sought including state contract, competitive bids or other. Further, OHIET is obligated to follow state laws for public trusts in connection with certain procurement activities. OHIET will establish guidelines for the use of evaluation and recommendation committees in the evaluation and award process. Membership of such committees may be taken from the representative members of the OHIET Advisory Board or, other subject-matter experts may be designated, depending on the requirements of a particular procurement.

Purchasing Procedures

Authorization and Approval Procedures

Purchasing procedures fully define approval processes and authorized individual(s) to plan, conduct and approve procurements and contracts. This includes provisions to delegate authority on a permanent or interim basis.

Accountability Procedures

Procedures include guidance related to confidentiality of bids, authorized communication with potential bidders, treatment of confidential information submitted with bids and potential conflicts of interest. This includes full disclosure of all relationships between any vendors and any individual(s) associated with OHIET that are involved in the development, evaluation and/or approval of any contracts or solicitations.

Procurement Planning/Specification Development Procedures

Solicitations issued by OHIET are written to encourage full and open competition, except as may be otherwise provided by OHIET purchasing procedures and in accordance with applicable statutes, regulations and policies. Consultants assisting in the development of a solicitation are prohibited from competing for the resulting contract(s), irrespective of whether these services were provided at no cost.

Contractor Selection Procedures

OHIET has determined amounts for small purchases, which may be made on an open market basis without competitive solicitation and will also adopt procedures defining “emergency,” “sole source,” and other conditions where competition may be waived or limited, including a definition of the condition, who has the authority to authorize the purchase, documentation requirements and any reporting/notification requirements. Trustees have granted spending level limits to the ExDir and dictated terms for spending.

OHIET will adopt procedures to govern the use of the RFP and Invitation to Bid processes, including notification to vendors; receipt and opening of bids; and rejection of bids. Additional procedures will be written to establish requirements for the documentation to support decisions and determinations, including determinations of responsibility, responsiveness, rejection of bids, and/or acceptance of alternate bids. Written procedures also define the roles and responsibilities of evaluation committees. Procedures encourage the use of negotiation whenever possible, defining conditions for use of negotiation and documentation related to the negotiation process.

Purchasing procedures address process and procedures for the distribution of funds to sub-contractors under federal awards, including incorporation of any “pass-through” requirements to subcontractors. Procedures provide guidance regarding any approval

requirements for use of subcontractors and identification of the prime contractor as the entity with ultimate responsibility for the performance of and payment to any subcontractors.

Purchasing procedures address maintenance and use of vendor lists addressing such questions as qualification and registration requirements and procedures, retention and disbarment.

Administrative Procedures

Procedures define requirements for retention of acquisition records, disclosure of acquisition records and required reporting related to acquisitions in accordance with all applicable laws and conditions.

Standard Terms and Conditions

Purchase procedures include provisions for the development, use and maintenance of standardized general and special terms and conditions for use in OHIET contracts, as well as processes for review and approval of non-standard terms and vendor-provided contracts.

Contract Administration

Purchasing procedures developed for OHIET address the receiving process for goods and services, including inspection, testing and acceptance of deliverables, as well as the ongoing monitoring and administration of contracts, including dispute resolution and evaluation of contractor performance.

2.3.3. Technical Infrastructure

Technical Infrastructure goals include:

Technical Infrastructure		
#	Goal	Status
1	Publish technical infrastructure strategy for HIE coverage throughout Oklahoma	Apr-11
2	Determine 'as is' status of critical componets for S1 MU	Ongoing
3	Identify interface of technologies, architecture and security & policy	Jun-11
4	Develop guidelines for technical and technological content for evaluation	Jun-11
5	Deliver recommendations for state level shared services and repositories	Apr-11

2.3.3.1. Standards and Certifications

Interoperability Standards

The Direct Project (DIRECT) and ONC established a core set of standards for interoperability. Oklahoma providers, payors and other stakeholders struggle to exchange data in standard formats other than those administrative transactions required by Health Insurance Portability and Accountability Act (HIPAA). OHIET advocates interoperability standards at the minimum levels established by ONC and DIRECT, thereby minimizing costs associated with handling multiple formats and interface specifications and propelling adoption rates in the near term.

'DIRECT' Connectivity

OHIET's interoperability strategy is to define connectivity protocols to link regional HIOs and ancillary services. There are HIOs that prefer to link directly to national networks as is the case with IHS. To any extent possible, Oklahoma would like to use DIRECT facilities to link to such organizations.

Further, for providers and users that need remote access, OHIET members SMRTNET and GTHAN are currently modeling and testing solutions with DIRECT to bring HIE facility to them. Both GTHAN and SMRTNET are 501.c.3 organizations. Medical facilities will have a certain comfort level joining with a 501.c.3. The OHCA, the state Medicaid agency, is launching this spring the Open HIO project. Medical facilities will have a certain comfort level joining with the Medicaid program. With both types of private and public organizations, 501.c.3 and state agency, these organizations will help foster adoption and gives the medical community three varieties of organizations to join and facilitate HIE.

Bluelined plans for connectivity incorporate DIRECT in cases such as the above referenced as well as for connectivity across state borders. OHIET will assist in the creation of HIE processes that will accommodate both federated and centralized data connections across the state. At this time, Oklahoma intends to federate to bordering states and DIRECT. DIRECT connectivity will be prioritized as the national effort moves forward. DIRECT connectivity will also be included as criteria for credentialing regional HIE/HIOs.

HIE Certification

Certification criteria is presently under study by the Governance task force of the advisory board. The task is to define HIO, HIE and describe the varying levels or categories of each, along with definable characteristics. This work leads directly to certification and credentialing criteria and evaluation procedures and set up. The Technical Infrastructure task force has the job of describing technical requirements, procedures and protocols associated with each category of HIE/HIO. All is at the crux of OHIET's key business and sustainability model.

2.3.3.2 Technical Architecture

Oklahoma currently has several regional HIE initiatives in varying stages of implementation. HIO interface definition and the plan to achieve are key deliverables by the Technical Architecture task force and are due for board approval in June 2011. HIO interface allows these organizations to link securely with each other, state agencies and other stakeholders in a statewide federated exchange of information as well as nationally, incorporating DIRECT and other exchanges. The “network of networks” model provides regional and community efforts statewide access to clinical health data.

2.3.3.3. Security and Privacy

OHIET seeks to adopt comprehensive security and privacy policies for electronic health information transmission to be used and shared by all HIOs throughout the state. At present, this task is being undertaken by an advisory board task force led by Robn Green of the Oklahoma State Department of Health and the chairperson of the Oklahoma HISPC. Several state and national best practices are being researched and studied for applicability to OHIET. Recommendations to the board of trustees from this group will be made in May 2011.

2.3.3.4. Technology Deployment

The first task of the statewide HIE deployment is to insure providers can meet Meaningful Use criteria in Oklahoma. One task is to determine a plan for a statewide Master Patient Index (MPI), Provider Directory, Record-Level Sharing (RLS) and connectivity for existing networks. OHIET’s role is to ensure the development and centralized availability of these state assets. A big opportunity has availed itself from the Health Benefits Exchange Grant (HBX) award which includes development of these and other services. OHIET is collaborating with OHCA on the scope and schedule for this development through HBX. A plan for shared services and repositories is scheduled for board review in June 2011.

To meet the other tenets of the S1MU program, the Technical Infrastructure task force is completing the gap analysis of services in e-prescribing, exchange of structured lab data and clinical patient care summaries. This information is due in March 2011. The task force is part of the S1 MU team and provides plans and feasibility to the attainment process.

Approach to Technical Architecture “Network of Networks” Model

Oklahoma’s statewide HIE technical architecture strategy proposes a federated network model and contemplates a consolidated statewide Enterprise Master Patient Index (eMPI) and record locator service. The federated network creates the connection for the “network of networks” approach adopted by Oklahoma. HIE networks will interconnect to form the statewide HIE, excepting IHS participants and tribal entities. OHIET services will be those that are leveraged by centrality of ownership, location,

purchasing power, etc., to the benefit and use of the local HIEs. This model will be cost-effective, without recreating a large centralized infrastructure or duplicating costs and efforts of local HIEs. In addition, this will enhance OHIET's sustainability by making it a value-add, low cost organization. IHS and tribal entities may either connect directly or through a local network.

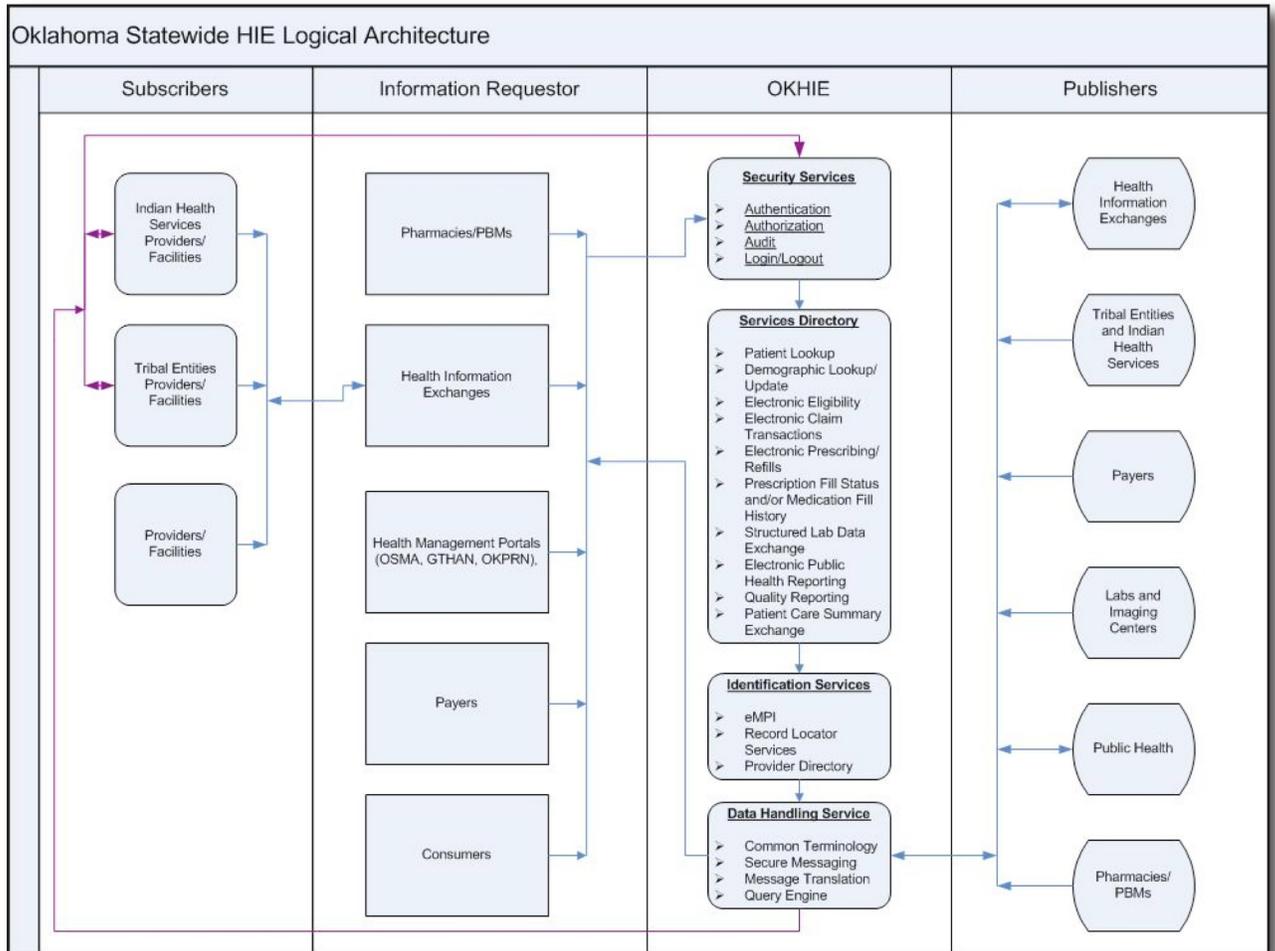


Exhibit 11: Oklahoma Statewide HIE Logical Architecture

Exhibit 11 depicts the Oklahoma logical statewide HIE technical approach. Networks, IHS and tribal entities will need to be certified before exchanging live data through the statewide network. OHIET will work to assist in timely certification of all participants wanting to use the network.

