

MINUTES OF THE MEETING OF THE  
INDIANA DEPARTMENT OF HEALTH  
EXECUTIVE BOARD  
May 11, 2022

The in-person and virtual (Microsoft Teams) meeting of the Executive Board of the Indiana Department of Health (IDOH) was called to order at 10:30 am in the Robert O. Yoho Executive Board Room of the IDOH building by Brenda Goff, Chair. The following Board members were present for all or part of the meeting:

Naveed Chowhan, MD, FACP, MBA (via teams)  
Brenda Goff, HFA (Chair)  
Martin Hanneman, DDS (via teams)  
Robin Marks, DVM  
Joanne Martin, DrPH, RN, FAAN  
Shelley Rauch, HFA  
Holly Robinson, MD  
Suellen Sorensen, PharmD, BCPS (via teams)  
Patricia Spence, PE (via teams)  
Stephen Tharp, MD (Vice Chair)  
Kristina M. Box, MD, FACOG, Secretary

Those not able to attend:

Blake Dye

The following staff members were present for all or part of the meeting (in-person or via teams):

Lindsay Weaver, MD, FACEP, Chief Medical Officer  
Micha Burkert, Director, Legislative and External Affairs  
Shirley Payne, PhD, Assistant Commissioner, Public Health Protection  
Paul Krievins, Director, Lead and Healthy Homes  
Kelly MacKinnon, JD, Chief Legal Counsel  
Nicole Morley, Director, Office of Public Health Performance Management

Call to Order

Brenda Goff, Chair, stated that a quorum was present and called the meeting to order at 10:30 am. She then asked if Board members had any known conflicts of interest to declare. Hearing none she proceeded with the meeting.

Minutes

Ms. Goff asked for discussion and/or corrections to the minutes of the March 9, 2022, Executive Board meeting. Hearing none, she entertained a motion for approval. On a motion made by Dr. Stephen Tharp, seconded by Joanne Martin and passed by majority roll call vote of in-person and virtual attendees, the Board approved the minutes as presented.

## **OFFICIAL BUSINESS OF THE INDIANA DEPARTMENT OF HEALTH**

Dr. Box provided an update on the Governor's Public Health Commission (GPHC). All seven listening tours around the state were completed. Dr. Box and Sen. Luke Kenley held 35 virtual or in-person stakeholder meetings. The GPHC has reviewed the first three (workforce, governance/infrastructure, and data integration) of six workstreams. The final three (funding, childhood/adolescent health and emergency preparedness) will be reviewed at the next meeting on May 19.

Dr. Box reported that Indiana has joined the 21<sup>st</sup> Century States Learning Community. This is a group of states focused on intentional state-wide public health system transformation and leaders in developing an understanding of a state's approach to transformation of public health across the US. It was expanded in 2022 to include states intentionally transforming their governmental public health systems, modernizing, and advancing equity, through a variety of models/strategies. These states are working to transform their governmental public health system by adopting and implementing the Foundational Public Health Services (FPHS) framework. Adopting the FPHS framework to develop local public health infrastructure is a recommendation of the GPHC.

Dr. Box provided an update on COVID-19. The dashboards are being streamlined and additional features added, including county-level data and tiles for main data dashboard, vaccination dashboard, hospital dashboard, youth dashboard, and county-at-a-glance dashboard. The agency is creating a COVID-19 section with the Division of Emergency Preparedness for ongoing planning and operations. The agency is working on vaccination strategies for children and for fall vaccinations. The agency created the "Right on TRACK" plan for response-to-recovery transition and readiness for future surges which can also be used for any large-scale disease outbreak.

T = Testing and Treatment

R = Readiness

A = Awareness

C = Community Resilience and Countermeasures

K = Kids

Joanne Martin asked about lagging childhood immunizations since COVID-19. Dr. Box stated that the team is working on a plan with local health departments to send a letter to each family with a child who is behind in their immunizations. Mobile units stand ready to assist any local health department as needed.

Dr. Box gave an update on the Health Issues and Challenges Grant. \$50 million of ARPA funds was appropriated to the agency per the General Assembly via HEA 1007 in 2021 to address several challenging health issues, such as chronic diseases, hepatitis C, food insecurity & obesity, tobacco use cessation, elevated blood lead levels, and disease prevention. 215 applications from approximately 167 entities were received. Award letters will be issued in May with contracts for funding issued by July 1.

Dr. Box provided an update on My Healthy Baby (MHB). As of April 1, 2022, 12,147 (30%) of women were successfully contacted. In 2022 MHB is launching in a total of 35 additional counties. In addition to state-wide expansion, priorities include ensuring adequate home visiting capacity, establishing data sharing agreements with local home visiting programs to better understand how many women enroll and participation in home visiting after referral.

The last update by Dr. Box was on Vital Records (VR). Phase II is that the fetal death and terminated pregnancy modules will go live on June 6. Pilot trainings, pre- and post-go-live activity training is complete. End users training is in progress and on-line trainings will be scheduled as needed after go-live. Training videos will be available. The agency VR Help Desk support is available from 7:30 am to 6:00 pm during the week.

## **Public Health Protection Commission**

### **Emergency Adoption of Elevated Blood Lead Level Rule**

Shirley Payne, PhD, Assistant Commissioner for Public Health Protection Commission, introduced Paul Krievins, Director of Lead and Healthy Homes to present the elevated blood lead level rule for emergency adoption. This emergency rule updates definitions to lower the standard for an elevated blood lead level (EBLL) to match the Centers for Disease Control and Prevention's (CDC) recommended levels. Lowering the standard underscores lead's danger as a neurotoxin and provides services to families of children from lead exposure.

