

MINUTES OF THE MEETING OF THE
INDIANA DEPARTMENT OF HEALTH
EXECUTIVE BOARD
May 17, 2023

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 (in-person or via teams):

Brenda Goff, HFA (Chair)
Joanne Martin, DrPH, RN, FAAN
Rex McKinney, FACHE
Shelley Rauch, HFA (via Teams)
Holly Robinson, MD
Suellyn Sorensen, PharmD, BCPS (via Teams)
Stephen Tharp, MD (Vice Chair)
Kristina M. Box, MD, FACOG, Secretary

Those not able to attend:

Naveed Chowhan, MD, FACP, MBA
Martin Hanneman, DDS
Robin Marks, DVM
Patricia Spence, PE

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

Pam Pontones, Deputy Health Commissioner of Local Health Services
Lindsay Weaver, MD, FACEP, Chief Medical Officer
Shane Hatchett, Deputy Health Commissioner & Chief of Staff
Rachel Swartwood, Director, Legislative and External Affairs
Blair Viehweg, Deputy Director, Legislative and External Affairs
Jordan Stover, Assistant Commissioner, Consumer Services & Healthcare Regulation
Randy Snyder, Director of Acute and Continuing Care
Laurie Mendez, Chief Financial Officer
Eric Hawkins, State Epidemiologist
Kelly MacKinnon, JD, Chief Legal Counsel
Laura Parks, Office of Legal Affairs
Donna Sembroski, Office of Legal Affairs

Guests:

Andy Van Zee, Indiana Hospital Association

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 January 11, 2023, 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

Secretary's Report

Dr. Box asked Rex McKinney to introduce himself to the Board. He is replacing Blake Dye as hospital administrator on the Board. Blake Dye retired. Mr. McKinney has been the President and CEO of Decatur County Memorial Hospital since May, 2017. Prior to that he was VP of Patient Access and Referral Management at IU Health Physicians.

Dr. Box told the Executive Board members that she is retiring as of May 31. Dr. Lindsay Weaver, current CMO, will follow in her footsteps as State Health Commissioner. She assured the Board members that the team left in place will provide incredible leadership. She is looking forward to spending time with family.

She reported that My Healthy Baby (formerly OB Navigator) has now been rolled out to all 92 counties. The legislation forming this program was signed in 2019.

Dr. Box thanked everyone who worked effortlessly to get the Governor's Public Health Commission recommendations through the legislative process. The funding that has been legislatively provided is more than ever provided for public health in the past. This is a great start to providing more public health services in Indiana. Dr. Lindsay Weaver provided an update on implementation, core public health services, key performance indicators, standardized budget templates for the counties to use to opt in for additional public health funding, etc. Dr. Weaver asked the Board members to continue speaking with their elected officials and other community members to help them understand the importance of opting in. Joanne Martin asked how the local health departments will be able to handle the increase in work. Dr. Weaver responded that regional teams are being hired. There will be an administrator for the north (districts 1, 2, 3 & 4), central (districts 5, 6 & 7), and south (districts 8, 9 & 10) that will provide additional support to the local health departments. The local health departments can use the additional funding to partner with already existing organizations to provide the services required if they opt in. The CDC Foundation is also providing extra support for local health departments.

Consumer Services and Health Care Regulation Commission

Rural Emergency Hospital Licensure Rule Discussion

Jordan Stover, Assistant Commissioner for Consumer Services and Health Care Regulation presented the Rural Emergency Hospital Rule for discussion. The IDOH is proposing to add provisions to a new section of the Indiana Administrative Code governing state licensing requirements for rural emergency hospitals (REH). REHs are a new provider type established by the federal Consolidated Appropriations Act in response to rural hospital closures. The conversion to an REH allows for the provisions of emergency department services, observation care, and additional outpatient medical and health services. REHs are generally not permitted to provide in-patient services. Indiana passed legislation that goes into effect July 1, 2023, recognizing REHs as a provider type. Indiana defines an REH as a hospital that was, as of December 27, 2020, a critical access hospital or a rural hospital that does not have more than fifty beds, is granted REH status by Centers for Medicare and Medicaid Services (CMS), meets the requirements of an REH by CMS and is licensed as an REH by the IDOH. The same legislation also requires IDOH to regulate REHs. The proposed rule includes minimal requirements for an REH to be licensed by IDOH, mostly consisting of complying with federal requirements. This rule has not yet been submitted for moratorium review by IDOH. The proposed rules shall be effective thirty days after filing with the *Indiana Register*.