The payors and state agencies will be encouraged to enhance their infrastructure to connect to state HIE to perform payor-related tasks not associated with direct clinical care of patients. These tasks include electronic claim transactions, eligibility checking and quality reporting. OHIET will facilitate connections with the payors and state agencies for these functions.

2.3.4. Business and Technical Operations

Business and Technical Operations goals include:

Business & Technical Operations		
#	Goal	Status
1	Develop overall plan for HIE coverage throughout the state	In progress
2	Drive to completion FY2011 plan to meet S1MU	In progress
3	Create report templates for OHIET data	May-11
4	Collate, analyze and report out OHIET outcomes	Ongoing
5	Develop plan for data/best practice exchange Intra/Inter state	Apr-11
6	Set up meeting schedule for collaborative efforts	Apr-11
7	Oversee development of state level shared services and repositories	TBD
8	Develop OHIET standard operating procedures	Jun-11
9	Keep trustees informed of progress toward goals	Ongoing
10	Develop Communications, Education and Marketing plans to targeted stakeholders CEM plan	In progress
11	Develop and implement grant programs	TBD
12	Ensure consistent brand and identity for OHIET	TBD

2.3.4.1. Current HIE Capacities

Regional HIOs

Connecting regional HIEs and health systems is a priority. An evaluation by the trust to determine extent and capabilities of existing HIE systems, other telecommunications and information networks has completed. A key take-away is that expanding and leveraging legacy and planned infrastructure will be more efficient and more welcomed by those entities that have made significant investments than imposing a top-down, possibly redundant system.

As described in the OHIET Strategic Plan, a few, sophisticated HIOs are presently serving wide expanses of Oklahoma. The Oklahoma Beacon Community, Greater Tulsa Health Access Network (GTHAN) is rapidly coming on-stream and will provide connectivity, new services and best practices for the greater Tulsa region and up to 35% of Oklahoma's population. These are a strong, well-organized and professionally led group of entities. OHIET's success is linked to providing enhanced capabilities and leveraged resources to these organizations and those yet identified but waiting in the wings.

The Business & Technical Operations task force is charged with developing the overall plan to cover the state with a comprehensive HIE system. OHIET will drive to completion the elements of this plan, leading with ensuring all eligible providers in the state meet Stage 1 Meaningful Use by end FY2011.

Further information is required to tighten plans for S1 MU. This information will go into plans in progress in mid-March 2011. From there, the S1 MU action plans (detailed in Section 2.5 of this document) begin in earnest.

Oklahoma's broadband 'as is' state is described in Section 2.2.1.7. One existing telecommunication and information network already built and operational is the Oklahoma OneNet system. OneNet began in 1992 with a statewide capital bond issue that provided \$14 million for the implementation of a statewide telecommunications network.

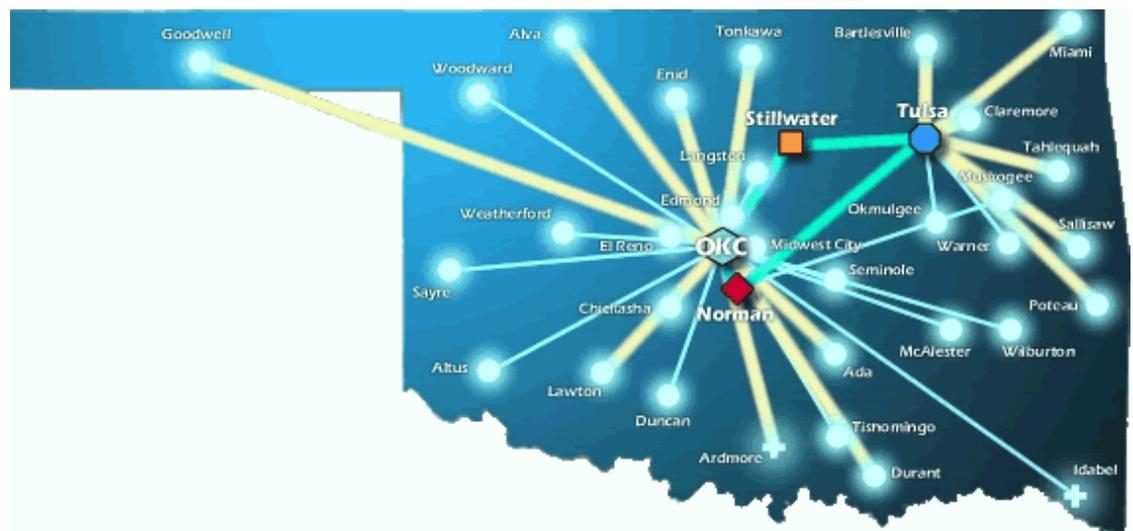
OneNet provides high-speed communications to a variety of Oklahoma entities such as: public and vocational-technical schools; colleges and universities; public libraries; local, tribal, state and federal governments; court systems; rural health care delivery systems; and programs engaged in research. When coupled with the state's ARRA funding for broadband expansion, the network reaches almost 90% of Oklahoma's citizens.

Locating Regional HIE Sites

The number and location of regional network sites and access fees will dictate costs associated with connectivity and data movement among providers. As an example, the following map is of the Oklahoma OneNet network.

OneNet hub sites house equipment and link users to a network, reduce connection distances and line charges and create equitable pricing, regardless of location.

OneNet has 42 hub sites providing the framework for the state's integrated telecommunications network. Hub sites are located on campuses of the state system of higher education and at several area career and technology centers.



OneNet Map: Example of Existing Regional Site Locations

According to the OneNet website, every OneNet hub site is served by a full DS-3 telecommunication circuit, includes its own SUN computer system, local bank of modems and Cisco high-performance data router.

Some of the services offered by OneNet include:

- Discounted telecommunications equipment
- Free technical support
- Support provided via toll-free number and e-mail
- Electronic databases

Storing Data and Insuring Privacy

Currently, there is no set pattern for security and privacy provisions amongst existing HIEs. The movement of data is just one issue. Another issue needing examination and evaluation related to financing will be where data is to be stored so that it can be moved from one provider to another. OHIET policies will govern both the storage criteria as well as transmission of data from HIO to HIO and beyond state borders.

2.3.4.2. State Level Shared Services and Repositories

Several opportunities to share state level services and repositories currently exist. The aforementioned OneNet and the state's Immunization Registry are two examples of where Oklahoma has a head start. OHIET services include assurance of development, equal access and universality of services that benefit HIOs by centralization.

The Health Benefits Exchange Grant, recently received by the OHCA, affords development of many services and repositories deemed suitable for centralized distribution. They may include MPI and eMPI, terminology, security models, licensing and credentialing a full spectrum of providers and repositories such as the Bureau of Narcotics and Dangerous Drugs (BNDD), among others.

The Technical Infrastructure domain task force works closely with the Business & Technical Operations domain task force to evaluate the right approach to shared services identified as right for central development/distribution. Plans and return on investment are in process for the following possible shared services:

- eMPI
- Provider directory
- Statewide Surescripts agreement
- Record locator service
- Privacy and security framework maintenance
- Immunizations registry

Care will be taken in these evaluations to prioritize services that are of greatest value, to determine services can be properly governed centrally, and to avoid duplication of efforts already undertaken by regional HIOs.

OHIET is working with OHCA and other state payors on the best path forward for the state providers and HIOs. A plan for shared service development is slotted for review and approval by OHIET's board at the May 2011 board meeting.

2.3.4.3. Standard Operating Procedures for HIE

Standards Adoption

OHIET bylaws (**Appendix 3.4**) establish the trust as the standard-setting body for the statewide effort. Oklahoma will adopt ONC standards and HIE certification criteria. OHIET will facilitate the collaboration of state HIEs to determine and develop HIE standards for the state. All entities connecting to OHIET must pass a certification process. OHIET will assist in the streamlining of the certification process for qualified, eligible parties.

Operating Standards

OHIET policies, where available, will dictate procedures such as for procurement, contracts, records keeping, etc. Standard operating procedures for daily OHIET operations are slated for adoption by OHIET trustees at the June 2011 board meeting.

2.3.4.4. Communications, Education and Marketing (CEM)

CEM goals and objectives are to inform and raise the awareness of consumers and the health community about the benefits of HIT and HIE through the following activities:

- 1. *Design a comprehensive HIE communication and educational program.***
 - a. Garner information that would be critical to message development through stakeholder meetings, town halls, surveys and focus groups within 90 days of OHIET assuming responsibilities.
 - b. Develop and deploy messages to a broad spectrum of prioritized stakeholders through community partners within six months of receiving the results of the stakeholder input.
 - c. Develop measures to evaluate the success of the initial communications and education campaign within six months of receiving the results of the stakeholder input.
 - d. Develop and implement a continuous quality improvement plan after six months into the campaign.
 - e. The trust will develop and deploy targeted messaging to enhance public transparency regarding uses of protected health information maintained by HIEs.

2. *Implement an ongoing marketing program to engage consumers and the health community in the adoption and use of HIE services.*

- a. Once the Strategic and Operational Plans are approved by the ONC, marketing strategies and tools will be immediately developed to begin communicating the benefits to target stakeholders that are most likely to help capitalize HIE.
- b. A marketing strategy and tools will be designed that target stakeholders who are most likely to contribute to the sustainability of the HIE.

