MEETING MINUTES
Governor's Health Workforce Council
Wednesday, May 23, 2018 1:00pm-3:00pm
Indiana Government Center South, Conference Room 4+5

Members Present:
- **Michael Barnes,** (for **Chairman Fred Payne**, *Commissioner)* Indiana Department of Workforce Development
- **Kristina Box,** *Commissioner***,** Indiana State Department of Health
- **Don Kelso,** *Executive Director,* Indiana Rural Health Association
- **Hannah Maxey** *Assistant Professor and Director,* Bowen Center for Health Workforce Research and Policy
- **Doug Huntsinger (**for **Jim McClelland,** *Executive Director for Drug Prevention, Treatment, and Enforcement,* State of Indiana)
- **Lisa Magnifico (**for **Phil Morphew,** *Chief Executive Officer,* Indiana Primary Health Care Association
- **Ken Sauer,** *Senior Associate Commissioner and Chief Academic Officer,* Indiana Commission for Higher Education
- **Julie Halbig (**for **Brian Tabor,** *President,* Indiana Hospital Association)
- **Deborah Frye**, *Executive Director,* Professional Licensing Agency
- **Representative Cynthia Kirchhofer,** *Representative,* Indiana House of Representatives, Chair of Public Health Committee

Members Not Present:
- **Senator Ed Charbonneau,** *Senator,* Indiana Senate, Chair of Health and Provider Services
- **Logan Harrison,** *Director of State Affairs,* Anthem, Inc.
- **Jennifer Walthall,** *Secretary,* Indiana Family Social Services Administration
- **Patrick McAlister,** *Director of Policy,* Indiana Department of Education

Invited Guests:
- **Courtney Daniel**, *Communications Manager*, Council of State Governments (CSG)
- **Alexandra Duncan,** *Senior Officer*, Pew Research Center
- **Judy Hasselkus, Chair, Community Health Worker Workgroup (***Program Director, Employer Engagement & Sector Specialist for Health Care, Ag., & Life Science,* Department of Workforce Development)
- **Iris Hentze**, *Research Analyst II,* National Conference of State Legislatures (NCSL)
- **Michael Kauffman,** *Emergency Physician,* Department of Homeland Security
- **Geoff King**, *Senior Policy Analyst*, National Governors Association Center for Best Practices (NGA)

Welcome
Michael Barnes calls the meeting to order at 1:02pm. A roll call taken. Barnes introduces Michael Kaufmann, State Emergency Medical Services Director at the Indiana Department of Homeland Security, who will serve on the Occupational Licensing Policy Learning Consortia Core Team moving forward.

Barnes provides the Council with updates on health workforce related initiatives. Barnes shares that the addresses that the Department of Workforce Development (DWD) plans to pursue application for a U.S. Department of Labor Opioid Demonstration Grant, which would include funding (up to $5 million) to support the employment needs of individuals affected by the opioid crisis.

Barnes shares with the Council that Commissioner Fred Payne will serve as Chairman of the Council in future meetings, but Barnes states he will still attend meetings and work alongside Commissioner Payne. Unfortunately, Commissioner Payne had a prior commitment and was unable to attend today's Council meeting.

Barnes introduces Hannah Maxey to introduce an administrative document created to summarize work of the Council, entitled "Governor's Health Workforce Council Summary of Initiatives." This living administrative document will be maintained moving forward for transparency purposes to document and track various initiatives out of the Governor's Health Workforce Council.

Approval of Minutes from Meeting on November 17th, 2017 and February 22nd, 2018
Barnes calls for a motion to approve the two previous meetings minutes, as a quorum was not present at the previous Council meeting that was held during the legislative session. Council members voted to unanimously approve both meetings minutes with no revisions.

Report Update on the Workgroups
Health Workforce Modernization and Innovation Task Force (HWMI) Workgroup
Barnes provides an updated on the Health Workforce Modernization and Innovation Workgroup (HWMI), stating they have not had the first meeting yet for the year, however the workgroup is currently on the path for arranging and organizing a meeting soon. Deborah Frye, Chair of HWMI Workgroup, shares that the agency is currently undergoing internal discussions on structure about the group and plans to identify and contact stakeholders soon.