Ms. Goff asked for discussion and/or comments from the Board, staff and/or public. Dr. Stephen Tharp inquired about overnight stays. Jordan Stover responded that patients would be in an REH less than 24 hours for stabilization and/or treatment and then transported to another facility. Andy Van Zee stated the Indiana Hospital Association is in support of this rule change. Jordan Stover reported that there are currently 35 critical access hospitals in Indiana that could move to REH status.

Other

Legislative Update

Rachel Swartwood, Director of Legislative and External Affairs, provided a legislative update.

- **HB1001 - STATE BUDGET**
 - GPHC Funding
 - \$75M in year one
 - \$150M in year two
 - Department of Health funding
 - Weights and Measures is still under the umbrella of IDOH!
 - Trauma System Quality Improvement Funding
 - \$3.92M in year one
 - \$5.79M in year two
 - EMS Readiness
 - \$6.45M in year one
 - \$8.2M in year two
 - Stockpile funding is included under the infectious disease line item

- **HB1004 - HEALTH CARE MATTERS**

- Establishes the health care cost oversight task force and sets forth duties of the task force. Specifies certain claims data to be provided and establishes a fine for a failure to timely provide the claims data.

- **HB1013 - INDIANA DEPARTMENT OF HEALTH**

- Changes references from the state department of health to the Indiana department of health.

- **HB1017 - PRESCRIPTION DRUG DONATION REPOSITORIES**

- Establishes the prescription drug donation repository program (program).
- Establishes a fee on each person who is issued a license, registration, or certificate by a health profession board for the program.
- Allows a person to donate prescription drugs and supplies to a central repository or local repository for use by an individual who is an eligible recipient.
- Excludes abortion inducing drugs and controlled substances from the program.
- Allows an eligible entity to apply to participate as a local repository in the program.
- Establishes criteria for the acceptance and distribution of donated prescription drugs and supplies.
- Sets a maximum handling fee that may be charged for the dispensing of a prescription drug or supplies under the program.
- Allows an entity that participates in a drug donation repository or program in another state to participate in the program in Indiana if that state's program allows for donations to repositories located in Indiana.
- Establishes immunity for certain persons under the program.

- **HB1138 - PRESCHOOL AND CHILD CARE FACILITY DRINKING WATER**

- Requires the public finance director to prepare an annual report to the general assembly that provides information on the programs of the Indiana finance authority under which the drinking water in schools, preschools, and childcare facilities is tested for the presence of lead.
- Requires the owner or operator having authority over a childcare facility or a preschool to test the drinking water in the childcare facility or preschool before January 1, 2026, unless the drinking water in the childcare facility or preschool has already been tested through a lead sampling program conducted by the Indiana finance authority.
- Provides that if the testing of the drinking water in a childcare facility or preschool indicates that the presence of lead in the drinking water equals or exceeds the action level for lead (15 parts per billion), the owner or operator of the childcare facility or preschool shall take action to:
 - (1) eliminate the source of the lead in the drinking water; or
 - (2) install a water filtration system. Establishes requirements applying to a water filtration system installed in a childcare facility or preschool.
- Requires the environmental rules board to adopt rules, including emergency rules, that conform with the Lead and Copper Rule Improvements proposed rule that is being developed by the U.S. Environmental Protection Agency.