Communications and Education Messaging Plans

The communications and education plans for OHIET are work plans that detail all the communication and education needs/topics, audiences, coordinator for each topic, medium and delivery methods, resources needed, frequency and timing of messages and expected results throughout the planning and implementation phases of the state HIE and the Medicaid HIT Incentive Program to ensure the right stakeholders get the right message, the right way, at the right time. OHIET will coordinate and collaborate with other ARRA programs in Oklahoma, like the REC and Beacon, in the area of communications and education to share and coordinate resources where it makes sense and to ensure the promotion of HIT adoption and HIE among providers.

Prioritization of audiences: hospitals and health care professionals, such as physicians who are eligible for the Medicare and/or Medicaid HIT incentive payments and patients have an immediate and ongoing need to know what is happening with regard to HIE statewide. Other audiences will need to know only when information is relevant to them and their particular situation.

The messages must be developed with input from the various committees and address all five HIE domains: governance, finance, policy and legal, technical infrastructure and services and business and technical operations. How to deliver and channel the messages will vary depending on the target audience. For example, HIT and HIE education and information for patients could be managed at the clinics and hospitals, similar to the way information about HIPAA was managed. Selected media will also be helpful in communicating to various audiences at proper times in the process. Answering the questions, what is the BENEFIT to ME and COST will be important for all audiences.

Branding and Message Mapping

Branding for the SDE and HIEs will be important to associate the symbol of HIT/HIE with reliability and trust. This branding needs to be integrated with all of the related OHIET programs.

Message mapping will be developed for each target group to assure the messages are focused and consistent, regardless of the channel used to provide the information. Message maps are sets of organized statements or messages that address certain topics or concerns. Each map identifies up to three unique messages that address a specific topic or issue. Several layered message maps may address each topic or issue.

Message maps will be developed as a specialized tool for communicating effectively in high-stress, high-concern or emotionally charged situations. A message map provides multiple benefits. It provides a handy reference for spokespersons who must respond to questions on topics requiring timeliness and accuracy. Multiple spokespersons can work from the same message map to ensure the rapid dissemination of consistent and core messages across multiple communication outlets. Message maps provide a unifying framework for disseminating information on various issues.

Feedback and Measuring Effectiveness

Feedback is key to ensuring the ongoing effectiveness of communications. In addition to determining whether people feel the communicators are doing a credible job, feedback will focus on finding the answers to a series of questions, for example, whether people:

- Understand the benefit of the HIE;
- Feel they have been involved in what is happening;
- Feel they have had a chance to voice their opinions;
- Feel their questions have been answered;
- Feel they have been appreciated for their participation

As well as gathering other qualitative data that will be ultimate indicators of the success of HIE such as “How has the information provided to you here and in the HIE contributed to your care?”

Some of the methods and options that may be used to measure effectiveness include:

- A basic competency tool for key stakeholders could be developed using web-based technology that would identify key HIT and HIE topics. The end-users of the competency tool will self-assess skills and understanding of key HIT and HIE topics based on a competency range of “1 to 4,” where “1” is no knowledge of a particular subject area and “4” is extensive knowledge and understanding of a subject area. The self-assessments would cross a variety of OHIET technology issues and concerns. Once the baseline information is developed, again using web-based technology, specific web-cast trainings to target specific areas or groups could be developed. By developing an initial baseline competency assessment with follow-up training, including pre- and post-testing, the OHIET Communications Committee can address concerns related to building awareness and targeting key stakeholders of varying degrees of competency.
- Town hall meetings and focus groups may be used to develop and test targeted messages and to evaluate effectiveness.
- Surveys may be used to evaluate the effectiveness of messages to specific target groups.

By evaluating feedback on an ongoing basis, continuous quality improvement methods can be applied to the messages and the methods of delivery to assure effective communication, education and marketing.

Marketing HIE Services

Elements of marketing will include:

- Defining sales goals and strategic objectives
- Conducting market research and performing an industry analysis (strengths, weaknesses, opportunities and threats (SWOT))
- Performing a target audience analysis
- Defining strategies and tactics, including positioning, general strategies and marketing mix (products, pricing, distribution, promotion)
- Developing projections
- Performing a budget and a financial analysis
- Developing performance measurements and performing an evaluation

Designated Spokesperson

One individual should be designated as the primary spokesperson to represent the SDE. This individual will be responsible for making official statements and answering media questions. A back-up to the designated spokesperson should also be identified to fill the position in the event the primary spokesperson is unavailable.

In addition to the primary spokesperson and the backup spokesperson, individuals who will serve as technical experts or advisors should be designated. These resources might include a financial expert, a leader in the community, clinician, public health official, security expert, etc.

It is important to establish in advance the basic approach and core messages. These messages should be developed with in collaboration with our HIE and other partners (REC and agencies) to develop ‘one voice’ for HIE. The Advisory Board sub-committee on communications will be very important to bring in the perspectives of key user groups.

It is also important to hold media training for any identified spokesperson in order to prepare the individual on how to interact with the media.

While one individual should be designated as the primary spokesperson, it is important to plan for the larger effort needed to create and disseminate the core messages conveyed by the designated spokesperson. There should be one designated communication management lead, directing and coordinating all aspects of the organization’s response, including managing the messages and the media. He or she will work closely with the spokesperson to provide scheduling support and ensure the appropriate talking points have been developed. In some cases, particularly in the event of a “small crisis,” the communication management lead may act as the designated spokesperson. At other times, the jobs may be divided to facilitate efficient handling of the situation.

2.3.5. Legal / Policy

Legal and Policy goals include:

Legal/Policy		
#	Goal	Status
1	Develop OHIET form and structure	Complete
2	Oversee legislative processes	Complete
3	Promulgate policies and procedures to foster data exchange	In progress
4	Develop trust agreements to enable secure flow of information	In progress
5	Ensure adherence to other federal laws that may exist for various participants such as VA, DoD, IHS, etc.	In progress
6	Identify approach to acts of non-compliance with federal and state laws and other HIE policies	TBD
7	Describe plans for privacy and security statewide and consistency with other states	In progress

2.3.5.1. Establish Requirements

OHIET fosters compliance with applicable federal and state privacy law and health information exchange policy requirements, such as Meaningful Use, through expressly requiring exchange participants to adhere to such objectives under the OHIET trust agreements. OHIET anticipates utilizing the Advisory Board created pursuant to its enabling legislation and/or retaining outside experts to study ongoing developments and evolutions in federal and state privacy laws and regulations for the purpose of advising OHIET on how it should implement such changes via either promulgation of policies and procedures or application under the trust agreements. OHIET will rely upon trust agreements with exchange participants and will potentially recommend best practices or promulgate additional policies and procedures in order to provide oversight and ensure participants' compliance with state and federal law.

2.3.5.2. Privacy and Security Harmonization

The Oklahoma Health Information Exchange Act harmonized federal and state privacy law on a statewide basis via the Oklahoma Standard Authorization Form (**Appendix 3.10**), which the Oklahoma Department of Health promulgated pursuant to the Act. The form incorporates the HIPAA requirements for an authorization for release of protected health information and, along with corresponding patient and provider instructions, expressly states instances in which authorization for release is necessary under federal and Oklahoma state law. OHIET anticipates using the form and its related instructions as the recommended manner for exchange participants to conduct exchange in instances where patient authorization is required under federal or state law.

2.3.5.3. Federal Requirements

Because of Oklahoma's high concentration of military installations, Veterans Affairs and Oklahoma State Veterans health care facilities, and IHS facilities, there is a high level of interest in collaborating with these entities to promote HIE. This is essential because beneficiaries treated through these federal facilities also receive care in non-federal facilities throughout Oklahoma. While initial discussions have taken place with many of these facilities, an agreement on how to accomplish this objective has not yet been reached. It is anticipated the initial emphasis will be on coordination and exchange with IHS facilities, with eventual expansion to include coordination and exchange with other federal facilities as the Department of Defense and the Department of Veterans Affairs develops its agency specific protocols for data sharing.

2.4. Issues, Risks and Dependencies

Several issues, risks and dependencies are inherent to this plan, as shown below.

Risk: Sustainability

Although the American Recovery and Reinvestment Act of 2009 (ARRA) funding is quite generous, OHIET is a new organization conducting an unproven business and there is a risk of insufficient capital. It is possible that costs to operate this business will rise; that the uptake of important constituents to these technologies will not happen at the pace predicted; that funds from the public sector (state and local funds) will not be available. Should a combination of these and other risks arise, it is possible that OHIET will not be sustained as a viable business.

Mitigation strategy:

OHIET will take great care to ensure the sustainability plan is realistic. It will continue to engage potential customers in development of the value-added activities it provides; it will closely collaborate with the Regional Extension Center (REC), the Oklahoma Health Care Authority (OHCA), Oklahoma's regional health information organizations, and others on the outreach to eligible providers throughout the state with public awareness messages, training, seminars, etc.

OHIET is considering a host of alternative revenue streams including the possibilities of issuing bonds or raising money in the capital markets or through donations. These strategies fed into the decision to organize OHIET as a public trust to avail such alternatives to the organization.

Risk: Personnel

It is possible that OHIET will require more than 4.0 full-time employees (FTEs) to run this organization or that it might not secure precisely the talent identified in this plan. There is much talent with the qualifications desired in Oklahoma, but until it is secured for OHIET, it is possible it will get swept away to another state's HIE program.

Mitigation strategy:

Governor Henry appointed John Calabro as the State Coordinator for Health Information Technology prior to his leaving office and, by doing so, secured the executive director for OHIET. OHIET is working at pace to meet the ONC requirements to transfer SDE to the organization. Once complete, OHIET will move aggressively to hire permanent staff. Now, position descriptions are being written and incorporated into a staffing plan for trustee approval in April 2011.

Risk: Failure of Key Partner

OHIET is dependent upon the regional and local Health Information Organizations (HIOs). As a “network of networks,” these HIOs are responsible for the direct connection with patients and healthcare providers and are integral to the successful operation of the statewide network. Many are geographically defined. Should one of these partners fail, meeting OHIET and ONC goals would be seriously jeopardized.

Mitigation strategy:

OHIET is in the process of developing several plans that will provide safety factors and contingency plans for this possibility. In areas where there are no service options readily available, OHIET’s plans will offer paths to redundancy. Additionally, this sort of catastrophic failure is considered in the credentialing criteria and guidelines for networks. Should a failure such as this occur, OHIET will have approved plans in place to overcome it.

Risk: Duplicative Effort and Wasteful Spending

Risk of duplicated efforts with these entities is also present. Without clear communications and the will to collaborate, the risk of spending capital and other resources on duplicated services and technology by several entities is high.

Mitigation strategy:

OHIET has set up ongoing communications with regional HIOs. Major HIOs are represented on both OHIET boards of trustees and advisors. Regular meetings are planned with technical leads of these organizations. OHIET’s intention is to work with the HIOs and add value to what is planned or exists already. OHIET’s success is dependent upon the success of HIOs. Coordination of and collaboration with these entities is of primary importance to the success of OHIET.

