MINUTES OF THE MEETING OF THE
INDIANA STATE DEPARTMENT OF HEALTH
EXECUTIVE BOARD
November 8, 2017

The meeting of the Executive Board of the Indiana State Department of Health (ISDH) was called to order at 10:00 am in the Robert O. Yoho Board Room of the ISDH building by Kristina Box, MD, FACOG, Secretary. The following Board members were present for all or part of the meeting:

Blake Dye
Naveed Chowhan, MD, FACP, MBA (via phone)
John Gustaitis, MD (via phone)
Joanne Martin, DrPH, RN, FAAN
Richard Martin, DDS
Suellyn Sorensen, PharmD, BCPS
Tony Stewart, MBA, FACHE, HFA
Kristina Box, MD, FACOG (Secretary)

Members not attending:

Brenda Goff, HFA (Chair)
Robin Marks, DVM
Patricia Spence, PE
Stephen Tharp, MD (Vice Chair)

The following staff members were present for all or part of the meeting:

Pam Pontones, MA, Deputy State Health Commissioner/State Epidemiologist
Trent Fox, Chief of Staff
Terry Whitson, Assistant Commissioner, Health Care Quality & Regulatory Services
Judy Lovchik, Assistant Commissioner, Public Health Protection and Laboratory Services
Art Logsdon, Assistant Commissioner, Health and Human Services
Megan Griffie, Maternal and Child Health
Shirley Payne, Children's Special Health Care Services
Deanna Smith, Office of Legal Affairs
Manda Clevenger, Office of Legal Affairs
Kelly MacKinnon, Office of Legal Affairs
Hilari Sautbine, Office of Legal Affairs

Guests:

Spencer Grover Indiana Hospital Association
Rick Colby, Colby & Company
Jamie Sexton, Immune Deficiency Foundation
Roy Pura, CSL
Patti Stauffer, Planned Parenthood of Indiana and Kentucky

Call to Order

Dr. Kris Box, Secretary, stated that a quorum was present and called the meeting to order at 10:00 am. She then asked if Board members had any known conflicts of interest to declare. Hearing none she proceeded with the meeting.

Minutes

Dr. Box asked for discussion and/or corrections to the minutes of the September 13, 2017 Executive Board meeting. Hearing none she entertained a motion for approval. On a motion made by Suellyn Sorensen, seconded by Joanne Martin and passed unanimously by roll call vote, the Board approved the minutes as presented.

Official Business of the State Department of Health

Dr. Box stated that reducing Indiana's infant mortality rate continues to be a priority. In 2015, 613 babies died before their first birthday. We know that unsafe sleep practices, lack of prenatal care, smoking and a lack of breastfeeding are huge contributors to Indiana's infant mortality rate. And, we continue to have huge disparities – the rate for black infants remains more than twice that for whites. ISDH distributed more than 13,000 cribs since October 2015 and the ISDH Tobacco Quitline offers additional support for pregnant women. We just awarded an additional $11 million to local health departments, healthcare groups and non-profits for innovative programs designed to reduce infant mortality. That brings the total of Safety PIN grants awarded since December 2016 to nearly $24 million. The ISDH will be hosting the 5th Labor of Love Infant Mortality Summit on November 15. This year's summit has close to 1,200 registrants and is the largest yet. The focus will not just be on traditional factors impacting infant mortality such as lack of prenatal care, but also on the opioid crisis, which is another priority for the ISDH.

The ISDH has been fortunate to receive a number of federal grants in the past year to help enhance our efforts to attack the drug epidemic, which is a top priority for Governor Holcomb. We have been working to increase access to naloxone by getting overdose reversal kits to local health departments and providing technical assistance to 24 counties at high risk for overdoses. We are also working on a toxicology pilot program with coroners to increase drug testing so that we gather better data on the scope of the opioid epidemic. Many coroners currently lack the resources to test for specific substances, so we know that the number of opioid-related deaths is underreported in Indiana and we hope this program will help.

In September, ISDH kicked off a strategic planning effort designed to identify and reduce cervical cancer cases and deaths in Indiana. This effort involves collaboration between public health experts, medical professionals, researchers and others across the state. The work will focus on prevention, including screening, avoiding tobacco products and HPV vaccination, as well as education and survivorship. In Indiana, 1,283 new cases of cervical cancer were diagnosed and 446 cervical cancer-related deaths occurred from 2011–2015. House Bill 1278, enacted earlier this year, charged ISDH with identifying methods to increase the number of Hoosiers vaccinated for HPV, increasing regular cervical cancer screenings, and creating partnerships throughout the state to reduce the number of cases.

The ISDH HIV Division received a $26 million grant to provide HIV services across the state. This is the largest grant of its kind for our program and will help with everything from testing to nutritional and housing needs. Our hope is that this one-time grant will help us create a foundation that can be built on to truly improve the lives of those living with HIV and make connections to care and treatment for those who also are battling substance use disorder.