- **HB1167 - LIVE STREAMING AND ARCHIVING MEETING**
 - Requires governing bodies of state and local agencies (excluding a state supported college or university) to provide, on a publicly accessible platform:
 - (1) live transmissions of public meetings; and
 - (2) an archive of copies of the live transmissions with links to any meeting agendas, minutes, or memoranda.
 - Provides that if a governing body does not have Internet capability for live transmission of public meetings, the governing body shall record the meeting.
 - Provides that transmissions and recordings of public meetings may be destroyed after 90 days.

- **HB1201 - RARE DISEASE ADVISORY COUNCIL**
 - Establishes the rare disease advisory council (council) to address various issues concerning the needs of patients in Indiana with rare diseases and their caregivers and providers.
 - Establishes duties and procedures of the council. Requires the Indiana department of health to provide administrative assistance to and pay the administrative expenses of the council.

- **HB1219 - PFAS BIOMONITORING PILOT PROGRAM**
 - Provides that the department of homeland security (department) may establish the PFAS biomonitoring pilot program (pilot program) to collect and analyze blood samples of individuals who were previously, or are currently, firefighters:
 - (1) for serum PFAS levels; and
 - (2) to determine whether there may be corresponding health implications associated with elevated serum PFAS levels. Provides that the department may consult with the department of environmental management and the Indiana department of health regarding the pilot program. Provides that the department may, to the extent possible, test 1,000 firefighters. Allows the department to work with a third party to administer the pilot program and to store data collected under the pilot program. Requires the department to submit, not later than July 1, 2027, a report summarizing:
 - (1) the results of the pilot program; and
 - (2) recommendations of the department, the department of environmental management, and the Indiana department of health for decreasing serum PFAS levels and exposure to PFAS chemicals; to the governor and the legislative council.
 - Establishes the PFAS biomonitoring pilot fund.

- **HB1286 - TOXICOLOGY SCREENING FOR XYLAZINE**
 - Provides that, if the coroner reasonably suspects the cause of the person's death to be accidental or intentional overdose of an opioid or if the person was administered an overdose intervention drug prior to death and was unresponsive to the overdose intervention drug, the coroner shall test certain bodily fluids to determine whether the bodily fluid contained any amount, including a trace amount, of xylazine at the time of the person's death.

- **HB1402 - SEWAGE MATTERS**

- The effective date for the “no more stringent” provision has been extended to December 31, 2023. Starting January 1, 2024, Local Health Departments will be able to adopt new ordinances with approval from the Technical Review Panel for ANYTHING stricter than the state rule. (They must have panel approval to adopt)
 - LHDs will still have to go through their local ordinance process as well, but this is giving them the opportunity to get back ordinances potentially lost from the passage of HEA 1245 last year.
 - LHDs will be able to go to the panel before January 1 to get current ordinances approved that are already existing to save time, IDOH will put a process in place for this to happen with the panel
- The original bill transferred rulemaking authority to the TRP. The amended language gives IDOH rulemaking authority, but the panel will have to approve before IDOH can adopt.
 - The new language requires IDOH to update the rule to the most current industry standards.

- **HB1422 - DEMENTIA CARE**

- Provides that an area agency on aging designated by the bureau of aging services (area agency) may establish a dementia care specialist program.
- Allows an area agency to designate at least one individual as a dementia care specialist to administer the program.
- Provides that the division of aging (division) may employ a dementia care specialist coordinator. Sets forth the duties of:
 - (1) a dementia care specialist; and
 - (2) the dementia care specialist coordinator; if an area agency or the division establishes those positions.

- **HB1457 - PUBLIC HEALTH MATTERS – AGENCY BILL**

- Establishes licensing standards for rural emergency hospitals.
- Provides that certain personal information is confidential if a complaint is filed with the Indiana department of health (department).
- Allows the department to analyze information submitted by entities regulated by the department for quality improvement purposes.
- Provides that the definition of 'home health services' includes community based palliative care.
- Establishes standards for housing with services establishments that offer memory care services.
- Changes references from 'venereal disease' to 'sexually transmitted infection'.
- Allows a local health officer to issue a birth, death, or stillbirth certificate from the electronic registration system regardless of the location of the filing of the record.
- Removes the exemption to a vendor of a farmer's market or roadside stand from the requirements relating to food products that are not potentially hazardous.

