

MINUTES OF THE MEETING OF THE  
INDIANA STATE DEPARTMENT OF HEALTH  
EXECUTIVE BOARD  
May 10, 2017

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 Robert O. Yoho Board Room of the ISDH building by Brenda Goff, Chair. The following Board members were present for all or part of the meeting:

Blake Dye  
Naveed Chowhan, MD, FACP, MBA  
Brenda Goff, HFA (Chair)  
Robin Marks, DVM  
Richard Martin, DDS  
Suellen Sorensen, PharmD, BCPS  
Patricia Spence, PE  
Tony Stewart, MBA, FACHE, HFA  
Stephen Tharp, MD (Vice Chair)  
Jerome M. Adams, MD, MPH, Secretary

Members not attending:

John Gustaitis, MD  
Joanne Martin, DrPH, RN, FAAN

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

Eric Miller, Chief of Staff  
Trent Fox, Director, Office of Legislative Affairs  
Aaron Atwell, Chief Financial Officer  
Terry Whitson, Assistant Commissioner, Health Care Quality & Regulatory Services  
Matt Foster, Director, Long-Term Care  
Martha Allen, Director, Maternal and Child Health  
Eden Bezy, Director, Office of Public Health Performance Management  
Antoinette Holt, Director, Office of Minority Health  
Phil Greenwood, Office of Technology Compliance  
Rachel Russell, Office of Legal Affairs  
Kelly McKinnon, Office of Legal Affairs  
Hilari Sautbine, Office of Legal Affairs

Guests:

Hannah Brown, Indiana Hospital Association

**Call to Order**

Brenda Goff, Chair 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

Ms. Goff asked for discussion and/or corrections to the minutes of the November 9, 2016 Executive Board meeting. Hearing none she entertained a motion for approval. On a motion made by Patricia Spence, seconded by Tony Stewart and passed unanimously, the Board approved the minutes as presented.

## Official Business of the State Department of Health

### New Staff Updates

Ms. Goff asked the new staff members present to introduce themselves.

Aaron Atwell is the ISDH Chief Financial Officer. His background is in local government and local government finance for over six years. He was the Deputy City Controller/Budget Director for the City of Indianapolis for two years.

Matt Foster, Director, Long-Term Care Division has been with the ISDH in the Office of Legal Affairs as a Staff Attorney since July of 2011. He became the Director of the Division of Long-Term Care on April 24 of this year.

### Executive Board Electronic Communications Meeting Policy

Kelly MacKinnon, Staff Attorney, Office of Legal Affairs presented the ISDH Executive Board Electronic Communications Meeting Policy for review and approval.

IC 5-14-1.5-3.6 authorizes members of the governing body of a state agency who are not physically present at the meeting of the governing body to participate by electronic communications. Pursuant to this statute, governing boards are required to adopt policies authorizing the electronic participation.

This ISDH Executive Board Electronic Communications Meeting Policy is intended to comply with the requirements of Indiana Code 5-14-1.5-3.6 and authorizes members to participate by electronic communications when the member is not physically present in accordance with the framework set forth below.

Policy:

- A. ISDH Executive Board Members (Members) are encouraged to attend all meetings in person.
- B. A Member may participate by electronic communications, including telephone, computer, or video conferencing, so long as the electronic communications allows for simultaneous communications with other Members participating electronically, the Members physically present at the meeting and the public physically present at the meeting.
- C. At least four (4) Members must be physically present at ISDH Executive Board (Board) meetings.
- D. All Members must physically attend at least one (1) Board meeting a year.
- E. Members who participate in a meeting of the Board by permitted electronic communications and in accordance with this policy:
  - a. Shall be counted as present at the meeting;
  - b. Is counted for quorum purposes; and
  - c. May vote at the meeting.

- F. Members will notify the State Health Commissioner's Administrative Assistant (Administrative Assistant) that the Member wants to participate electronically at least seven (7) days before the meeting. The Administrative Assistant will consider requests to participate electronically made less than seven (7) days in advance of a meeting in case of emergencies. The Administrative Assistant may reject a Member's request for electronic participation if four (4) Members have not confirmed physical attendance.
- G. Votes of the ISDH Executive Board shall be taken through roll call when a Member or Members are participating by electronic communications.