Risk: Component Failure

OHIET strategies for interoperability and connectivity rely upon exogenous development of services such as DIRECT. Should DIRECT not keep pace with state needs of interoperability, it could mean failure to meet S1 MU criteria and other goals.

Mitigation strategy:

OHIET’s back up plan is to design for use of existing systems such as SMRTNET for remote access, and Connect for organizations such as IHS.

Risk: Broadband Access

OHIET is dependent upon sufficient broadband access being available throughout the state. At present, the disparity in broadband infrastructure between the urban and rural areas of Oklahoma is

problematic as bandwidth is unavailable or unaffordable. OHIET stakeholders from the rural areas voice the issue of bandwidth and cost as a bottleneck to achieving statewide interoperability.

Mitigation strategy:

OHIET will monitor all impediments to access HIE systems and address these issues. OIHET will work with the REC and others in considering promotion of products and services that can make access available to all participants, while also dovetailing with (and even enhancing) workflows.

Oklahoma has received several large grants to provide broadband access to the far reaches of the state. Up to 89% of Oklahoma population will be reached by the state’s ARRA funding for broadband. Further, OHIET member SMRTNET has in operation a solution for remote, off line access. Mark Jones, founder of SMRTNET and OHIET advisory board member, is the point person to remedy this situation on behalf of OHIET.

Risk: Antiquated Legacy Technologies

There is a risk of antiquated or obsolete technologies as the development of technologies and products addressing health information and the changing health care platforms rapidly evolve. Previous technology investments can easily be rendered obsolete and result in a wasted investment by providers. This could also prohibit providers from an ability to make additional investments – investments required to meet Meaningful Use criteria.

Mitigation strategy:

OHIET will make timely recommendations on product and services to assist in certification. These will be made available on the OHIET website as well as in “pushed” market information.

2.5. Plan for Stage 1 Meaningful Use Compliance

The following tables illustrate OHIET’s approach to meeting S1MU criteria in FY2011. Teams form around the key elements of S1MU. Our point people in each area are:

Area	Point Person
E-prescribing	Jim Spoon
Labs	Rick Snyder
CCD	Dennis Carter
Health Plans	Bill Hancock
Remote Access	Mark Jones

Funds budgeted for each effort include allocations for incentive and grant programs, promotions and outreach, curricula development and training, and development of policies and services that directly allow the uptake of HIE by eligible providers. Activities and budgeted funds for each are shown in the following tables.

OHIET’s action plans in each area are summarized as follows:

E-prescribing available to all eligible providers			
Element:	Gap Recognized	Strategy	Actions
	<p>1. There are approx 25% pharmacies in the state that do not have e-prescribing facilities.</p> <p>2. Rural pharmacies not on board because they do not have the 'market pull' by local providers; they see no need to undergo the expense</p>	<ul style="list-style-type: none"> Determine areas of greatest need Reduce capital requirements Create demand from providers to drive e-prescribing capabilities at the pharmacy-level Create demand from payors at the pharmacy-level 	<ul style="list-style-type: none"> Team with small pharmacies and offer financial incentive programs to assist with start up costs Train local providers on benefits of e-prescribing and on alternatives, i.e., internet prescribing and the advantages to the end users (patients) Develop curriculum to educate end users, providers and pharmacies OHCA and Surescripts have contract req's for Medicaid participating pharma's to provide e-prescribing – leverage this and encourage other payors to participate similarly
			<p>Actors</p> <ul style="list-style-type: none"> OHiet/OPA/REC/OSMA OHiet/OPA/REC/OSMA OHCA/Surescripts/Payors
			<p>Budget</p> <p>\$918,000</p>

Receipt of structured lab results available to all eligible providers			
Element:	Gap Recognized	Strategy	Actions
	<p>1. The large labs are in compliance. For the smaller labs, especially those associated with rural providers, it is unknown.</p> <p>2. Rewards for MU are not as apparent for labs</p>	<ul style="list-style-type: none"> Focus on laboratory result reporting first; confirm capabilities of large labs and those receiving payment from largest payors in OK Provide incentives to labs Demonstrate benefits 	<ul style="list-style-type: none"> Form team with labs to understand landscape and areas requiring most intervention Create education/awareness campaign with key benefits for labs and stakeholders OHCA requires labs under contract to comply with OHiet and HL7 lab reporting standards; work with private payors to develop same
			<p>Actors</p> <ul style="list-style-type: none"> OHiet/Labs/Payors OHiet/REC/HIOS OHiet/OHCA/Payors
			<p>Budget</p> <p>\$718,000</p>

Sharing patient care summaries across unaffiliated organizations available to all eligible providers					
Element:	Gap Recognized	Strategy	Actions	Actors	Budget
	<p>1. Sharing patient care summaries will require HIE connectivity to hospitals and EP's. Less than 5% of EP's are live with HIE.</p> <p>2. HIE Networks will need to share and combine CCD's to EP's on other HIE networks.</p> <p>3. EMPI and Provider Registries will be a rate limiting factor of cross connections</p> <p>4. HIPAA and HITECH Implications of internetwork connections.</p>	<ul style="list-style-type: none"> • OHIET will endorse a network of networks and will support the existing and new HIE networks connections to EP's • OHIET will collaborate with the REC and EP's and MU funding to support their HIE connectivity • OHIET will help establish standards for network to network connectivity and security protocols and messaging protocols consistent with Direct. • OHIET will work with existing networks, new networks and potentially create services for EMPI and Provider Registries for the State • Exploration of DURSA (sp) and current state HIE legal policies 	<ul style="list-style-type: none"> • Incentive programs for HIE's and EP's in areas of low penetration of HIE. Particularly rural areas. • Collaboration between the REC and HIE networks to do support and offerings of HIE with EHR to EP's. • Education to EP's and marketing to EP's of the benefits and use case of HIE. • Establish inter-network HIE connection standards for security and privacy. • Asses current EMPI and provider directory services live in the state as well as proposed solutions to ensure the success of a network of networks model. Awareness that OHIET may have to create an add on service to parallel the network of networks. • Exploration of current legal and governance agreements, DURSA and develop a strategy to protect EP's who have contributed data to HIE in case of a data breach or end user misuse of HIE data. 	<ul style="list-style-type: none"> • OHIET • REC • Agencies • Existing Networks • New Networks • EP's • Medical Associations 	\$718,000

Ensuring broadband access availability					
Element:	Gap Recognized	Strategy	Actions	Actors	Budget
	<p>1. 36% hospitals report no access to broadband</p> <p>2. Disparity of access to broadband between rural and urban parts of state</p>	<ul style="list-style-type: none"> Align project with ~\$90M ARRA funds for state broadband initiatives Provide awareness and guidance to providers/pharma/labs on EHR/HIE Enable work-arounds to areas without broadband access 	<ul style="list-style-type: none"> Work with OCAN and others to dovetail technology req'ts and goals for access throughout the state Create consultancy, communications, education to assist rural constituents Team with vendors to create array of solutions for rural providers 	<ul style="list-style-type: none"> OHIET/OCAN/OSU/Sec'y of State OHIET/REC/HIOs OHIET/Vendor community 	\$788,000

Promoting effective use by all eligible providers					
Element:	Gap Recognized	Strategy	Actions	Actors	Budget
	<p>1. 23% of rural and 54% of urban hospitals have EMR</p> <p>2. 47% of non-hospital professionals have EHR</p>	<ul style="list-style-type: none"> Create 'pull' by providers Provide help, guidance and education to direct users of the HIE and the end users of healthcare Ensure compliance with state and fed req'ts that result in better health outcomes for the state 	<ul style="list-style-type: none"> Establish valuable products and services that will be standardized centrally and made available through local HIOs: vital stat's; eMPI; immunization registries, etc. Provide continuing incentives for providing by working with policies and legislation that promote HIE and better quality health outcomes for the state Team with REC, Beacon, universities and others to provide survey, analysis, education, guidance, etc. to providers Set up clear governance and policies and avenues for providers to achieve S1 MU and other req'ts 	<ul style="list-style-type: none"> OHIET/HIOs/vendors OHIET/REC/HIOs/Univ/Trainers OHIET/REC/legislators 	\$541,000

A contingency plan for S1 MU follows.

Short Term: Meeting stage 1 MU in 2011/2012		
MU Rqrmnt	Service or ongoing activity available	Contingency plan
Network access	State broadband access program slated to cover 88% of the state within 3 years.	Select and implement technologies that can be accessed via a 56.6K modem connection such as the web-based HIE's currently available in OK.
Certified EHR	Regional Extension Center working actively on this. Once PCP targets are met, specialists and other provider groups will be the focus.	EHRc access and Cloud EHR access from HIEs
Health Information Exchange (structured information exchanged)	Both GTHAN and SMRTNET are able to enroll providers from any location in the state.	Both GTHAN and SMRTNET are accessible via a web browser and modem connection. In addition, both HIEs can accept structured data feeds via sFTP on modem speed connections.
ePrescribing	Most eligible providers will prefer to eRX within their EHRs, and local pharmacies will be incented to join Surescripts and participate, but mail-order pharmacies will also be leveraged where local pharmacies don't exist or are unwilling to connect.	Both GTHAN and SMRTNET HIEs offer built in Surescripts certified eRX, made available to all users.
Lab results	RML, LabCorp and Quest are all statewide and accessible to any ordering physician. Connectivity to these labs will be available through the GTHAN and SMRTNET HIEs	Lab results from provider EHRs (should mirror
Quality reporting	HIEs have robust reporting platforms built in, require specific reports as part of certification	Fall back to old methods of doing reporting on surveys and sample data sets.

A parity check with PIN-001 issued by ONC is OHIET's working document and is attached as **Appendix 3.12**.



Appendices

An Act

ENROLLED SENATE
BILL NO. 1373

By: Crain and Johnson
(Constance) of the Senate

and

Schwartz of the House

An Act relating to public health; creating the Oklahoma Plan for Comprehensive Treatment of Chronic Obstructive Pulmonary Disease Act; providing short title; directing the State Department of Health to create a COPD state plan; permitting the Department to use certain existing plans; specifying content of certain plan; approving the creation of the Oklahoma Health Information Exchange Trust; naming beneficiary; making certain approval contingent upon specified conditions; specifying requirement of certain approved declaration of trust; requiring creation of certain advisory board; providing for membership of certain advisory board; specifying membership of the trust; providing for terms of trustees; providing for inclusion of the trust under the Governmental Tort Claims Act; providing for certain immunity; amending 60 O.S. 2001, Section 178, which relates to trustees; providing for exception to certain requirement; providing for codification; and declaring an emergency.

BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

SECTION 1. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1-450 of Title 63, unless there is created a duplication in numbering, reads as follows:

A. This act shall be known and may be cited as the "Oklahoma Plan for Comprehensive Treatment of Chronic Obstructive Pulmonary Disease Act".

