

MINUTES OF THE MEETING OF THE
INDIANA DEPARTMENT OF HEALTH
EXECUTIVE BOARD
September 14, 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 10:34 am in the Robert O. Yoho Executive Board Room of the IDOH building by Dr. Stephen Tharp, Vice Chair. The following Board members were present for all or part of the meeting (in-person or via teams):

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

Those not able to attend:

Blake Dye
Martin Hanneman, DDS

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

Pam Pontones, Deputy State Health Commissioner/State Epidemiologist
Lindsay Weaver, MD, FACEP, Chief Medical Officer
Shane Hatchett, Chief of Staff
Amy Kent, Assistant Commissioner, Consumer Services & Health Care Regulation
Paul Krievins, Director, Lead and Healthy Homes
Sky Kolan, Lead and Healthy Homes
Sandy Bains, Epidemiology Resource Center
Sharon Farrell, Food Protection Program
Brian Shortridge, Food Protection Program
Trinity Edinburgh, Maternal and Child Health
Kelly MacKinnon, JD, Chief Legal Counsel
Donna Sembroski, Office of Legal Affairs

Guests:

Cameron Snapp, MD, IU School of Medicine
Andy VanZee, Indiana Hospital Association

Call to Order

Dr. Stephen Tharp, Vice Chair, stated that a quorum was present and called the meeting to order at 10:34 am. He then asked if Board members had any known conflicts of interest to declare. Hearing none he proceeded with the meeting.

Minutes

Dr. Tharp asked for discussion and/or corrections to the minutes of the July 13, 2022, Executive Board meeting. Hearing none, he entertained a motion for approval. On a motion made by Suellyn Sorensen, 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 in-depth update on the Governor's Public Health Commission (GPHC) recommendations per the six workstreams. She reminded the Board members that Indiana ranks 45th for state government public health spending according to the 2021 America's Health Rankings.

Governance, Infrastructure, and Services

- IDOH will work with Local Health Department (LHD) partners to define the core public health services to be available in each county
- IDOH will provide additional staff and resources at district level to support local public health
- Ensure representation of municipalities on local health boards and allow for greater citizen and local elected official engagement
- Expand personnel eligible to serve as LHOs
- Promote LHD engagement with local businesses, health providers, schools, and other governmental and non-governmental organizations
- Provide financial and technical assistance to LHDs pursuing accreditation or reaccreditation

Public Health Funding

- Provide LHDs with stable, recurring, and accessible funding
- Increase funding to achieve consistent per capita spending at 2019 national average of \$91/person as compared to Indiana's \$55/person
- Local elected officials would agree to provide foundational public health services by voting to opt in every five years
- IDOH to provide technical assistance to local health departments to leverage all available funding sources
 - Includes direct services billing through Medicaid for direct clinical services
 - Grant procurement

Public Health & Clinical Workforce

- Identify clinical and public health workforce shortages and develop a state health care workforce plan
- Enhance recruitment, training, and retention to ensure workforce capacity and skills are sufficient to support Hoosier health
- Ensure representation of public health on Indiana workforce initiatives

Emergency Preparedness

- Establish a state strategic stockpile for personal protective equipment and medical counter measures
- Increase equipment and trained Emergency Medical Services personnel to fill gaps in workforce across the state
- Enhance Trauma System
- Increase utilization of EMResource and participation in CDC Public Health Emergency Preparedness grant
- Improve public health emergency preparedness through enhanced regional coordination

Data and Information Integration

- Ensure coordination of healthcare data governance and privacy protections at the state level via a state Public Health Data System Advisory Committee
- Formalize and strengthen the state's relationship with a local Health Information Exchange
- Enhance data analytics tools and resources for local public health
- Maintain state-led digital transformation efforts to modernize public health systems and paper-based processes.