You don't hear as much about Zika these days, but ISDH is still focused on this disease. We have been fortunate not to see any local transmission – and fewer travel-related cases this year. Indiana has had two travel-related cases of Zika in 2017, resulting from travel to St. Martin and Mexico. The ISDH focus continues to be on awareness and education for pregnant women and their partners, especially those who travel to areas where Zika is prevalent.

Update on Process for Adopting Rules

Kelly MacKinnon, Office of Legal Affairs, provided an update on changes in the rule promulgation process. In reviewing the rule promulgation process, it was determined that the Executive Board is not required to do a formal preliminary adoption of proposed rules. Eliminating that unnecessary step decreases confusion and will speed up the rule promulgation process in some cases. In lieu of a formal preliminary adoption, programs will discuss rule adoption plans with the Executive Board so that the Board is aware of the initiation of rule adoptions. The formal rule promulgation process begins with the publishing of a notice of intent to adopt a rule. Proposed rules will still have a public hearing with the final adoption by the Executive Board.

Health Care Quality and Regulatory Commission

Discussion of Amendments to Rules 410 IAC 17-10-1 and 17-12-1 Home Health Agency Criminal History Background Check, LSA #17-483

Terry Whitson, JD, Assistant Commissioner, Health Care Quality and Regulatory Commission presented amendments to Rules 410 IAC 17-10-1 and 17-12-1 Home Health Agency Criminal History Background Check for discussion. These amendments provide for the kind of criminal background checks required for home health agencies. The amendment changes the limited criminal history background check to a national criminal history background check or expanded criminal history check. This amendment is required to make the rule conform to the statute.

Update on Conversations on Advance Care Planning Project

Mr. Whitson also provided an update on the Advance Care Planning Project which began October 1, 2017. This will be a three-year project and will be managed by the University of Southern Indiana. The funding will come from the ISDH federal Civil Money Penalty (CMP) fund which has been used in the past to improve the care in Indiana's nursing homes. This new project deals with advance care planning and should begin long before a resident's arrival at a nursing facility.

Advance care planning is made up of many components which should be addressed before long term care is needed. Only about 25% of nursing home residents have advance directives in place which means providers must assist in creating them when a resident is admitted. Providers have little background in care planning. The weakness is jumping directly to advance directives without the conversations regarding advanced care planning. These conversations have three initial steps: 1) conversation about advance care planning; 2) preparation of an advance directive; and 3) applying an advance directive by healthcare provider.

Fifteen nursing homes in southwest Indiana will participate in this pilot project. Seventy-five individuals will be trained as *Respecting Choices Last Steps* facilitators. Facilitators will introduce *Respecting Choices* into their facility with new residents prior to their first care conference. This will create a model for development of advance care planning specialists at nursing homes.

Mr. Whitson will keep the Board members updated on the progress of this pilot project.

Health and Human Services Commission

Discussion of Rule 410 IAC 37 Hyperbaric Oxygen Treatment (HBOT) Pilot Program

Art Logsdon, Assistant Commissioner for Health and Human Services Commission presented Rule 410 IAC 37 Hyperbaric Oxygen Treatment (HBOT) Pilot Program for discussion. Per IC 10-17-13.5 effective July 1, 2017, the ISDH is to promulgate a rule that establishes a pilot program to assist a provider, approved by the ISDH, to deliver diagnostic testing and hyperbaric oxygen treatment to eligible veterans. According to the US Department of Defense the number of veterans suffering from traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD) has increased. This pilot

project will determine if HBOT will help treat TBI and PTSD. Eligible veterans must have had a service-related event that caused TBI or PTSD within the 12 months prior to starting treatment and pay a co-pay equal to 10% of the cost of treatment billed to the Indiana Department of Veterans Affairs. This program will be paid for by money the Department of Veterans Affairs has set aside. The ISDH will issue a Request for Proposals and select the provider best qualified to provide the services. The effective date of this rule must be no later than July 1, 2018. The pilot program expires June 30, 2019. Payments may not be made after that date.

Discussion of Rule 410 IAC 36 Developmental Disability Bracelet and Identification Card, LSA #17-445

Art Logsdon, Assistant Commissioner for Health and Human Services Commission presented Rule 410 IAC 36 Developmental Disability Bracelet and Identification Card, LSA #17-445 for discussion. HEA 1012 became effective on July 1, 2017. This rule allows for an individual who has been medically diagnosed with a developmental disability, including autism spectrum disorder, or a parent or guardian acting on behalf of such a person, or a parent or guardian acting on behalf of such a person who is also incapacitated, to obtain a bracelet and identification (ID) card from the ISDH that indicates that the individual has been diagnosed with a developmental disability. The bracelet and/or ID card, along with the individual's state issued driver's license or ID card, may be presented to a law enforcement officer as necessary. ISDH is allowed to charge a fee for the bracelet and ID cards. The bracelet and/or ID card will help identify those with developmental disabilities.