B. The State Department of Health shall create a comprehensive chronic obstructive pulmonary disease (COPD) state plan that outlines sustainable solutions for reducing the burden of COPD in Oklahoma through the coordinated implementation of multiple strategies. The Department may utilize existing plans developed by advocacy organizations as a cost-saving means of developing such strategies. These strategies shall include, without limitation, recommendations for:

1. The prevention and early detection of COPD to reduce the incidence of disease;

2. The treatment and management of COPD to ensure that health care providers offer state-of-the-art care;

3. Increasing public awareness, patient education and proper medical management of COPD among the general public and those living with COPD; and

4. Improving COPD outcomes in Oklahoma through increases in COPD funding and resources as well as ongoing effective advocacy by government leaders and people with COPD.

SECTION 2. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1-132 of Title 63, unless there is created a duplication in numbering, reads as follows:

A. The state expressly approves the creation of a public trust to be named the "Oklahoma Health Information Exchange Trust", also known as "OHIET", of which the state shall be the beneficiary; provided, however, such approval shall be contingent upon satisfaction of the following conditions:

1. Finalizing the declaration of trust;

2. Adoption of the declaration of trust by an official action of the trustees of OHIET; and

3. Submission of OHIET for acceptance of the beneficial interest and approval as required by Section 177 of Title 60 of the Oklahoma Statutes.

B. The approved declaration of trust shall:

1. Specify that OHIET shall be created as a public trust pursuant to Section 176 et seq. of Title 60 of the Oklahoma Statutes and shall have the same rights, responsibilities, and attributes as any public trust created under such laws;

2. Specify that the primary purpose of OHIET shall be to:

- a. serve as Oklahoma's "Qualified State-Designated Entity" for purposes of any grants awarded pursuant to 42 U.S.C., Section 300jj-33 for purposes of facilitating and expanding the electronic movement and use of health information among organizations according to nationally recognized standards, and
- b. promote, develop, and sustain electronic health information exchanges at the state level; and

3. To the extent required by law, specify the adoption of bylaws and rules for the due and orderly administration and regulation of affairs of OHIET, which shall require approval in accordance with the provisions of the Administrative Procedures Act.

C. The approved declaration of trust shall also require the trustees of OHIET to establish an advisory board which shall make recommendations to the trustees. The advisory board shall include in its membership representatives of:

1. Health care providers, including providers that provide services to low income and underserved populations;
2. Health plans;
3. Patient or consumer organizations that represent the population to be served;

4. Health information technology vendors;
5. Health care purchasers and employers;
6. Public health agencies;
7. Health professions schools, universities, and colleges;
8. Clinical researchers;
9. Other users of health information technology, such as the support and clerical staff of providers and others involved in the care and care coordination of patients; and
10. Such other entities as may be determined appropriate by the Secretary of Health and Human Services pursuant to 42 U.S.C., Section 300jj-33.

D. OHIET shall have seven (7) trustees, three of which shall be appointed by the Governor, two of which shall be appointed by the President Pro Tempore of the Senate, and two of which shall be appointed by the Speaker of the House of Representatives.

E. The terms of the trustees shall be as follows:

1. Of the trustees first appointed, one member appointed by the Governor shall be appointed for a term of one (1) year, one member appointed by the President Pro Tempore of the Senate shall be appointed for a term of two (2) years, one member appointed by the Speaker of the House of Representatives shall be appointed for a term of three (3) years, one member appointed by the Governor shall be appointed for a term of four (4) years, one member appointed by the President Pro Tempore of the Senate shall be appointed for a term of five (5) years, one member appointed by the Speaker of the House of Representatives shall be appointed for a term of (5) years, and one member appointed by the Governor shall be appointed for a term of five (5) years; and

2. At the expiration of the term of each member and of each succeeding member, the entity who originally appointed such member shall appoint a successor who shall serve for a term of five (5) years. Whenever a vacancy on the trust occurs, the entity who

originally appointed such member shall fill the same by appointment and the appointee shall hold office during the unexpired term. Each member shall hold office until the member's successor has been appointed and qualified.

F. The provisions of the Governmental Tort Claims Act shall apply to OHIET as a state-beneficiary public trust created pursuant to state law. OHIET shall also be immune from liability relating to the accuracy or completeness of any information submitted by a third party to any health information exchange operated by OHIET.

SECTION 3. AMENDATORY 60 O.S. 2001, Section 178, is amended to read as follows:

Section 178. A. The instrument or will creating such trust may provide for the appointment, succession, powers, duties, term, manner of removal and compensation of the trustee or trustees subject to the provisions of subsections C and E of this section, and in all such respects the terms of said instrument or will shall be controlling. Trustees, who are public officers, shall serve without compensation, but may be reimbursed for actual expenses incurred in the performance of their duties as trustees. If the said instrument or will makes no provisions in regard to any of the foregoing, then the general laws of the state shall control as to such omission or omissions. Every person hereafter becoming a trustee of a public trust first shall take the oath of office required of an elected public officer and every officer and employee who handles funds of a public trust shall furnish a good and sufficient fidelity bond in an amount and with surety as may be specified and approved by the persons constituting a majority of each of the governing bodies of the beneficiaries of the trust, such bond to be in a surety company authorized to transact surety business in the State of Oklahoma but in no event shall any bond be required of a trustee. The cost of said bond shall be paid from funds of the trust authority. The oaths of office shall be administered by any person authorized to administer oaths in the State of Oklahoma, and shall be filed with the Secretary of State in trusts wherein the State of Oklahoma is the beneficiary; in the office of the county clerk in a trust wherein any county is beneficiary; and in the office of the clerk of the municipality in a trust wherein any municipality is the beneficiary.

B. Any Unless otherwise specified in another state law authorizing the creation of a state-beneficiary public trust, any public trust that hereafter names the State of Oklahoma as the beneficiary shall have five (5) trustees appointed by the Governor of the State of Oklahoma with the advice and consent of the Senate. The terms of the trustees shall be as follows: of the trustees first appointed, one member shall be appointed for a term of one (1) year; one member shall be appointed for a term of two (2) years; one member shall be appointed for a term of three (3) years; one member shall be appointed for a term of four (4) years; and one member shall be appointed for a term of five (5) years. At the expiration of the term of each member and of each succeeding member, the Governor shall appoint a successor who shall serve for a term of five (5) years. Whenever a vacancy on such trust shall occur by death, resignation or otherwise, the Governor shall fill the same by appointment and the appointee shall hold office during the unexpired term. Each member shall hold office until his successor has been appointed and qualified.

C. Any instrument or will creating a trust which is not within the scope of subsection B of this section shall provide for the appointment of a minimum of three trustees, their succession, powers, duties, term, manner of removal and compensation subject to the provisions of subsection E of this section, and in all such respects the terms of said instrument or will shall be controlling. If the instrument or will makes no provision in regard to any of the foregoing, then the general laws of the state shall control as to the omissions.

D. Meetings of trustees of all public trusts shall be open to the public to the same extent as is required by law for other public boards and commissions. Such meetings shall also be open to the press and any such equipment deemed necessary by the press to record or report the activities of the meetings. In such trusts wherein the State of Oklahoma is the beneficiary, a written notice of trustees' meetings shall be filed with the office of the Secretary of State at least three (3) days prior to the meeting date. Records of the trust and minutes of the trust meetings of any public trust shall be written and kept in a place, the location of which shall be recorded in the office of the county clerk of each county, wherein the trust instrument shall be recorded. Such records and minutes shall be available for inspection by any person during regular

business hours. Every trust created under Sections 176 et seq. of this title shall file a monthly report of all expenditures of bond proceeds with the governing body of each beneficiary and with the Governor, the Speaker of the House of Representatives and the President Pro Tempore of the Senate in the case of a public trust having the State of Oklahoma as beneficiary.

E. Trustees of any public trust may be removed from office for cause, including incompetency, neglect of duty, or malfeasance in office, by a district court having jurisdiction. In the case of persons appointed by the Governor, such persons shall be appointed for terms not in excess of five (5) years, and shall be subject to removal for cause. In the event of removal of a trustee under this subsection, a successor trustee shall be appointed as provided in the trust instrument. Provided, however, in the event a trustee is so removed who is also a member of the governing board of a municipal beneficiary, the successor trustee shall be appointed by the judge of the court wherein the removal occurred; said successor trustee shall serve only until the removed trustee ceases to serve as a member of the governing board of the municipal beneficiary and his successor on said board has qualified.

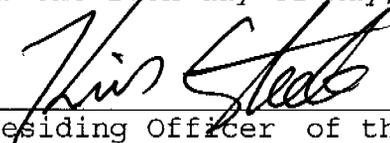
F. The provisions of this section shall be inapplicable to any public trust created and existing prior to July 1, 1988, if the instrument or will creating such public trust shall have been held to be a valid and binding agreement in an opinion of the Supreme Court of the State of Oklahoma; and nothing in this section shall impair or be deemed to impair the trust indenture or existing or future obligations of such public trust.

SECTION 4. It being immediately necessary for the preservation of the public peace, health and safety, an emergency is hereby declared to exist, by reason whereof this act shall take effect and be in full force from and after its passage and approval.

Passed the Senate the 25th day of May, 2010.

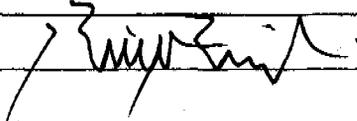

Presiding Officer of the Senate

Passed the House of Representatives the 27th day of May, 2010.

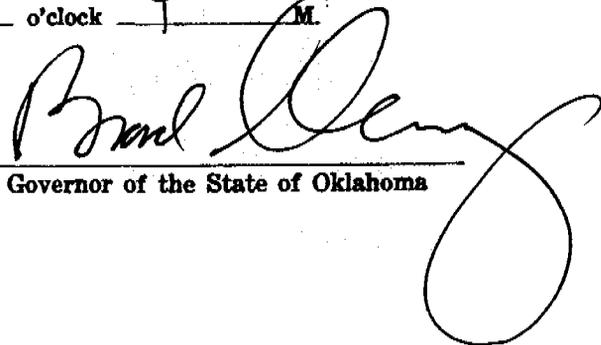

Presiding Officer of the House
of Representatives

OFFICE OF THE GOVERNOR

Received by the Governor this 28th
day of May, 2010,
at 6:25 o'clock P M.

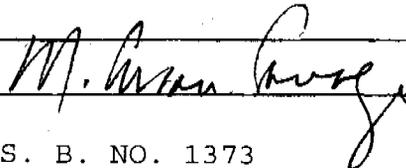
By: 

Approved by the Governor of the State of Oklahoma the 7th day of
June, 2010, at 11:03 o'clock P M.


Governor of the State of Oklahoma

OFFICE OF THE SECRETARY OF STATE

Received by the Secretary of State this _____
8th day of June, 2010,
at 4:38 o'clock P M.