Childhood & Adolescent Health

- Improve the school nurse-to-student ratio and increase access to services that support whole child wellness
- Improve access to required school screenings such as visual and hearing screenings across the state, explore opportunities to add oral health education and screening
- Support evidenced-based health education, nutrition, and physical activity in schools

Next steps (30 to 60 days):

- Identify implementation leads – completed
- Develop implementation plan, priorities, and timeline – currently underway
- Identify administrative vs. legislative recommendations – completed
- Draft legislative language – currently underway
- Recommendations for Governor's 2023 Agenda – currently underway
- Develop SFY24-25 funding request and high-level spend plan – currently underway
- Develop Communication Plan – currently underway
- IDOH Steering Team – start meeting week of 9/12
- LHD Core Competency Committee – start meeting in October

Next Steps (6 months):

- External Workforce Assessment with FSPH – currently underway, report in Q1 2023
- Internal Workforce Assessment – start in March 2023
- ASC Trauma System Assessment – complete in Nov 2022, report in Feb 2023
- EMS and Trauma Team (DHS & IDOH) – currently underway
- CDC PH infrastructure grant, begin hiring key regional/district positions
 - Funding notice in November 2022, requested ~\$10M/year x 5 years
- 2023 Legislative/Budget Session

Dr. Box stated that every Hoosier deserves access to the foundational public health services. LHDs will benefit from additional state support at a district level. Investing in public health today assures economic security and prosperity tomorrow through skilled workforce retention, emergency preparedness, and better health outcomes. The full report can be found at <https://www.in.gov/health/about-the-agency/boards-and-commissions/gphc/>.

Public Health Protection Commission

2nd Emergency Adoption of Elevated Blood Lead Level Standard Rule 410 IAC 29, LSA #22-119

Paul Krievins, Director of Lead and Healthy Homes presented the Elevated Blood Lead Level Standard Rule 410 IAC 29 for a 2nd emergency adoption. This amended rule updates definitions to lower the standard for an elevated blood lead level (EBLL) to match the Centers for Disease Control and Prevention (CDC) recommended levels. Lowering the standard underscores lead's danger as a neurotoxin and provides services to families of children with lead exposure.

The emergency rule currently in effect expires on September 28, 2022. This 2nd emergency adoption will allow services to continue to be provided to children with blood levels between 3.5 and 9.9 micrograms per deciliter while the permanent rule is pending. The permanent rule was adopted by the Executive Board on July 13, 2022. It has been approved by the Attorney General and Governor, and it will take effect on October 1, 2022. This emergency rule includes changes made to the permanent rule in response to public comments.

Changing the reference EBLL from ten micrograms per deciliter to 3.5 micrograms per deciliter will ensure families are able to take appropriate action to protect their children at low levels from 3.5 to 4.9. At levels of five and above, this change will allow the state to provide children in danger from lead exposure with case management services from local health departments (LHDs). There are some clarifications and clean-ups to the rule based on public comments. Staff recommends the Board approve this rule for a 2nd emergency adoption.

Dr. Tharp asked for comments from the Board, staff and/or public. Hearing none, he entertained a motion for approval. On a motion made by Suellyn Sorensen, seconded by Dr. Robin Marks and passed by majority vote of in-person and virtual attendees, the Board approved the Elevated Blood Lead Level Standard Rule 410 IAC 29 for a 2nd emergency adoption.

Final Adoption of Abortion Complications Reporting Rule 410 IAC 41, LSA #22-74

Shane Hatchett, Chief of Staff, presented the Abortion Complications Reporting Rule 410 IAC 41 for final adoption again. This final rule was previously adopted by the Board at the July 13, 2022, meeting. The rule was recalled and revised due to a statutory change enacted during the recent special legislative session.

The rule adds regulations to clarify the abortion complications reporting required in IC 16-34-2-4.7 for providers. The final rule approved by the Board referenced reporting by abortion clinics. IC 16-34-2-4.7 was amended to eliminate abortion clinics from the reporting requirement (as well as eliminating abortion clinics as abortion providers.) The revised final rule replaces the specific reference to abortion clinics with a reference to the reporting statute.