State Loan Repayment Program (SLRP) Workgroup
Barnes expresses that Allison Taylor, Chair of the State Loan Repayment Program Workgroup was unable to attend this meeting. Barnes briefly reports that this workgroup is pursuing a grant from the Department of Health and Human Services for participation in the federal match program for SLRP, targeting the behavioral health workforce in high need geographic areas.

Community Health Worker (CHW) Workgroup
Chairman Barnes introduces Judy Hasselkus, Chair of the Community Health Worker Workgroup, to provide an update on their work thus far.

Hasselkus describes the work of the workgroup to date, including review of: nationally adopted definitions for CHW, state level demand and projection data for the workforce, previous initiatives relating to CHWs in the state, and existing training programs for CHWs. The workgroup voted in December 2017 that Indiana should move toward one state-recognized certification process. Hasselkus highlights the workgroup's accomplishments thus far, including: adopting a guiding vision for the CHW workforce in Indiana and adopting 11 competencies and associated skills for certified CHWs in Indiana. Next steps for the workgroup include discussing occupational regulation. She notes that Indiana found synergy with the Occupational Licensing Policy Learning Consortia, as the workgroup was able to lean on the expertise of the National Governors Association representatives in the room to present on best practices in occupational regulation to support the workgroup's discussion.

Hasselkus reports an update on the timeline of the workgroup deliverables. They anticipate being able to meet the original timeline of having recommendations to the Council by November 30th, 2018. She states that workgroup representatives from the Family and Social Services Administration report that Medicaid reimbursement for CHWs is anticipated to be available by July 1st, 2018.

- Barnes asks about the number of different participants or perspectives contributing to the CHW Workgroup. Hasselkus responds that many perspectives are represented on the workgroup, including employers, training programs, professional associations, health, and payers, with front line CHWs and supervisors providing input as well.
- Commissioner Kristina Box asks Hasselkus if the workgroup has thought about process for certifying those already serving as CHW. Hasselkus responds yes, one aspect of the vision statement, including being mindful of those already serving in these roles and ensuring they can continue.
- Barnes asks Hasselkus if Medicaid has an idea of the economic impact of the reimbursement. Judy responds that the Office of Medicaid Policy and Planning have been working on the impact, but it has not be publicly distributed to her knowledge.

Barnes asks for any additional questions or feedback. Hearing none, Hasselkus thanks the Council for their feedback.

Governor's Workforce Cabinet

Barnes addresses the Governor's Workforce Cabinet that was created and appointed by the Governor. He states that this entity is replacing the State Workforce Innovation Council (SWIC). Barnes summarizes the Cabinet's membership and provides an overview of its duties. He states that after the Cabinet's first meeting in early May, four workgroups were created to tackle different priorities. Barnes states that is has been noted that there is not a direct health care representation, however there is present conversation about how to ensure the health sector is represented moving forward. Box adds that workforce development in the health sector is critical to the state and will need to be addressed. Barnes agrees and reports that Danny Lopez, Chair of the Cabinet is aware of this. Barnes asks for any further questions and comments.

Health Workforce Legislation from 2018 Session
Barnes turns discussion over to Hannah Maxey to describe health workforce-related legislation from the 2018 session. She references a spreadsheet that will be used to track health workforce-related bills for the Council. This document will be available on the Council website.

Maxey reviews two bills that were informed by health workforce policy research provided to the legislature and that directly affect the health workforce: Senate Enrolled Act (SEA) 223 and SEA 225. SEA 223's fundamental purpose is to enhance the availability and the accessibility of workforce data for policy, planning, and evaluation. It has specific provisions for certain licensing boards requiring the collection of key information during the biennial renewal process. Box asks if those questions are already set. Maxey replies no, the questions are not already set. Maxey continues that the Council could serve as an advisory body for the survey questions.