Discussion of Amendments to Rule 410 IAC 3-3 Newborn Screening (adding Severe Combined Immunodeficiency (SCID)

Art Logsdon, Assistant Commissioner for Health and Human Services Commission presented Rule 410 IAC 3-3 Newborn Screening (adding Severe Combined Immunodeficiency (SCID) for discussion. SCID is a primary immune deficiency where viruses and bacteria may cause severe, life-threatening infections. Indiana does not test for SCID as part of the current newborn screening panel. Adding SCID would align Indiana with the HHS Recommended Uniform Screening Panel (RUSP). Adding SCID to the screening panel improves newborn screen timeliness by removing the requirement for a 24-hour protein diet and increasing newborn screen time from no earlier than 48 hours after birth to no earlier than 24 hours after birth and increases the fee from $90 to $100. Earlier testing and detection will greatly decrease the likelihood of infant morbidity/mortality. Adding SCID to the panel mirrors US practice and is recommended by the Health Resources and Services Administration (HRSA) and the American College of Medical Genetics (ACMG).

Dr. Box recognized Jamie Sexton from the Immune Deficiency Foundation based in Towson, Maryland. She shared her support and encouraged the members to adopt the amendments to Indiana's newborn screening rule. Indiana is one of five states that has not yet added SCID to the newborn screening panel.

Other

Update on Rwanda Delegation Meeting

Pam Pontones, Deputy State Health Commissioner/State Epidemiologist provided an update on the recent opportunity ISDH staff had to meet with the Ambassador from Rwanda and her team during a meeting facilitated by the Indianapolis Global Chamber of Commerce. Health care and infectious disease priorities were discussed during the meeting. Their country is now looking at ways to tackle more chronic diseases such as cancer and diabetes. They are also looking to expand on their current, successful immunization program. The childhood immunization rate is 93% and 94% have been vaccinated for HPV. The country's HIV prevalence is at 3% at this time. There was discussion about education with drugs for Hep C training for their medical professionals. They also wanted to learn more about HIV. There are plans for a conference call with the Rwandan Minister of Health.

Update on Hospital Levels of Care

Art Logsdon, Assistant Commissioner for Health and Human Services Commission provided an update on the ISDH Hospital Levels of Care pilot project. Indiana's infant mortality rate remains above 7 infant deaths per 1,000 live births. The Indiana Perinatal Quality Improvement Collaborative (IPQIC) Governing Council is a group of perinatal experts from around the state who make recommendations to the ISDH. Research conducted since the mid-70s suggests that state with formalized levels of care programs have lower infant mortality rates, better outcomes and resource utilization, and lower cost expenditures. The American Academy of Pediatrics (AAP) and American College of Obstetricians and Gynecologists (ACOG) established a national set of best practice standards. The ISDH conducted a gap analysis with hospitals and found significant gaps between what hospitals said they offered and what was actually available. In response, the ISDH has conducted a voluntary pilot survey process to provide resources and supports to make sure each hospital meets the level of care they have chosen for themselves. Results of the survey by all 90 delivering hospitals in the state show that more than 90% of them have said they feel better prepared to meet the level of care they desire and nearly 90% of the leadership teams found the survey to be a valuable investment of their time. The Indiana Commission on Improving the Status of Children in Indiana has recommended that a levels of care program for all Indiana birthing hospitals be created.

Update on Lead Remediation Funding

Dave McCormick, Acting Director of Lead and Healthy Homes Division provided an update on Lead Remediation Funding. Per Rule 410 IAC 29, local health departments are required to ensure that children identified with an elevated blood lead level receive the following: follow-up blood lead testing, case management services, and environmental investigation activities. This rule also requires local health officers to order what is reasonable and necessary to remediate any identified lead hazards and to pursue legal action against property owners that have not remediated all identified lead hazards. From 2013 – 2017 Indiana was the only state in Region V to not have HUD funding for remediation. The Indiana Housing and Community Development Authority (IHCDA) was awarded funding in 2017. Homes with an identified elevated blood lead level receive higher priority. Remediation is the goal, not abatement. In October, 2017 FSSA – Office of Medicaid and Policy Planning received authorization to spend $15 million over the next five years to aid lead-poisoned children on Medicaid in East Chicago, South Bend and other areas throughout the state identified as having a higher risk for lead exposure among children.

Dave also reported that the new Director for the Lead and Healthy Homes Division will begin work on November 13.

Distribution

Dr. Box thanked staff for the Professional new Hire and Separation Reports, Summary of Final Orders and Consent Decrees, ISDH Organizational Chart and Variance Waiver Approvals.

Adjourn

Hearing no additional comments from the Board, staff and public, Dr. Box adjourned the meeting at 11:30 am. The next meeting is scheduled for January 10, 2018.