

MINUTES OF THE MEETING OF THE
INDIANA STATE DEPARTMENT OF HEALTH
EXECUTIVE BOARD

April 3, 2019

(changed from original March 13, 2019 date)

The meeting of the Executive Board of the Indiana State Department of Health (ISDH) was called to order at 10:00 a.m. in the 5th Floor Training Room of the ISDH by Brenda Goff, Chair. The following Board members were present for all or part of the meeting:

Brenda Goff, HFA (Chair)
Stephen Tharp, MD (Vice Chair)
Robin Marks, DVM
Joanne Martin, DrPH, RN, FAAN
Richard Martin, DDS
Blake Dye
Kristina M. Box, MD, FACOG, Secretary

Members attending via telephone:

Tony Stewart, MBA, FACHE, HFA
Naveed Chowhan, MD, FACP, MBA

Members not attending:

Patricia Spence, PE
Suellyn Sorensen, PharmD, BCPS

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

Melissa Collier, MD, MPH, Chief Medical Officer
Eldon Whetstone, Assistant Commissioner, Health and Human Services
Martha Allen, Director, Maternal and Child Health
Matthew W. Foster, Assistant Commissioner/Special Counsel, Consumer Services & Health Care Regulation
Tina Feaster, Epidemiology Resource Center
Gretchen Martin, Director, Fatality Review & Prevention
Rachel Cathey, Epidemiology Resource Center
Kelly MacKinnon, Office of Legal Affairs
Manda Clevenger, Office of Legal Affairs
Christopher Kulik, Office of Legal Affairs
Deana Smith, Office of Legal Affairs
Kristen Moore, Maternal and Child Health
Mary Evers, Maternal and Child Health
Marsha Wetzel, Maternal and Child Health

Guests:

Virginia Caine, MD, Health Officer, Marion County Public Health Department
Kaitlyn Beller, Indiana Hospital Association
32 Students from IUPUI (see sign in sheet)

Call to Order

Brenda Goff, Chair, stated that a quorum was present and called the meeting to order at 10:00 a.m. 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 9, 2019 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, the Board approved the minutes as presented.

OFFICIAL BUSINESS OF THE STATE DEPARTMENT OF HEALTH

Consumer Services and Health Care Regulation Commission

Re-Adoption of Emergency Rule Amendments to Abortion Clinic Rule 410 IAC 26 for another 90 days

Re-Adoption of Emergency Rule to Regulate Abortion Clinics Performing Drug Induced Abortions 410 IAC 26.5 for another 90 days

Matt Foster, Assistant Commissioner, Consumer Services and Health Care Regulation Commission presented amendments to the Abortion Clinics Rule 410 IAC 26 and addition of Abortion Clinics Performing Drug Induced Abortions Rule 410 IAC 26.5 for another 90-day emergency adoption. In 2018, the Indiana General Assembly passed SEA 340 which required the ISDH to pass emergency rules for abortion clinic licensure to implement several legislative changes from 2017 to 2018. In 2017, the Indiana General Assembly passed SEA 404 which required the ISDH to include rules updates to:

- Separate rules for clinics offering surgical and abortion inducing drugs
- Add procedures to monitor patients after the administration of anesthesia
- Add procedures for follow-up care for patient complications
- Add a requirement for the provision of informed consent brochures
- Add a requirement for the provision of a hotline telephone number for cases of suspected coerced abortion or sex trafficking
- Require training of clinic staff by law enforcement to help identify and assist women who are coerced into abortions or victims of sex trafficking
- Require documentation of patient signature in patient medical records
- Establish procedures for clinics implementing a plan of correction and for the ISDH if the clinic fails to follow the plan of correction

In 2018, the Indiana General Assembly required the ISDH to make additional changes:

- Updating information required to be provided in an application for licensure
- For drug induced abortions, to have physicians provide manufacturers instruction sheets and patient agreement forms to patients for signature with the provider retaining a copy
- Technical corrections, i.e. update outdated regulations, etc.

There are two separate rule documents to be adopted reflecting the separation of drug induced abortion clinics from surgical abortion clinics. The Executive Board adopted these emergency rules at the January 9, 2019 meeting. This action will extend the emergency rules for another 90 days. Staff recommended the Board approve both rules for 90-day emergency adoption.

Ms. Goff asked for comments from the Board, staff and/or public on amendments to the Abortion Clinic Rule 410 IAC 26. Joanne Martin asked if any changes were made to the document since the January 9, 2019 meeting and Matt Foster confirmed all the info is the same and approval would extend the emergency rule for another 90 days. Hearing no other comments, she entertained a motion for an additional 90-day emergency adoption. On a motion made by Dr. Tharp, seconded by Dr. Richard Martin and passed unanimously by roll call vote, the Board approved the amendments to the Abortion Clinic Rule 410 IAC 26 for an additional 90-day emergency adoption.

