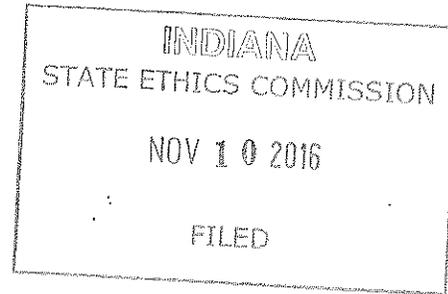




Michael R. Pence
Governor

Jerome M. Adams, MD, MPH
State Health Commissioner



IC 4-2-6-11
Post-employment waiver

As the Appointing Authority of the Indiana State Department of Health, I am filing this waiver of the application of the Code of Ethics' post-employment restriction as it applies to former employee Sarah Burkholder in his/her post-employment with the Marion County Public Health Department (MCPHD).

I understand that I must file and present this waiver to the State Ethics Commission at their next available meeting. I further understand that this waiver is not final until approved by the State Ethics Commission.

A. This waiver is provided pursuant to IC 4-2-6-11(g) and specifically waives the application of *(Please indicate the specific restriction in 42 IAC 1-5-14 (IC 4-2-6-11) you are waiving):*

- IC 4-2-6-11(b)(1): 365 day required "cooling off" period before serving as a lobbyist.
- IC 4-2-6-11(b)(2): 365 day required "cooling off" period before receiving compensation from an employer for whom the state employee or special state appointee was engaged in the negotiation or administration of a contract and was in a position to make a discretionary decision affecting the outcome of such negotiation or administration.
- IC 4-2-6-11(b)(3): 365 day required "cooling off" period before receiving compensation from an employer for which the former state employee or special state appointee made a directly applicable regulatory or licensing decision.
- IC 4-2-6-11(c): Particular matter restriction prohibiting the former state employee or special state appointee from representing or assisting a person in a particular matter involving the state if the former state officer, employee, or special state appointee personally and substantially participated in the matter as a state worker. *(Please provide a brief description of the specific particular matter(s) to which this waiver applies below):*



B. IC 4-2-6-11(g)(2) requires that an agency's appointing authority, when authorizing a waiver of the application of the post-employment restrictions in IC 4-2-6-11(b)-(c), also include specific information supporting such authorization. Please provide the requested information in the following five (5) sections to fulfill this requirement.

1. Please explain whether the employee's prior job duties involved substantial decision-making authority over policies, rules, or contracts:

As director of the TB and Refugee Health Program until January 4, 2016, Sarah Burkholder had substantial decision-making authority over policies, rules and contracts for the TB and Refugee Health Program. She provided grants—in particular through the TB Outreach Grant—to the Marion County Health Department (MCPHD) for positions to report required TB surveillance information to ISDH and to provide directly observed therapy to TB patients by community health workers. She managed MCPHD as a sub-recipient under the grant. MCPHD sent her monthly reports for review to document its work under the grant agreement. Because of her position as a director, she was directly involved in many decisions regarding the award of grants and other administrative matters within the TB and Refugee Division of the agency. She determined the budget and managed the TB Outreach Grant prior to her departure from state employment.

2. Please describe the nature of the duties to be performed by the employee for the prospective employer:

As a public health nurse at the MCPHD, Sarah will be providing public health services focused on field level management of TB patients (identification, testing and treatment) and high risk maternal infant visits. Her work activities will focus on home visits, contact investigations, infant assessments, and immunizations. In her new position as a public health nurse for MCPHD, Sarah will not have any decision-making for or direct involvement in any of the grants she awarded or administered while in her position at the ISDH, or any decision-making authority over policies, rules, or contracts.

3. Please explain whether the prospective employment is likely to involve substantial contact with the employee's former agency and the extent to which any such contact is likely to involve matters where the agency has the discretion to make decisions based on the work product of the employee:

In her role as a public health nurse, Sarah will have little to no contact with ISDH and her work will not influence decisions made by the agency. She will not have any decision-making for or direct involvement in any of the grants, specifically the TB Outreach Grant, she awarded or administered while in her position at the ISDH in her capacity at the MCPHD.

4. Please explain whether the prospective employment may be beneficial to the state or the public, specifically stating how the intended employment is consistent with the public interest:

Sarah's knowledge of public health and especially TB and immunizations will aid the MCPHD in implementing programs to help prevent individuals with latent TB Infection from progressing to active TB disease through identification and treatment. Her knowledge of immunizations will help assure that children she serves will have their immunizations completed and up-to-date. Both activities will prevent illnesses of public health significance

resulting in a healthier population in Marion County. Her knowledge in both these areas will mean she can function fully as a public health nurse sooner requiring less orientation.

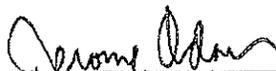
5. Please explain the extent of economic hardship to the employee if the request for a waiver is denied:

If this waiver is not granted Sarah will need to wait an additional two months before the "cooling off" period ends. She has been without full-time employment since the end of July 2016, and this would impose a financial hardship on her and her husband as she is the primary bread winner.

C. Signatures

1. Appointing authority/state officer of agency

By signing below I authorize the waiver of the above-specified post-employment restrictions pursuant to IC 4-2-6-11(g)(1)(A). In addition, I acknowledge that this waiver is limited to an employee or special state appointee who obtains the waiver before engaging in the conduct that would give rise to a violation.



Jerome M. Adams, MD, MPH
Indiana State Health Commissioner

10-27-16
DATE

2. Ethics Officer of agency

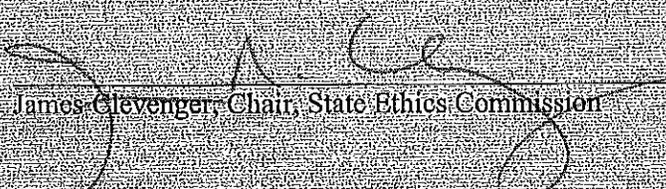
By signing below I attest to the form of this waiver of the above-specified post-employment restrictions pursuant to IC 4-2-6-11(g)(1)(B).



Rachel D. Russell, JD
Deputy Director
Agency Ethics Officer
Indiana State Department of Health
Office of Legal Affairs

10/27/16
DATE

D. Approval by State Ethics Commission

FOR OFFICE USE ONLY	
Approved by State Ethics Commission	
 _____ James Clevenger, Chair, State Ethics Commission	<u>11/10/16</u> Date

Mail to:

Office of Inspector General
315 West Ohio Street, Room 104
Indianapolis, IN 46202

OR

Email scanned copy to:

info@ig.in.gov

*Upon receipt you will be contacted
with details regarding the
presentation of this waiver to the
State Ethics Commission.*