By: 

OKLAHOMA HEALTH INFORMATION EXCHANGE TRUST

TRUST INDENTURE

KNOW ALL MEN BY THESE PRESENTS:

THIS TRUST INDENTURE ("Trust Indenture"), dated as of the 20th day of September, 2010, by and between Jenny Alexopulos, John Calabro, Sam Guild, Craig Jones, David Kendrick, Robert H. Roswell and Brian Yeaman ("Trustors") and the individuals executing this Trust Indenture as Trustees, and their respective successors as provided herein ("Trustees"), is executed for the purpose of forming and creating the Oklahoma Health Information Exchange Trust ("Trust") as set forth below:

RECITALS

A. The Legislature of the State of Oklahoma has passed legislation, Senate Bill 1373, expressly approving the creation of a state-beneficiary public trust named the "Oklahoma Health Information Exchange Trust" or OHIET for the purposes of (1) serving as Oklahoma's "Qualified State-Designated Entity," for purposes of any federal grant money awarded to facilitate and expand the electronic movement and use of health information among organizations according to nationally recognized health standards and (2) to promote, develop, and sustain electronic health information exchange at the State level.

B. In order to further the purposes stated in Paragraph A above, the parties hereto establish this Trust for the benefit of the State of Oklahoma ("Beneficiary"), according to the terms and conditions and for the specific purposes hereinafter set forth.

C. In consideration of the payment by the Trustor to the Trustees of the sum of One Dollar (\$1.00), receipt of which is hereby acknowledged, the mutual covenants herein set forth, and other valuable considerations, the said Trustees agree to hold, manage, invest, assign, convey, lease and distribute as herein provided, authorized and directed, such property as Trustor, or others, may from time to time assign, transfer, lease, convey, give, bequeath, devise or deliver unto this Trust or the Trustees hereof.

TO HAVE AND TO HOLD such property and the proceeds, returns, rents, profits and increases thereof unto said Trustees and said Trustees' successors and assigns, but nevertheless in trust, for the use and benefit of the Beneficiary and upon the following trusts, terms and conditions herein stated.

ARTICLE I

CREATION OF TRUST

The Trust is created and established for the use and benefit of the Beneficiary, for the public purposes and functions hereinafter set forth, under the provisions of Title 60, Oklahoma Statutes, Section 176 *et seq.* as amended (the "Oklahoma Public Trust Act") and other applicable statutes and laws of the State of Oklahoma.

Trust Indenture -
Oklahoma Health Information Exchange Trust



ARTICLE II

NAME

The name of this Trust shall be the "Oklahoma Health Information Exchange Trust", hereinafter referred to as Trust. The Trustees shall conduct all business and execute or authorize the execution of all instruments and otherwise perform the duties and functions required in the execution of this Trust.

ARTICLE III

PURPOSES

The purposes of this Trust are to:

- (1) Establish and maintain a framework for the exchange of health information, through a single or multiple health information exchanges, and encourage the widespread adoption and use of electronic health record systems among Oklahoma health care providers, payors and patients.
- (2) Promote and facilitate the sharing of health information among health care providers within Oklahoma and in other states by providing for the transfer of health information, medical records, and other health data in a secure environment for the benefit of patient care, patient safety, reduction of duplicate medical tests, reduction of administrative costs and any other benefits deemed appropriate by the Trust.
- (3) Establish and adopt standards and requirements for the use of health information and the requirements for participation in any health information exchange(s) established by the Trust by persons or entities including, but not limited to, health care providers, payors, and local health information exchanges.
- (4) Establish minimum standards for accessing the health information exchange(s) established by the Trust to ensure that the appropriate security and privacy protections apply to health information, consistent with applicable federal and State standards and laws. The Trust shall have the power to suspend, limit, or terminate the right to participate in the health information exchange for non-compliance or failure to act, with respect to applicable standards and laws, in the best interests of patients, users of the health information exchange, or the public. The Trust may seek all remedies allowed by law to address any violation of the terms of participation in the health information exchange or applicable statutes and regulations.
- (5) Identify barriers to the adoption of electronic health records systems, including researching the rates and patterns of dissemination and use of electronic health record systems throughout the State.

(6) Solicit and accept grants, loans, contributions, or appropriations from any public or private source and expend those moneys, through contracts, grants, loans, or agreements, on activities it considers suitable to the performance of its duties.

(7) Determine, charge and collect any fees, charges, costs, and expenses from any healthcare provider or entity in connection with its duties.

(8) Employ, discharge or contract with staff, including administrative, technical, expert, professional, and legal staff, as is necessary or convenient to carry out the purposes stated in this Article III.

(9) To plan, establish, develop, construct, enlarge, remodel, improve, make alterations, extend, maintain, equip, operate, lease, furnish and regulate one or more health information exchange(s) for the benefit of the Beneficiary.

(10) To construct, install, equip and maintain any hardware, software, technology, equipment, and programs necessary for the health information exchange(s) established by the Trust.

(11) To construct, equip and maintain any facilities for the development, maintenance and operation of the health information exchange(s) established by the Trust.

(12) To acquire by lease, purchase or otherwise, and to plan, establish, develop, construct, enlarge, improve, extend, remodel, maintain, equip, operate, furnish, regulate and administer any and all physical properties (real, personal or mixed), intellectual properties (copyrights, trademarks, patents, licenses), rights, privileges, immunities, benefits and any other things of value, designated or needed in establishing, maintaining and operating a health information exchange or multiple exchanges.

(13) To finance and refinance and to enter into contracts of purchase, lease-purchase or other interest in or operation and maintenance of the properties and other assets listed in paragraphs (5) and (6) above, and revenue thereof, and to comply with the terms and conditions of any such contracts, leases or other contracts made in connection with the acquisition, equipping, maintenance and disposal of any of said properties; and to relinquish, dispose of, rent or otherwise make provisions for properties owned or controlled by the Trust but no longer needful for trust purposes.

(14) To transact business anywhere in the State of Oklahoma to the extent it benefits the citizens of the Beneficiary.

(15) To provide funds for the cost of financing, refinancing, acquiring, constructing, purchasing, equipping, maintaining, leasing, repairing, improving, extending, enlarging, remodeling, holding, storing, operating and administering the health information exchange(s) and any or all of the properties and assets indicated in paragraphs (5) and (6) above needed for executing and fulfilling the Trust purposes as set forth in this instrument and all other charges,

costs, and expenses necessarily incurred in connection therewith and in so doing, to incur indebtedness, either unsecured or secured by all or any part of the Trust Estate and its revenues.

(16) To expend all funds coming into the hands of the Trustees as revenue or otherwise for the payment of any indebtedness incurred by the Trustees for purposes specified herein, and in the payment of the aforesaid costs and expenses, and in payment of any other obligation properly chargeable against the Trust Estate, and to distribute the residue and remainder of such funds to the Beneficiary upon termination of the Trust pursuant to Article IX.

ARTICLE IV

DURATION OF TRUST

This Trust shall continue in existence until it shall be terminated as hereinafter provided.

ARTICLE V

THE TRUST ESTATE

The Trust Estate shall consist of:

(1) The funds and property of any type or nature presently in the hands of the Trustees or to be acquired or constructed by Trustees and dedicated by the Trustor and others to be used for trust purposes.

(1) Any and all leasehold rights remised to the Trustees by the Beneficiary or any other entity or person as authorized and empowered by law.

(2) Any and all money, property (real, personal, intellectual or mixed), rights, choses in action, contracts, leases, privileges, immunities, licenses, franchises, benefits, and all other things of value coming into the possession of the Trustees pursuant to the provisions of this Trust Indenture.

The instruments executed for each project, and such issuance of bonds and other indebtedness, shall set out the specific property of the Trust Estate exclusively pledged and mortgaged for the payment of such indebtedness.

ARTICLE VI

THE TRUSTEES

(1) The number and terms of voting Trustees of this Trust shall be consistent with Title 63, Section 1-132 of the Oklahoma Statutes as amended, which provides upon execution of this Trust Indenture that the number of voting Trustees shall be seven (7) in number, with three (3) appointed by the Governor of the State of Oklahoma, two (2) appointed by the President Pro Tempore of the Senate and two (2) appointed by the Speaker of the House of Representatives.

The appointment of Trustees shall be consistent with 42 U.S.C. § 300jj-33 and any other applicable laws. The Trustees so appointed shall be persons knowledgeable about health information exchanges and work in or have experience with the industries or stakeholders directly impacted by health information exchanges and shall be selected from a list of at least three (3) nominees per vacancy submitted by the existing Board of Trustees to the appointing party.

Each Trustee shall serve a term of five (5) years; provided, however, the terms of the first Trustees appointed shall be as follows:

Governor Appointees:

<u>Name</u>	<u>Term End</u>
John Calabro	July 31, 2015
Robert H. Roswell	July 31, 2014
Brian Yeaman	July 31, 2011

Speaker of the House Appointees:

<u>Name</u>	<u>Term End</u>
David Kendrick	July 31, 2015
Sam Guild	July 31, 2012

President Pro Tempore Appointees:

<u>Name</u>	<u>Term End</u>
Craig Jones	July 31, 2015
Jenny Alexopoulos	July 31, 2013

At the expiration of the term of each Trustee and of each succeeding Trustee, or whenever a vacancy shall occur by death, resignation or otherwise, the State official who originally appointed such Trustee shall fill the same by appointment, and the appointee shall hold office during the new term or unexpired term, as applicable. Each Trustee shall hold office until his/her successor has been appointed and qualified. A Trustee may be reappointed to succeed himself/herself.

Any Trustee may be removed by the State official who originally appointed such Trustee for cause, including incompetency, neglect of duty, or malfeasance in office, under applicable law and a successor appointed as provided above. All Trustees shall serve without compensation but shall be reimbursed for actual expenses incurred in the performance of their duties hereunder.

(2) A quorum of the Board of Trustees shall consist of a minimum of four (4) Trustees. Except for Amendments to this Trust Indenture (as provided in Article XI) and to the Trust's Bylaws, the affirmative vote of at least four (4) Trustees shall be required to approve any action.

(3) The Trustees may appoint a Chair of the Trustees who shall preside at all meetings and perform other duties designated by the Trustees. The Trustees shall designate the time and place of all regular meetings.

(4) The Trustees may appoint a Vice Chair/Secretary who shall act in the place of the Chair during his or her absence, keep minutes of all meetings of the Trustees and maintain complete and accurate records of all their financial transactions, all such minutes, books and records to be on file in the office of the Trust. The Trustees may appoint one or more Assistant Secretaries to perform such duties as may be assigned to such officers at any time and from time to time by the Trustees.

(5) The Trustees shall appoint a Chief Executive Officer of the Trust (whether designated as President, Administrator, Director or otherwise). To the extent required by applicable law, the Oklahoma Health Information Technology Coordinator shall serve as the Chief Executive Officer of the Trust. The Chief Executive Officer shall act as general manager for the Trust Estate and may cause the Trust to employ such other clerical, professional, legal and technical assistance as may be deemed necessary in the discretion of the Trustees to properly operate the business of the Trust Estate, and may either directly or through his or her designees, fix their duties, terms of employment and compensation. The Chief Executive Officer of the Trust shall administer the business of the Trust Estate as directed from time to time by the Trustees. The Chief Executive Officer of the Trust may be an ex-officio member of the Board of Trustees, but shall have no vote.