- **HB1568 - PRESCRIPTION FOR HORMONAL CONTRACEPTIVES**

- Allows pharmacists who meet certain requirements to prescribe and dispense hormonal contraceptive patches and self-administered hormonal contraceptives (contraceptives).
- Establishes requirements for pharmacists who elect to prescribe and dispense contraceptives.
- Provides that a pharmacist is not required to prescribe a contraceptive to a woman if the pharmacist believes the contraceptive is contraindicated or objects on ethical, moral, or religious grounds.
- Provides that an individual who is a pharmacy technician, pharmacy technician in training, pharmacist student, or pharmacist intern is not required to dispense a contraceptive to a woman if the individual objects on ethical, moral, or religious grounds.
- Requires the Indiana board of pharmacy (board) to revoke the license of a pharmacist who knowingly or intentionally prescribes a drug that is intended to cause an abortion.
- Establishes penalties for a pharmacist who prescribes a drug that is intended to cause an abortion.
- Requires the state health commissioner or the commissioner's designated public health authority to issue a standing order that allows a pharmacist to prescribe and dispense contraceptives until the board adopts rules that adopt the standing order. Establishes requirements for the standing order.
- Requires the office of the secretary of family and social services to reimburse a pharmacist for services and prescriptions for contraceptives provided to an eligible Medicaid recipient.

- **SB4 - PUBLIC HEALTH COMMISSION**

- **Core public health services**
 - Defines the core public health services that should be available in every county.
 - Includes current statutorily required activities, such as food protection, childhood lead case management, communicable disease prevention, fatality review teams, and vital records (birth and death certificates)
 - New services include tobacco prevention and cessation, trauma and injury prevention, maternal and child health, partnership with schools to support student health, and access to health screenings and linkage to care
 - Counties that decide to opt-in to additional funding will be responsible for ensuring core services are provided in their county, working with clinical and public health providers and community partners.
- **State level regional support**
 - Allows the Indiana Department of Health (IDOH) to provide support to counties for implementation, technical assistance, and resources at the regional level, including data analytics, legal, communications, finance, grants, training, and other support functions as appropriate.
- **Data security and protection**
 - Requires IDOH to ensure the privacy and security of health data maintained by the agency.
- **Accountability and Transparency**
 - Requires counties to submit an annual report to IDOH, which will be made available to the public.

- Requires IDOH to establish state level metrics to measure outcomes from core service areas prior to July 1, 2023.
 - Requires counties that accept additional funding to establish county metrics before December 1, 2024, and to report these to the state every six months.
 - Requires IDOH to develop an online data dashboard by July 1, 2024 and present the metrics to the state budget committee each year to follow the progress of the public health investment.
 - Requires each county to submit an annual financial report to IDOH and the state budget committee each year describing how funds were used the previous year and will be used in the following year, whether the county opts-in or opts-out. For enhanced funding, the state budget committee must review the financial report before funding can be distributed.
 - If a county is found to be out of compliance with any statutory requirements or appropriate use of funds, they must take corrective action or risk suspension of funding.
- **State level Local Public Health Fund**
- Repurposes the Local Health Maintenance Fund to consolidate state funds for local health departments into a single fund. *(Need to repeal the Local Trust Account)*
 - Renames the fund the Local Public Health Fund and changes this state fund from non-reverting to a reverting fund so that any dollars not distributed will go back into the state general fund at the end of each fiscal year.
 - **OPT-IN**
 - *Requires county executives to apply for enhanced funding each year.*
 - Establishes a new funding formula for counties that opt-in, including a base per capita amount for all counties, with a minimum for smaller counties, and additional funding for counties with higher vulnerability based on their Social Vulnerability Index (socioeconomic status, household composition & disability, minority status, access to transportation, etc.) or deviation from the state's average life expectancy (counties with higher rates of trauma, overdose, suicide, etc.)
 - Requires a county to provide a 20% match to state funds. *(HB 1001 requires a 25% match.)* The maintenance of effort can come from any taxes or miscellaneous revenue, but it cannot come from fees collected by the local health department, federal funds, or private funds.
 - Funding may only be used for the delivery of core public health services and other statutorily permitted activities for local health departments.
 - Sets a 10% cap on the use of funds for capital expenses (buildings, land, vehicles).
 - **OPT-OUT**
 - Counties that opt-out will continue to receive state funding at their current amount allocated for SFY 23.