The specific change is in 410 IAC 41-1-4, the definition of "facility". The revised rule replaces "**(1) A hospital licensed under IC 16-21. (2) An abortion clinic licensed under IC 16-21-2-2.5,**" with "**an entity, other than a physician, that is required to report abortion complications under IC 16-34-2-4.7**".

The purpose of the definition of "facility" in the rule is to address a situation where a patient is treated for an abortion complication by a physician in a medical facility that is required to report the complication. The rule clarifies that both the physician and the facility are not required to report the same complication case if there is a system in place to assure that either the physician or the facility reports it. The proposed rule defined "facility" by listing the medical providers that are required by statute to report. The final rule describes the entities required to report by referencing the statute, rather than listing the providers. This new language will apply if the statute is amended again to change the reporting requirement. Staff recommends the Board approve the final rule for final adoption again.

Dr. Tharp asked for comments from the Board, staff and/or public. Hearing none, he entertained a motion for approval. On a motion made by Dr. Robin Marks, seconded by Patricia Spence and passed by majority vote of in-person and virtual attendees, the Board approved the Abortion Complications Reporting Rule 410 IAC 41 for final adoption again.

Other

Kelly MacKinnon, Chief Legal Counsel, presented several rules for readoption. Every seven years rules must go through a readoption process. The rules below must be readopted before January 1, 2023.

Readoption of 410 IAC 1-5, Sanitary Operation of Tattoo Parlors

This rule was developed in 1998 and revised in 2000 to include the sanitary operation of body piercing facilities. The rule was most recently readopted on November 10, 2016. The rule allows for complaint investigations. When violations are noted that threaten the health of patrons, the health department can issue a compliance order. This orders the artist and/or parlor to cease and desist from the violative practice and comply with the requirements of the rule.

Readoption of 410 IAC 1-7, HIV Counseling and Testing of Pregnant Patients

This rule sets the standards for providers' responsibilities to pregnant women who have been tested for HIV, including what information is to be provided and how it should be provided. The rule also includes procedures for placing pregnant women on a waiting list for the medical services program if there is a waiting list.

Readoption of 410 IAC 6-12, Plan Review, Construction Permits, and Fees for Services

This rule requires a person to have a valid construction permit before they construct, install, or modify any agricultural labor camp; child caring institution; day nursery and children's group homes; mobile home parks; recreational vehicle campgrounds; schools and youth camps.

Readoption of 410 IAC 7-24, Retail Food Establishment Sanitary Requirements

This rule for sanitary standards for the operation of retail food establishments is designed to provide a more comprehensive approach to protecting the consumer from contaminated food and foodborne illness. It is a shared responsibility of the food industry and the government to ensure that food provided to the consumer is safe and does not become a vehicle in a disease outbreak or in the transmission of a communicable disease.

Dr. Tharp asked for comments from the Board, staff and/or public. Hearing none, he entertained a motion for approval. On a motion made by Suellyn Sorensen, seconded by Dr. Robin Marks and passed by majority vote of in-person and virtual attendees, the Board approved all the above rules for readoption.

Update on Maternal and Child Health (MCH) Grants in Indiana

Trinity Edinburgh, Maternal and Child Health provided an update on MCH Funding Awards in Indiana.

Awards to IDOH:

1. HRSA: State of Maternal Health Innovation and Data Capacity program
 - a. Awardee: Indiana Department of Health (IDOH) MCH Division
 - b. Award Amount: \$1,000,000 per year, 5 years
 - c. Brief Description: Create state-led maternal health task forces bringing the voices of key leaders and pregnant and postpartum individuals together and using state-specific maternal health data to develop and use innovative approaches to address the most pressing maternal health needs and address disparities in health outcomes. Innovations cover four categories: provision of direct clinical care, workforce training, maternal health data enhancements, and community engagement. IDOH MCH will be focusing on maternal mental health and maternal morbidity.