(6) Bonds or other evidences of indebtedness to be issued by the Trustees shall not constitute an indebtedness of the Beneficiary, nor personal obligations of the Trustees of the Trust, but shall constitute obligations of the Trust payable solely from the Trust Estate.

(7) Pursuant to Title 60, Oklahoma Statutes, Section 179, the Trustees and the Beneficiary shall not be charged personally with any liability whatsoever by reason of any act or omission committed or suffered in the performance of such Trust or in the operation of the Trust Estate; but any act or liability for any omission or obligation of the Trustees in the execution of such Trust, or in the operation of the Trust Estate, shall extend to the whole of the Trust Estate or so much thereof as may be necessary to discharge such liability or obligation, and not otherwise.

(8) Notwithstanding any other provision of this Trust Indenture which shall appear to provide otherwise, no Trustee or Trustees shall have the power or authority to bind or obligate any other Trustee, or the Beneficiary, in his or its capacity, nor can the Beneficiary bind or obligate the Trust or any individual Trustee.

ARTICLE VII

POWERS AND DUTIES OF THE TRUSTEES

To accomplish the purposes of the Trust, and subject to the provisions and limitations otherwise provided in this Trust Indenture, the Trustees shall have, in addition to the usual powers incident to their office and the powers granted to them in other parts of this Trust Indenture, the authority to do, or cause to be done, all things which are incidental, necessary, proper or convenient to carry fully into effect the purposes enumerated in Article III of this Trust Indenture, with the general authority hereby given being intended to make fully effective the power of the Trustees under this Trust Indenture; and, to effectuate said purposes, the Trustees are specifically authorized (but their general powers are not limited thereby) with the following rights, powers, duties, authority, discretion and privileges, all of which may be exercised by them without any order or authority from any court:

(1) To finance, acquire, establish, develop, construct, enlarge, improve, extend, maintain, equip, operate, lease, furnish, provide, supply, regulate, hold, store and administer any of the facilities designated pursuant to Paragraph (1) of Article III hereof as the Trustees shall determine necessary for the benefit and development of the Beneficiary.

(2) To enter into contracts for the acquisition and construction of property, buildings and facilities authorized to be acquired and constructed pursuant to the terms of this Trust Indenture.

(3) To employ such architectural and engineering firm or firms as the Trustees deem necessary to prepare such preliminary and detailed studies plans, specifications, cost estimates and feasibility reports as are required in the opinion of the Trustees. The cost of such engineering and architectural work shall be paid out of the proceeds of the sale of bonds or from such other funds as may be available therefor.

(4) To enter into contracts for the sale of bonds, notes or other evidences of indebtedness or obligations of the Trust for the purpose of acquiring, equipping or constructing property, buildings, improvements and facilities authorized to be acquired or constructed pursuant to the terms of this Trust Indenture and for that purpose may:

(a) Employ a financial advisor, or committee of advisors, to advise and assist the Trustees in the marketing of such bonds, notes or other evidences of indebtedness or obligations, and to present financial plans for the financing of the acquisition or construction of each project, and to recommend to, or consult with, the Trustees concerning the terms and provisions of bond indentures and bond issues, and may pay appropriate compensation for such work and services performed in the furtherance of the project.

(b) Sell all bonds, notes or other evidences of indebtedness or obligations of the Trust in whole or in installments or series and on such

terms and conditions and in such manner as the Trustees shall deem to be in the best interest of the Trust Estate; and

(c) Appoint, select and compensate attorneys, underwriters, paying agencies and corporate trustees in connection with the issuance of any such bonds, notes, evidences of indebtedness or other obligations of the Trust.

(d) To purchase or redeem said bonds, notes or other evidences of indebtedness in whole or in part prior to the stated maturity thereof as may be stated in any instrument authorizing such issuance or securing the payment of any such indebtedness.

(5) To enter into and execute, purchase, lease or otherwise acquire property (real, personal or mixed), contracts, leases, rights, privileges, benefits, choses in action, or other things of value and to pay for the same in cash, with bonds or other evidences of indebtedness or otherwise.

(6) To make and change investments, to convert real into personal property, and vice versa, to lease, improve, exchange or sell, at public or private sale, upon such terms as they deem proper, and to resell, at any time and as often as they deem advisable, any or all the property in the Trust, real and personal; to borrow money, or renew loans to the Trust, to refund outstanding bonded indebtedness and to execute therefor notes, bonds or other evidences of indebtedness, and to secure the same by mortgage, lien, pledge or otherwise; to purchase property from any person, firm or corporation, and lease land and other property to and from the Beneficiary and construct, improve, repair, extend, remodel and equip buildings and facilities thereon and to operate or lease or rent the same to individuals, partnerships, associations, limited liability companies, corporations and others, including the United States of America, or the State of Oklahoma and agencies or authorities of the United States of America, or of the State of Oklahoma, or of any municipality thereof, and also including all municipal or other political subdivisions of the State of Oklahoma as well as the Beneficiary hereof, and to do all things provided for in Article III of this Trust Indenture, and procure funds necessary for such purpose by the sale of bonds or other evidences of indebtedness by a mortgage, lien, pledge or other encumbrance or otherwise of such real and personal property, buildings and facilities owned or otherwise acquired, leased or controlled by Trustees, and by rentals, income, receipts and profits therefrom, or from any other revenues associated with the ownership, operation or control of the property of the Trust; to lease or sublease any property of the Trust Estate or of which the Trustees may become the owners or lessees.

(7) To fix, demand and collect charges, rentals and fees for the property, buildings facilities, and services of the Trust; to discontinue furnishing of properties, buildings, facilities and/or services to any person, firm or corporation, or public instrumentality, delinquent in the payment of any indebtedness to the Trust; to purchase and sell such supplies, goods, commodities and services as are incident to the operation of its properties.

(8) To make and perform contracts of every kind, including management contracts, with any person, firm, corporation, limited liability company, association, trusteeship, municipality, government or sovereignty; and without limit as to amount to draw, make, accept, endorse, assume, guarantee, account, execute and issue promissory notes, drafts, bills of exchange, acceptances, warranties, bonds, debentures, and other negotiable or non-negotiable instruments, obligations and evidences of unsecured indebtedness, or of indebtedness secured by mortgage, deed of trust or otherwise upon any or all income of the Trust, in the same manner and to the same extent as a natural person might or could do. To collect and receive any property, money, rents, or income of any sort and distribute the same or any portion thereof for the furtherance of the authorized Trust purposes set out herein.

(9) To do all other acts in their judgment necessary or desirable for the proper and advantageous management, investment, and distribution of the Trust Estate and income therefrom.

(10) To have and exercise exclusive management and control of the properties of the Trust Estate for the use and benefit of the Beneficiary. The whole title, legal and equitable, to the properties of the Trust Estate is and shall be vested in the Trustees.

(11) To contract for the furnishing of any services or the performance of any duties that they may deem necessary, or proper, and pay for the same as they see fit.

(12) To select depositories for the funds and securities of this Trust.

(13) To compromise any debts or claims of or against the Trust Estate, and adjust any dispute in relation to such debts or claims by arbitration or otherwise and pay any debts or claims against the Trust Estate upon any evidence deemed by the Trustees to be sufficient. The Trustees may bring any suit or action, which in their judgment is necessary or proper to protect interest of the Trust Estate, or to enforce any claim, demand or contract for the Trust; and they shall defend, in their discretion, any suit against the Trust, or the Trustees or employees, agents or servants thereof. They may compromise and settle any suit or action, and discharge the same out of assets of the Trust Estate, together with court costs and attorneys' fees. All such expenditures shall be treated as expenses of executing this Trust.

(14) No purchaser at any sale or lessee under a lease made by the Trustees shall be bound to inquire into the expediency, propriety, validity or necessity of such sale or lease or to see to or be liable for the application of the purchase or rental moneys arising therefrom.

(15) To adopt, amend and repeal rules and regulations, policies and procedures for the regulation of its affairs and the conduct of its business.

(16) To exercise all other powers and functions necessary or appropriate to carry out the duties and purposes of the Trust in behalf of and for the benefit of the Beneficiary, to the extent and in such manner as now is or hereafter shall be a proper function of the Trust and of the Beneficiary.

ARTICLE VIII

ADVISORY BOARD

The Trust will have an Advisory Board comprised of members who represent health care providers, trade associations, government agencies and other parties with an interest in the implementation and use of the health information exchange as more specifically set forth in the Trust's Bylaws. The purpose of the Advisory Board is to serve as an advisory body to the Trustees regarding the Purposes of the Trust set forth in Article III. All recommendations approved by the Advisory Board shall be presented to and considered by the Trustees as an agenda item at a meeting of the Trustees.

ARTICLE IX

BENEFICIARY OF TRUST

(1) The Beneficiary of this Trust shall be the Beneficiary, under and pursuant to Title 60, Oklahoma Statutes, Section 176 *et seq.*, as amended and supplemented, and other statutes of the State of Oklahoma presently in force and effect. Except as otherwise provided herein, this Trust Indenture shall not be subject to revocation, alteration, amendment, revision, modification or termination from and after the date any indebtedness is incurred by the Trustees.

(2) The Beneficiary shall have no legal title, claim or right to the Trust Estate, its income, or to any part thereof or to demand or require any partition or distribution thereof. Neither shall the Beneficiary have any authority, power or right, whatsoever, to do or transact any business for, or on behalf of, or binding upon the Trustees or upon the Trust Estate, nor the right to control or direct the actions of the Trustees pertaining to the Trust Estate, or any part thereof. The Beneficiary shall be entitled solely to the benefits of this trust, as administered by the Trustees hereunder, and at the termination of the Trust, as provided herein, and then only, the Beneficiary shall receive the residue of the Trust Estate.

ARTICLE X

TERMINATION OF TRUST

This Trust shall terminate in the manner provided by Title 60, Oklahoma Statutes, Section 180; provided, however, that this Trust shall not be terminated by voluntary action if there be outstanding indebtedness or fixed term obligations of the Trustees, unless all owners of such indebtedness or obligations shall have consented in writing to such termination.

Upon the termination of this Trust, the Trustees shall proceed to wind up the affairs of this Trust, and after payment of all debts, expenses and obligations out of the moneys and properties of the Trust Estate to the extent thereof, shall distribute the residue of the money and properties of the Trust Estate to the Beneficiary hereunder. Upon final distribution, the powers, duties and authority of the Trustees hereunder shall cease.