Ms. Goff asked for comments from the Board, staff and/or public on amendments to the Abortion Clinics Performing Drug Induced Abortions Rule 410 IAC 26.5. Hearing no other comments, she entertained a motion for an additional 90-day emergency adoption. On a motion made by Dr. Tharp, seconded by Joanne Martin and passed unanimously by roll call vote, the Board approved the amendments to the Abortion Clinics Performing Drug Induced Abortions Rule 410 IAC 26.5 for an additional 90-day emergency adoption.

Epidemiology Resource Center

Discussion of Amendments to Reporting of Healthcare-Associated Infections Rule 410 IAC 15-4

Rachel Cathey, Healthcare-Associated Infections Epidemiologist, presented amendments to the Reporting of Healthcare Associated Infections Rule 410 IAC 15-4 for discussion. The ISDH requested an exception to the current rulemaking moratorium to amend this rule. The proposed changes will require health care facilities licensed by ISDH to report information data that is required to be reported to the Centers for Medicare and Medicaid (CMS) for various quality reporting programs. The reporting will be done through a web-based system created and managed by the Centers for Disease Control and Prevention (CDC) known as the National Healthcare Safety Network (NHSN). NHSN has become the national standard for infection reporting and the one used by hospitals that wish to receive higher reimbursement from CMS. Each health care facility will be required to enroll in the NHSN and confer rights to the ISDH for access to the non-identifying information that they enter on healthcare-associated infections.

Health and Human Services Commission

Final Adoption of Perinatal Hospital Services (Levels of Care) Rule 410 IAC 39, LSA #18-416

Kristina M. Box, MD, FACOG, State Health Commissioner/Secretary, explained that the rule cannot be voted on today. ISDH staff received an e-mail from a small business owner indicating their business would be impacted by the rule. Staff notified the Indiana Economic Development Corporation and they withdrew their previous approval. The Attorney General's Office was also notified and they indicated that another public hearing had to be scheduled to start the rule promulgation process again.

Dr. Box introduced Martha Allen, Director of Maternal and Child Health (MCH) to review the summary of changes since the preliminary adoption at the November 28, 2018 meeting based on comments received at the February 19, 2019 public hearing. Martha introduced the MCH public health nurses who have been instrumental in preparing the rules – Mary Evers, Kristen Moore, Marsha Wetzel and Karen Greuter (not in attendance). The Board asked what the promulgation process entails. Kelly MacKinnon, Office of Legal Affairs, explained that the Board will approve the rules for final adoption at the next meeting. The Attorney General then has 45 days to approve. The Governor's Office then has 15 days to approve and sign off. The rule will then be effective the day the Governor signs it.

OTHER

Maternal Mortality Initiatives Update

Gretchen Martin, Director, Fatality Review and Prevention, provided an update on Maternal Mortality Initiatives. Half of all maternal deaths in Indiana are preventable. Maternal death is defined as the death of a woman while pregnant or

within one year of the end of pregnancy, regardless of length or site of pregnancy, due to a cause related to or made worse by the pregnancy or its management. According to the CDC, the number of reported pregnancy-related deaths in the United States doubled from 7.2 deaths per 100,000 live births in 1987 to a high of 17.8 deaths per 100,000 live births in 2009 and 2011. In Indiana there were 202 maternal deaths over a five-year period (2012 to 2016) with the highest being shown in 2016 at 50 maternal deaths.

Understanding what causes maternal deaths must be discovered in order to begin to stop these losses. The top causes of maternal death in the United States are:

- Cardiovascular diseases – 15.5%
- Infection or sepsis – 12.7%
- Hemorrhage – 11.4%
- Cardiomyopathy – 11.0%
- Thrombotic pulmonary embolism – 9.2%
- Hypertensive disorders of pregnancy – 7.4%

The start of the solution was the signing of legislation which mandates ISDH to review maternal deaths effective July 1, 2018, identifying the health issue causing maternal deaths. To that end the ISDH has funded a full-time Maternal Mortality Review (MMR) coordinator who will:

- Coordinate and support the MMR Committee
- Help identify all maternal deaths in Indiana for review
- Examine data related to age, cause of death, geographical location, and ethnicity
- Work with the review team to create a report with data driven recommendations to prevent future maternal deaths.

The expected outcomes are:

- Identifying the health issue causing maternal deaths
- Reduction in maternal morbidity
- Improvement in Indiana's population health for women of reproductive age, and
- Elimination of preventable maternal deaths

Virginia Caine, MD, Health Officer, Marion County Public Health Department, attended the meeting to express thanks to the Indiana State Department of Health and the Epidemiology Resource Center for assisting the local health departments around the state with the Hepatitis A issues they have been facing in recent months.

Distribution

Ms. Goff thanked the staff for the Professional New Hire and Separation Reports, Summary of Final Orders and Consent Decrees, and Variance Waiver Approvals.

Adjournment

Hearing no additional comments from the Board, staff and/or public, Ms. Goff adjourned the meeting at 11:20 am. The next meeting is scheduled for May 8, 2019. This date is subject to changed based on the rule promulgation timelines.