2. CDC: State Perinatal Quality Collaboratives program opportunity
 - a. Awardee: Indiana Department of Health (IDOH) MCH Division
 - b. Award amount: \$275,000 per year, 5 years
 - c. Brief Description: Develop a dashboard within community to foster quality improvement-based organizations and outpatient clinical settings to improve maternal and neonatal outcomes in Indiana. IDOH MCH will be collaborating with IPQIC and IHA to uniquely develop quality

improvement projects that will impact the underserved populations and at risk of maternal and neonatal mortality and morbidity complications.

Awards to other partners outside of IDOH:

1. HRSA: Addressing Infant Mortality- Catalyst for Infant Health Equity Program
 - a. Awardee: Trustees of Indiana (Bloomington) - Dr. Jack Turman and team
 - b. Award Amount: \$496,224 per year, 5 years
 - c. Brief Description: Reduce infant mortality disparities support action plans that focus on improving community systems and services that influence health outcomes. Activities include coordination of services to address housing and housing stability management; workforce development and training to address implicit bias; and education and outreach to help community members support maternal and infant health. Trustees of Indiana will be focusing on housing equity and health justice.

2. HRSA: Healthy Start Community Based Doulas
 - a. Awardee(s): Healthier Mom's and Babies Inc. (Fort Wayne, IN) and Union Hospital, Inc. (Terre Haute, IN)
 - b. Award Amount(s):
 - i. Healthier Moms and Babies- \$179,790 per year, 2 years
 - ii. Union Hospital- \$98,028 per year, 2 years
 - c. Brief Description: Increase the availability of doula services in the communities they serve. The Healthy Start program supports community-based strategies to reduce disparities in infant mortality and improve perinatal outcomes for pregnant and postpartum individuals and their children in areas most affected by infant and maternal mortality. This funding will cover training and compensation for doulas, who provide services to women during pregnancy, birth, and post-partum.

Update on CDC Infrastructure Grant

Pam Pontones, Deputy State Health Commissioner and State Epidemiologist presented an update on the CDC Infrastructure Grant which is \$51 million over 5 years. This grant covers:

Workforce

- organizational structure
- workforce capacity
- capability to cover 8 foundational public health services

Foundational Capabilities / Process Improvement

- lab courier system
- enhanced EMS capabilities
- expanded language translation
- LHD accreditation
- public health education for new staff
- quality improvement training and AmeriCorps placement

Data Modernization

- required data assessment
- implementation plan for public health data infrastructure and workforce development
- improved lab data and information systems
- connection of LHDs to state-wide Docs4Docs clinical messaging service and Indiana Network for Patient Care
- software licenses, training, and software

Update on MPX

Pam Pontones, Deputy State Health Commissioner and State Epidemiologist presented an update on Monkeypox (MPX). As of September 13, 2022, there were 22,630 cases nation-wide with one death and 193 cases in Indiana. MPX is spread by close personal contact: skin-to-skin, respiratory droplet, contaminated bedding/clothing/towels. Within 5 days of exposure, flu-like symptoms can appear, followed in 1 to 3 days by characteristic rash. TPOXX is the oral antiviral treatment that is available. JYNNEOS is the vaccine available to prevent infection. We are now seeing cases decline globally, nationally, and state-wide due to vaccination, education, and prevention. Additional information can be found on the MPX Dashboard on the IDOH website at: <https://www.in.gov/health/erc/infectious-disease-epidemiology/diseases-and-conditions-resource-page/monkeypox/>

Distribution

Dr. Tharp thanked staff for the professional new hire and separation reports and summary of final orders.

Adjournment

Hearing no additional comments from the Board, staff and/or public, Dr. Tharp adjourned the meeting at 12:10 pm. The next meeting is scheduled for November 9, 2022.