The agency is seeking to change the reference level for an EBLL to protect Hoosier children and to align with the current CDC recommended threshold for case management. Changing the reference EBLL from ten micrograms per deciliter will ensure families are able to take appropriate action to protect their kids at low levels from 3.5 to 4.9. At levels of 5 and above, this change will allow the state to provide children in danger from lead exposure with case management services from local health departments.

The emergency adoption of this rule will allow for this safety measure to be enacted while the permanent rule promulgation is underway. The emergency rule will allow the lower blood lead level to be implemented on July 1, 2022, when funding is available through P.S. 110-2021 (HEA 1007). The *Notice of Intent to Adopt a Rule* was published April 6, 2022, and it is anticipated that the permanent rule will take effect in December 2022.

Ms. Goff asked for comments from the Board, staff and/or public. Patricia Spence inquired about replacing lead water pipes and Paul Krievins stated that there are discussions taking place on a federal level. Dr. Marks asked the locations of the areas at greatest risk and Mr. Krievins directed her to the lead risk map on the website. Hearing no further discussion, she entertained a motion for approval. On a motion made by Dr. Stephen Tharp, seconded by Joanne Martin and passed by majority vote of in-person and virtual attendees, the Board approved the Elevated Blood Lead Level Rule for emergency adoption.

## **Commissioner's Office**

### **Resolution 2022-01 to Adopt New IDOH Seal**

Kelly MacKinnon, JD, Chief Legal Counsel, presented Resolution 2022-01 for adoption. Indiana Code 16-19-1-3 permits the Executive Board to adopt a seal, which has been done previously. Public Law 130-2021 and Public Law 38-2022 updated the agency's name to the Indiana Department of Health. The agency has undergone a rebranding to update the name and logo. This new seal is a sign of authenticity and must reflect the correct designation of the agency. The minutes from the September 10, 1997, Executive Board meeting, along with the seal that was approved at that time, were provided to the Board for historic reference.

Ms. Goff asked for comments from the Board, staff and/or public. Hearing none, she entertained a motion for approval. On a motion made by Shelley Rauch, seconded by Holly Robinson and passed by majority vote of in-person and virtual attendees, the Board approved Resolution 2022-01 to adopt a new agency seal.

### Legislative Update

Micha Burkert, Director, Legislative and External Affairs, presented a legislative update.

**HEA 1203** (agency bill) makes administrative changes in statute for the agency that includes agency name change; clearly delineates the Commissioner is the head of the agency and has appointing authority; clarifies that the Governor and State Budget Agency set the Commissioner's salary and allows the Commissioner to reorganize the agency as needed; extends the same statutory authority as the Commissioner to other physicians to continue practicing medicine while employed with the agency; and moves two internal administrative appeals to only one appeal with an ALJ (no panel) to allow for individuals to have the opportunity to move out to the courts faster; extends the syringe service statute sunset to 2026; and allows the agency to continue sharing COVID data with the Indiana Health Information Exchange (IHIE) after the public health emergency and executive orders end.

**SEA 91** extends the hyperbaric oxygen treatment (HBOT) pilot program and funding out to 2025 and removes requirements for participants to complete the program and show improvement in order for facilities to receive reimbursement.

**SEA 416** requires the agency to establish a Certificate of Public Advantage (COPA) for when two trauma hospitals are looking to merge within the state in rural communities.

**SEA 202** formalizes the essential family caregiver program during public health emergencies. The agency issued guidance on this during COVID and put that into statute mandating facilities to offer this option to residents and families. The bill also requires LTC facilities and hospitals to allow visitation for compassionate care during declared disaster emergencies.

**HEA 1405** tasked the agency, in consultation with Family and Social Services Agency, Indiana Department of Insurance and the Indiana Pharmacy Board to report to the Indiana General Assembly on best practice guidelines in providing specialty drugs to patients and any patient adverse events resulting from specialty drug protocols.

**SEA 361** requires the agency to establish rules regarding eyelash extension certifications and sanitary operations within facilities where eyelash extensions are applied.

**My Healthy Baby metrics – HEA 1001** requires the agency to establish metrics for My Healthy Baby and report those metrics to the Health Interim Study Committee.

**Indiana Trauma System Study** – Interim Health Committee was tasked with looking into the Indiana Trauma System and make recommendations on how to improve our system. The agency is planning to present to the committee on where we were, where we are currently and where we are hoping to go with our trauma system.

## State Health Assessment / State Health Improvement Plan Update

Nicole Morley, Director, Office of Public Health Performance Management (OPHPM), presented an update on the State Health Assessment (SHA) which is a qualitative and quantitative overview of health indicators and outcomes within Indiana to define the current state of health. Information was collected through Community status, context analysis and partners assessments. The State Health Improvement Plan (SHIP) has key performance indicators (KPI) to be tracked throughout the life of the plan based on the areas of opportunity identified in the SHA. The goals of the SHIP are to increase Hoosiers' access to care; improve communication and education within the public health system; promote preventive care and overall health for Hoosiers; bolster community connections and built environment; and expand public health infrastructure capacity. Next steps for the SHA-SHIP are creation of a publicly accessible data dashboard; educational rollout to agency staff around the plan and strategic alignment; engaging partners and the existing committee on defining future project work contributing to the SHIP's strategic goals; and annual progress reports and updates. Both the SHA and SHIP can be accessed on the OPHPM website at the link below:

<https://www.in.gov/health/phpm/tracking-public-health-performance/state-health-assessment/>

## Distribution

Ms. Goff thanked staff for the professional new hire and separation reports and summary of final orders and consent decrees.

## Adjournment

Hearing no additional comments from the Board, staff and/or public, Ms. Goff adjourned the meeting at 11:40 am. The next meeting is scheduled for July 13, 2022.