SEA 225 outlines requirements for continuing education for individuals who hold a controlled substance license in the state of Indiana, requiring two hours of continuing education addressing the topic of opioid prescribing and opioid abuse. The purpose of this legislation is to ensure that all prescribing providers receive up-to-date information on best and appropriate prescribing practices. Box asks who is responsible for developing continuing education. Maxey responds that the courses already exist but will be approved by the boards. Frye affirms. Once programs are approved, then there will be many course offerings that will be made available to meet this requirement.

Indiana Commission to Combat Drug Abuse and Pew Charitable Trusts
Barnes welcomes Dr. Alexandra Duncan from Pew Charitable Trusts to provide an overview and update on their work in partnership with the Indiana Commission to Combat Drug Abuse.

Duncan shares that their current work is a follow-up on the recommendations that were provided to the State of Indiana in 2017: 1) increase the number of Opioid Treatment Programs in the state, 2) examine best practices in substance use disorder counselor workforce licensure and 3) enhancing opioid use disorder prevention through expanding use of the Prescription Drug Monitoring Program (PDMP).

Duncan continues by sharing findings on the most related topic, a review of Indiana's substance use disorder counselor workforce ("Addiction Counselors" in Indiana) compared to contiguous states. Duncan describes the findings, that Indiana has nine different counselor credentials while the average in other states is around five. Indiana offers both endorsement and reciprocity (which is ahead of other states that do not offer these provisions). Also, Indiana is one of only 12 states that require HIV/AIDS education prior to licensure. Indiana specifies two years of work experience as a requirement for certain levels of education, other states state their experience requirement as hours instead of years. Duncan continues that the bachelor-level counselor (Licensed Addiction Counselor; LAC) has limitations as to settings where these license types can practice. The masters-level counselors (Licensed Clinical Addiction Counselor; LCAC) do not have limits as to where they can practice, but they are unable to diagnosis except in the behavioral definition (psychosocial evaluations). They are also permitted to conduct assessments, help with treatment planning counseling, and serve with interdisciplinary teams.

Duncan concludes that there are several areas of consideration for follow-up. Given the many pathways in which people can be licensed and credentialed in Indiana, there might be an opportunity to streamline credentialing. Additionally, there might be opportunity for clearer messaging to students or pre-licensure individuals about the various steps to licensure or credentialing. In regards to scope of practice, the state might also consider the variations in setting for scope of practice between LAC and LCAC, as the current policies might limit LACs from practicing in needed areas.

Chairman Barnes thanks Dr. Duncan for her presentation and asks Council members for any questions or comments.

Update on Occupational Licensing Policy Learning Consortium

Barnes welcomes invited partners from the Occupational Licensing Policy Learning Consortium (Consortium) who are in state for a site visit. He introduces Geoff King from NGA, to provide an update on the Consortium.

King provides a high-level overview of the Consortium. King reminds Council members of the objective of the project: to examine whether licensing may be causing barriers to labor market entry, and enhancing portability and reciprocity of occupational licenses. King emphasizes the shared partnership effort amongst the three partner organizations (NGA, NCSL, and CSG). All organizations focused on certain state leaders in different ways with both legislative and executive branch involvement and relation to policy. King shares an update on Indiana's participation, that Indiana is the only state of eleven participating states that is specifically focusing on health occupations. King shares that the Indiana Core Team has expressed an interest in focusing on 1) veterans and military spouses and 2) unemployed or dislocated as populations of interest when discussing these issues.

King continues that each of the eleven participating states have their own specific areas of focus and variations in political environment, licensing structures, occupations of interest, and goals. King states that once per year, each of the participating states meets together to discuss and learn together.

King continues that each of the partnering organizations serves to provide technical assistance to states as a part of their participation. He shares that a database has been created which houses information on all 50 states for each of the occupations in the Consortia. Additionally, the organizations are currently drafting reports to identify barriers and best practices in licensing for the specific populations, along with information on sunrise and sunset reviews.

King concludes by discussing next steps, which includes describing the next multi-state meeting which will occur in November 2018. He also re-iterates to the Council that their team is available for any questions or research.

Report out on Targeted Occupations' Research
King introduces Courtney Randolph from the Bowen Center for Health Workforce Research & Policy who has assisted Indiana's Core Team in conducting background policy research on the targeted occupations in Indiana and contiguous states.