- **County funds for state public health dollars**
 - Requires locals to set up a standardized non-reverting fund to deposit state dollars.
 - New fund brings oversight from State Board of Accounts and Department of Local Government Finance (DLGF).
- **Municipal Health Departments**
 - Grandfathers the three existing municipal health departments and amends state law to prevent the establishment of additional municipal health departments in the future.
 - Enhanced funding will be distributed through IDOH to counties. For counties with a municipal health department, the city and county must enter into an interlocal agreement.
- **Indiana's Trauma System**
 - Implements recommendations from the American College of Surgeon's recent assessment to improve Indiana's trauma care system, including codifying the state's existing Trauma Care Commission and their role in supporting data collection, regional coordination, training, and quality improvement of the state's trauma centers.
- **Supporting Student Health**
 - Supports access to health screenings and services that can be appropriately delivered in school and early childhood education settings with parental/guardian consent.
 - Allows schools to choose which evidenced-based visual screening technique they prefer to use to screen their students, removing the requirement of a waiver if they do not use the modified clinical technique. This would include MCT, visual eye charts and for students that require it automated screening.
 - Allows dental hygienists to expand their existing service area without limitation on the access practice dentist residing in an adjacent county.
 - Allows schools to obtain epinephrine, albuterol, and naloxone through a standing order for their emergency stock.
- **Local health officer qualifications**
 - Expands the personnel eligible to serve as a Local Health Officer (LHO) to include an individual with a Master's in Public Health and 5 years of experience in public health with approval from the IDOH Executive Board.
 - Requires newly appointed LHOs to complete public health training.
- **Updated health board membership**
 - Changes appointments to the IDOH Executive Board (from 11 to 13) and Local Health Boards (LHB) to reflect current public health workforce and key community representation.
 - Readjusts the sizes of LHBs based on county population and allows for appointments by the county council and municipal representatives.
 - Allows for representatives unaffiliated with a political party (independent) to be appointed to a LHB.

- **SB214 - STANDING ORDER FOR OVERDOSE INTERVENTION DRUGS**
 - Provides that a statewide standing order for the dispensing of an overdose intervention drug must allow for choice in the:
 - (1) purchasing;
 - (2) dispensing; and
 - (3) distributing; of any formulation or dosage of a naloxone product that is approved by the federal Food and Drug Administration.

- **SB252 - LONG ACTING REVERSIBLE CONTRACEPTIVES**
 - Allows a long acting reversible contraceptive that is prescribed to and obtained for a Medicaid recipient to be transferred to another Medicaid recipient if certain requirements are met.

- **SB316 - COMPUTER AIDED EMERGENCY DISPATCH SYSTEMS**
 - Comes from a GPHC Recommendation
 - Provides that the statewide 911 board (board) may conduct a feasibility study on potential ways in which the computer aided dispatch (CAD) systems used by public safety answering points (PSAPs) in Indiana could be made interoperable to facilitate the standard dispatch of EMS resources based on using the EMS resource that represents the closest and most appropriate EMS resource to respond to an emergency.
 - Provides that the board may submit a report on the study to the following not later than July 1, 2024:
 - (1) The executive director of the legislative services agency to distribute to members of the general assembly.
 - (2) The department of homeland security.
 - (3) The integrated public safety commission.
 - (4) The Indiana department of health.
 - Sets forth information that may be included in the report. Provides that these provisions expire January 1, 2025.