ARTICLE XI

AMENDMENT OF TRUST INDENTURE

This Trust Indenture has been duly approved by the Trustees and by the Beneficiary. This Trust Indenture may be amended without the approval of the Trustor by approval of two-thirds (2/3rds) of the Trustees subject to the approval of the Governor of the State of Oklahoma so long as no outstanding indebtedness is secured by the Trust Estate. If there is any such outstanding indebtedness, such amendment shall be approved by the holders of such indebtedness or any Trustee for the holders of any outstanding bonds or notes. The Trustee for the holders of any such bonds or notes may conclusively rely on the opinion of an attorney for the Trust that any such amendment shall not materially adversely affect the security for such bonds or notes or the ability of the holders to receive timely payment thereon. Any amendments shall be sent to the Governor within fifteen (15) days of their adoption.

ARTICLE XII

ACCEPTANCE OF TRUST

The Trustees accept the Trust herein created and provided for, and agree to carry out the provisions of this Trust Indenture on their part to be performed.

IN WITNESS WHEREOF, the undersigned, in her capacity as both Trustor and Trustee of the Trust, has executed this document as of the date and year first above mentioned.

TRUSTOR:


Jenny J. Alexopoulos, D.O.

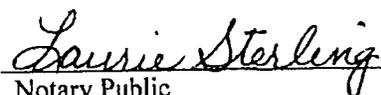
TRUSTEE:


Jenny J. Alexopoulos, D.O.

STATE OF OKLAHOMA)
) SS
COUNTY OF OKLAHOMA)

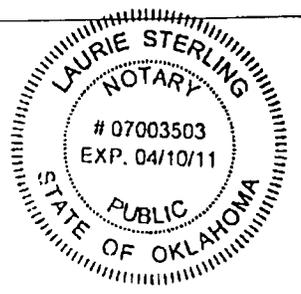
BEFORE ME, the undersigned, a Notary Public in and for said County and State, on this 23rd day of August, 2010, personally appeared Jenny J. Alexopoulos, D.O., to me known to be the identical person who executed the within and foregoing instrument and acknowledged to me that she executed the same as her free and voluntary act and deed for the uses and purposes therein set forth.

GIVEN UNDER MY HAND AND SEAL the day and year last above written.


Notary Public

My Commission expires:

(SEAL)



IN WITNESS WHEREOF, the undersigned, in his capacity as both Trustor and Trustee of the Trust, has executed this document as of the date and year first above mentioned.

TRUSTOR:

John R. Calabro
John R. Calabro

TRUSTEE:

John R. Calabro
John R. Calabro

STATE OF OKLAHOMA)
) SS
COUNTY OF OKLAHOMA)

27 BEFORE ME, the undersigned, a Notary Public in and for said County and State, on this day of August, 2010, personally appeared John R. Calabro, to me known to be the identical person who executed the within and foregoing instrument and acknowledged to me that he executed the same as his free and voluntary act and deed for the uses and purposes therein set forth.

GIVEN UNDER MY HAND AND SEAL the day and year last above written.



Tracy J. Lott
Notary Public

IN WITNESS WHEREOF, the undersigned, in his capacity as both Trustor and Trustee of the Trust, has executed this document as of the date and year first above mentioned.

TRUSTOR:

Samuel T. Guild
Samuel T. Guild

TRUSTEE:

Samuel T. Guild
Samuel T. Guild

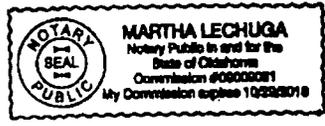
STATE OF OKLAHOMA)
 Washington) SS
COUNTY OF OKLAHOMA)

BEFORE ME, the undersigned, a Notary Public in and for said County and State, on this 24th day of August, 2010, personally appeared Samuel T. Guild, to me known to be the identical person who executed the within and foregoing instrument and acknowledged to me that he executed the same as his free and voluntary act and deed for the uses and purposes therein set forth.

GIVEN UNDER MY HAND AND SEAL the day and year last above written.

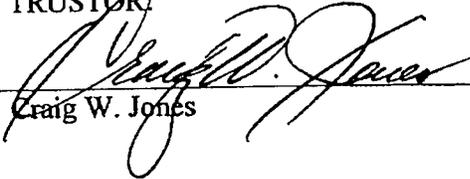
Martha Lechuga
Notary Public

My Commission expires:
10/29/2013
(SEAL)



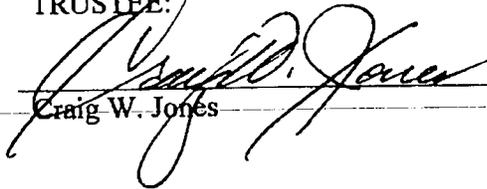
IN WITNESS WHEREOF, the undersigned, in he capacity as both Trustor and Trustee of the Trust, has executed this document as of the date and year first above mentioned.

TRUSTOR:



Craig W. Jones

TRUSTEE:



Craig W. Jones

STATE OF OKLAHOMA)
) SS
COUNTY OF OKLAHOMA)

BEFORE ME, the undersigned, a Notary Public in and for said County and State, on this 24th day of August, 2010, personally appeared Craig W. Jones, to me known to be the identical person who executed the within and foregoing instrument and acknowledged to me that he executed the same as his free and voluntary act and deed for the uses and purposes therein set forth.

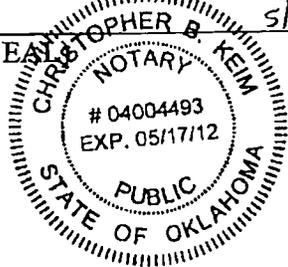
GIVEN UNDER MY HAND AND SEAL the day and year last above written.



Notary Public

My Commission expires:

5/17/12
(SEAL) CHRISTOPHER B. KEIM



IN WITNESS WHEREOF, the undersigned, in he capacity as both Trustor and Trustee of the Trust, has executed this document as of the date and year first above mentioned.

TRUSTOR:



David C. Kendrick, M.D.

TRUSTEE:



David C. Kendrick, M.D.

STATE OF OKLAHOMA)
) SS
COUNTY OF OKLAHOMA)

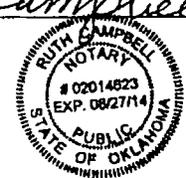
BEFORE ME, the undersigned, a Notary Public in and for said County and State, on this 24 day of August, 2010, personally appeared David C. Kendrick, M.D., to me known to be the identical person who executed the within and foregoing instrument and acknowledged to me that he executed the same as his free and voluntary act and deed for the uses and purposes therein set forth.

GIVEN UNDER MY HAND AND SEAL the day and year last above written.


Notary Public

My Commission expires:

8-27-14
(SEAL)



IN WITNESS WHEREOF, the undersigned, in he capacity as both Trustor and Trustee of the Trust, has executed this document as of the date and year first above mentioned.

TRUSTOR:

Robert H. Roswell
Robert H. Roswell, M.D.

TRUSTEE:

Robert H. Roswell
Robert H. Roswell, M.D.

STATE OF OKLAHOMA)
) SS
COUNTY OF OKLAHOMA)

BEFORE ME, the undersigned, a Notary Public in and for said County and State, on this 19th day of August, 2010, personally appeared Robert H. Roswell, M.D., to me known to be the identical person who executed the within and foregoing instrument and acknowledged to me that he executed the same as his free and voluntary act and deed for the uses and purposes therein set forth.

GIVEN UNDER MY HAND AND SEAL the day and year last above written.

Christopher B. Kem
Notary Public

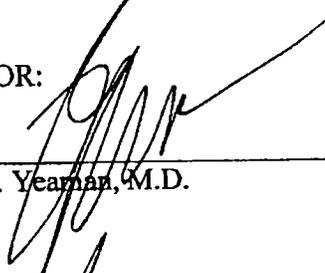
My Commission expires:

MAY 17, 2012
(SEAL)



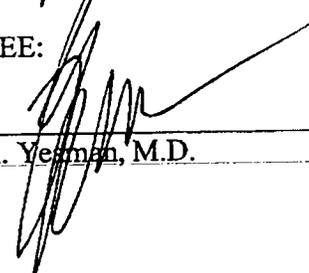
IN WITNESS WHEREOF, the undersigned, in he capacity as both Trustor and Trustee of the Trust, has executed this document as of the date and year first above mentioned.

TRUSTOR:



Brian A. Yeaman, M.D.

TRUSTEE:



Brian A. Yeaman, M.D.

STATE OF OKLAHOMA)
) SS
COUNTY OF OKLAHOMA)

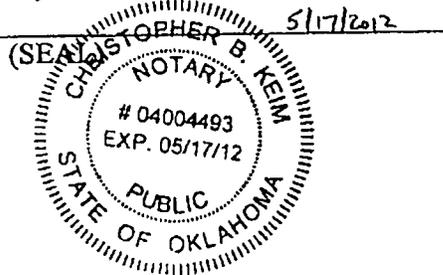
BEFORE ME, the undersigned, a Notary Public in and for said County and State, on this 19th day of August, 2010, personally appeared Brian A. Yeaman, M.D., to me known to be the identical person who executed the within and foregoing instrument and acknowledged to me that he executed the same as his free and voluntary act and deed for the uses and purposes therein set forth.

GIVEN UNDER MY HAND AND SEAL the day and year last above written.



Notary Public

My Commission expires:

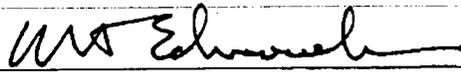


APPROVAL OF
OKLAHOMA HEALTH INFORMATION EXCHANGE TRUST,
a State Beneficiary Public Trust

KNOW ALL MEN BY THESE PRESENTS:

The undersigned, The Attorney General of the State of Oklahoma, has determined that the Trust created by the within and foregoing Trust Indenture is in proper form and is compatible with the laws of the State of Oklahoma and hereby approves the Trust created by the within and foregoing Trust Indenture.

WITNESS, the Honorable Drew Edmondson, Attorney General of the State of Oklahoma, this 20th day of September, 2010.



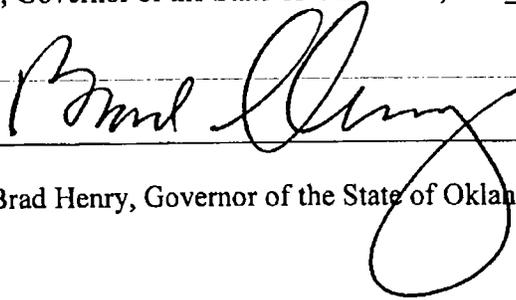
Drew Edmondson, Attorney General of the State of
Oklahoma

ACCEPTANCE OF BENEFICIAL INTEREST
OF OKLAHOMA HEALTH INFORMATION EXCHANGE TRUST,
a State Beneficiary Public Trust

KNOW ALL MEN BY THESE PRESENTS:

The undersigned, The Governor of the State of Oklahoma, hereby accepts the beneficial interest in the Trust created by the within and foregoing Trust Indenture for and on behalf of said Beneficiary, the State of Oklahoma, and in all respects in accordance with the terms of said Trust Indenture.

WITNESS, the Honorable Brad Henry, Governor of the State of Oklahoma, this 20th
day of September, 2010.



Brad Henry, Governor of the State of Oklahoma

ATTEST:

SECRETARY OF STATE