Randolph describes the summary of research which is provided in Council members' folders and will be available electronically on the Council website following the meeting. Randolph describes each of the targeted occupations (Certified Nurse Aide, Licensed Practical Nurse, Emergency Medical Technician/Paramedic, and Dental Hygienist).

- Frye comments that in Indiana, on-duty personnel and spouses may complete all continuing education courses online, making it accessible for them to maintain their licensure when they might not be able to complete in-person training hours.

Kaufmann responds to questions on the EMT/paramedic workforce raised by Council members in the previous meeting. He describes that there is currently a shortage of EMTs/paramedics throughout the state. He describes the four levels of EMS licensure or certifications in Indiana (Emergency medical responder, First responder EMT, Advanced EMT, and Paramedic). He states that in total, there are approximately 25,000 total EMS personnel in Indiana. Kaufmann describes that the state uses the national registry (NREMT) for the EMT level, advanced EMT level, and paramedic level. The NREMT is used for testing but does not imply that an individual is licensed to practice in all states. Kaufmann states that Indiana follows national standards for EMS education and scopes of practice. However, Indiana EMT students have only a 57 percent pass rate on the first attempt which is lower than the national pass rate at of 72 percent. In Indiana, by the third attempt, pass rates rose to 68 percent for EMTs.

- Barnes asks for attributing factors for the lower pass rate. Kaufmann responds that more work is needed to determine causes and his team will spend more time looking into this.

Kaufmann continues that at the paramedic level, 65 percent of Indiana students pass on the first attempt, compared to 75 percent at the national level. Kaufmann states that by the third attempt, Indiana paramedic students reach the national average in pass rates, at 85% compared to 86% nationally.

- Barnes asks if all EMS occupations can enter the workforce with a basic high school diploma. Kaufmann responds yes, with additional certification training.

Kauffman continues by stating that Indiana's continuing education requirements follow but do not fully align with national standards, as Indiana has some additional requirements. In regards to reciprocity, as an example, if an individual comes from Ohio and seeks Indiana EMT/Paramedic licensure, the individual must pass the NREMT exam and also the practical skills exam. If an individual has already met those requirements (and many do), a temporary license will be granted. He states that Illinois differs however, because Illinois does not have accredited training programs. As a result, they are not part of the National Registry, which creates a barrier if an Illinois EMT/paramedic seeks licensure in Indiana.

Kaufmann describes that there are two pathways to EMT/paramedic licensure in Indiana for those with military experience. He states in many cases, military experience is counted in lieu of EMT coursework and they would only have to take the NREMT exam to earn Indiana EMT

license. He continues that if an individual has received additional training above the requirement, then he/she is considered on a case-by-case basis for fulfilling some or all of paramedic requirements and may be able to test out of part of the curriculum.

Kaufmann further describes a national initiative aimed at portability and raised at the last Council meeting: the REPLICA compact. However, he continues that none of Indiana's contiguous states participate so there may be little benefit at this time.

Kauffman responds to the final question around the uniqueness of the EMT/Paramedic profession in that much of the workforce might be volunteers. He responds that approximately 30 percent of the EMTs workforce consists of volunteers and only approximately 10 percent of paramedics are volunteers. He continues that of the volunteers, the majority are contributing in rural areas. He adds that these are estimates, as they do not have the ability to quantify this concretely at this time.

Kaufmann asks for any additional comments or questions from the Council regarding the EMS workforce.

- Barnes asks who are training providers for EMTs/Paramedics. Kauffman responds that there are many different types; Ivy Tech, other universities, hospital organizations and health care systems.
- Dr. Ken Sauer asks about the REPLICA compact and the 14 participating states, would a state's participation require statutory change and is there any current interest in Indiana participating. Kaufmann responds that he is not aware of any conversations.

Randolph resumes by describing the final targeted occupation for the Core Team: dental hygiene. She states that at the previous meeting, the group asked whether bridge programs existed between dental assisting and dental hygiene. Research in Indiana found that no formal bridge program exists, but if an individual completed a dental assisting program at the same institution where they plan to complete a dental hygiene program, some credits would count toward the dental hygiene program. However, no bridge program exists to outright recognize a universal dental assisting credential as credit toward a dental hygiene program.