- **SB400 - HEALTH CARE MATTERS**
 - Provides that a hospital's quality assessment and improvement program must include a process for determining and reporting the occurrence of serious reportable events.
 - Requires a hospital with an emergency department to have at least one physician on site and on duty who is responsible for the emergency department.

- **SB414 – ON-SITE WASTE MANAGEMENT DISTRICTS AND SEPTAGE HOLDING TANKS**
 - Amends the definition of 'onsite residential sewage discharging disposal system' to provide that the term includes a system that employs advanced treatment components to reduce the concentration of the pathogenic constituents of the effluent to an acceptable level before the effluent is discharged.

- Amends the law that prohibits the point source (i.e., above ground) discharge of treated sewage from a dwelling, which includes an exception to the prohibition for one particular county that has a onsite waste management district, to make the exception applicable to any onsite waste management district.
 - Authorizes the adoption of rules or guidelines to provide guidance to a local health department that has jurisdiction in a county onsite waste management district and that is authorized to issue operating permits for onsite residential sewage discharging disposal systems that discharge effluent above ground. Provides that, if amending the National Pollutant Discharge Elimination System (NPDES) general permit issued by the department of environmental management (department) for the purposes of the county onsite waste management district law is necessary or advisable to enable new county onsite waste management districts to function properly and effectively, the department shall amend the general permit as soon as reasonably possible after June 30, 2023.
 - Provides that septage that originates from a residential or commercial source may be held in one or more holding tanks of not more than 10,000 gallons until removed and transported from the site.
 - Establishes requirements for septage holding tanks.
 - Requires a permit from the local health department for the operation of a septage holding tank. Requires a septage tank owner to:
 - (1) enter into a written contract with a septage management vehicle operator for regular removal of septage from the tank;
 - (2) provide a copy of the contract to the local health department; and
 - (3) provide proof to the local health department that the tank owner is regularly paying for the removal of septage from the holding tank.
 - Requires a local health department to report to the department concerning the septage tanks in its jurisdiction and authorizes the adoption of rules or guidelines concerning the reports.
- **SB438 - HOME HEALTH SERVICES**
 - Requires the office of the secretary of family and social services to:
 - (1) perform a comprehensive review of existing home health services for children with complex medical needs;
 - (2) assess the home health services and policies for a person-centered approach; and
 - (3) engage stakeholders in the assessment to solicit feedback on issues securing and maintaining home health services.
 - **SB474- - HOME HEALTH AGENCIES**
 - Allows a home health agency to:
 - (1) provide services in any county in Indiana; and
 - (2) satisfy supervising home health aide services requirements by complying with federal law.

- Allows:
 - (1) the Indiana department of health (state department) to adopt rules concerning the oversight and supervision of the services a home health agency provides in noncontiguous counties; and
 - (2) the state health commissioner to waive rules adopted concerning home health agencies if certain conditions are met.
- Provides that a home health agency is not required to conduct a preemployment physical on a job applicant before the individual has contact with a home health agency patient.
- Allows a registered home health aide to administer gastrointestinal and jejunostomy tube feedings to a specific patient if specified conditions are met.
- Requires the state department to approve at least one training curriculum concerning the administration of tube feedings.
- Repeals laws concerning drug testing of home health agency employees.

Epidemiology Data Visualization

Eric Hawkins, State Epidemiologist, demonstrated one of the improved dashboards that will display public health data that Hoosiers can interact with to understand trends and current happenings in public health across Indiana. Eventually, the public will be able to access data in one very user friendly location on the IDOH website.

Distribution

Ms. Goff 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, Ms. Goff adjourned the meeting at 11:49 am. The next meeting is scheduled for July 12, 2023.