- Barnes asks if a dental assistant from Ivy Tech wanting to become a dental hygienist at Indiana University would have to start over. Randolph replies yes, to the best of her knowledge, no courses would transfer.

King states that occupational licensing the topic for two breakout sessions at the 2018 Indiana Health Workforce Summit. In those breakouts, individuals engaged in discussions on what matters are most pressing related to regulation of health professions. Maxey states that in one of those sessions, the audience referenced a shortage of direct care staff in acute care facilities. Representative Cindy Kirchhofer states that the larger health systems are now training their own direct care workers to meet demand. Maxey adds that an audience member mentioned that the shortage of direct care staff may be related to fewer nursing students providing these types of services. Julie Habig responds that clinical placement for health professions students continues to be an issue and the hospital association is working on addressing this issue with the higher education community.

King thanks the Council for their comments and summarizes that the Council was interested in: balancing supply with demand, retention of personnel especially direct care staff, entry-level positions, and quality of care.

Maxey adds that on the document summarizing key legislation from 2018, bills which target the populations related to the Consortium (displaced workers, persons with a criminal history, veterans/military spouses, and immigrants with a work authorization) have also been identified. addresses various factors of potential outcomes for special populations as it relates to the learning consortia –primarily concentrating on criminal backgrounds. Deborah Frye adds that the PLA is working on the House Enrolled Act 1245 which requires listing of the specific crimes that would disqualify an individual from licensure. Frye adds that this bill requires this to be completed by November 1st. As a result of this, information on disqualifying convictions will be transparent and available on the PLA's website. Barnes adds that this will be a great win for Indiana and it is important to message this information to students at all levels. Barnes adds that the in DWD, individuals with criminal backgrounds are advised on disqualifying crimes associated with credentialing before they invest in a training program.

Barnes asks if there is any other information or direction recommendations from Council members for the work of Indiana's Core Team. Habig states that she has interest in the transition point from high school to entry level careers in health care. She asks if any other states are focusing on that or what best practices might look like to facilitate filling the gap in high-demand areas. King responds that Indiana is the only state focusing specifically on health occupations. However, King responds that Maryland is working in career pathways and apprenticeships and there may be a connection with that work.

Frye shares an update that the PLA began collecting formally collecting information on military status from individuals at time of initial application on November 30th, 2017. Frye states that since that time, 55 health occupations have been issued for military individuals (29 of which were to veterans or active duty, 26 of which were to military spouses). She states that the most common license was registered nurse. Frye adds that these data are for initial licenses and do not account for renewals.

- Barnes asks if there is any mechanism currently to offer licensure at no cost for these individuals. Frye responds that no, that does not currently exist and would require legislation.

Barnes asks if there are any further recommendations and if the Council is missing any big or high level information that other states have done in order for action to be taken. Hearing none, Barnes thanks King and other partner representatives for attending.

Other Business: Update on Health Workforce Data Coordination
Maxey provides an update on health workforce data coordination. Hannah Maxey shares about the Report Generation Feature that is now available on the Bowen Portal (at www.bowenportal.org). She shares that this feature allows users to produce customized one-pagers with a data table and geographic map. Users can compare data for up to four geographic regions. Information available includes: distribution and supply characteristics of the workforce, education/training/pipeline, workforce shortages, and mental health and addictions. She also

shares that in the coming biennium, new physician and nurse workforce data from the 2017 renewal period will be added to the Portal.

Closing Remarks
Barnes shares that the Council's work has been recognized by the National Academy from State Health Policy (NASHP) who are doing a case study into cross-agency initiatives to support the health workforce. He states that NASHP will be in Indiana and interviewing different members from the Council for their perspectives on the initiative. Michael continues that Commissioner Payne will be attending the NASHP annual meeting and presenting on the Council's work.

Barnes thanks the Council for attending and participating in the meeting. He calls the meeting to adjournment at 2:50 pm.