Dr. Martin indicated that he felt that being on a Board or Commission was a commitment and that face-to-face meetings were far more productive than electronic meetings. Dr. Tharp agreed.

Dr. Adams stated that with the General Assembly concluding this year's session more work will be taking place at ISDH with new rules and regulations to be developed and implemented. This means all of these new regulations will be coming to the Board for preliminary and final approval. Keeping that in mind, he also shared the feeling that on-site ISDH staff understand the constraints of driving 2 to 3 hours for a brief meeting and in those cases, the electronic meeting capability will be a good thing, but nothing takes the place of a face-to-face meeting.

Kelly stated that the policy is not set in stone and the Board can change it at any time if attendance issues arise.

Ms. Goff asked for additional comments from the Board, staff and public. Hearing none she entertained a motion for approval. On a motion made by Dr. Tharp, seconded by Suellyn Sorensen and passed unanimously, the Board approved the ISDH Executive Board Electronic Communications Meeting Policy.

### **Legislative Update**

Trent Fox, Director, Office of Legislative Affairs, reported on the just concluded legislative session. The Governor's Five Pillars:

- Cultivate a strong and diverse economy by growing Indiana as a magnet for jobs
- Create a 20 year plan to fund roads and bridges
- Develop a 21<sup>st</sup> century skilled and ready workforce
- Attack the drug epidemic
- Deliver great government service

The Pillar that affects the ISDH the most is the attack on the drug epidemic. The Governor has proposed:

- Creation of a position of executive director for substance abuse prevention, treatment and enforcement within the governor's office.
- Limit the amount of controlled substances prescriptions and refills
- Local authority to establish syringe exchange programs
- Enhance penalties for those who commit pharmacy robberies

**HEA 1438** which established the syringe exchange program. The bill allows a county or municipality to approve the operation of a syringe exchange program. The current method of implementing a program will still exist.

Dr. Marks asked if the Board members could get a contact name and phone number at the ISDH and bullet points listing some of the FAQs on the opioid problem in the state.

**SEA 226** limits the amount of an opioid prescription a prescriber may issue for an adult who is a first-time patient or for a child. Exceptions can be certain scenarios such as treatment of cancer, palliative care, treatment of substance use disorder, and the professional judgment exception. If professional judgment is utilized to prescribe for more than a seven-day supply, it must be documented.

**HEA 1654** will be effective July 1, 2017. The bill adds two members to the commission to combat drug abuse. One member will be appointed by the Governor and the Executive Director of the Indiana Housing and Community Development Authority (IHCDA). It specifies that one of the members is the vice chairperson of the commission whose duties are determined by the chairperson.

This bill will also look to the IHCDA to provide a housing environment for rehabilitated drug abusers so they are not pushed back into the same environment where their drug addiction began and to provide a conducive housing environment to further distance the drug user from the habit.

**HEA 1336** is the ISDH agency bill and was effective upon passage. This bill repeals the expiration provision of the Office of Minority Health; repeals the expiration provision of the Birth Problems Registry; changes from 5 to 15 days the embargo provision for food that is believed to be dangerous; provides that certain personal information is confidential for an individual filing a complaint under certain food safety laws; and expands access under the Hearing Aid Assistance Fund

### **Public Health Accreditation Update**

Eden Bezy, Director, Office of Public Health Performance Management (OPHPM) provided an update on the work being done by ISDH staff to ready the agency for this lengthy process which is a voluntary effort through which state, local, and tribal health departments' performance is measured against a set of nationally recognized evidenced-based performance measures. Ultimately, the process seeks to advance quality and performance within public health departments. According to the Public Health Advisory Board (PHAB), after a year of being accredited, 95 percent of health departments believe that accreditation stimulated quality and performance improvement opportunities, allowed the health department to better identify strengths and weaknesses, improved management processes, and stimulated greater accountability and transparency within the health department.

Eden reported that OPHPM has been busy behind the scenes preparing the agency to apply for accreditation, working to ensure we meet and have multiple examples for 32 standards, with more than 100 measures, in 12 domains covering topics from all 10 essential public health services. Currently, OPHPM is convening a large group of stakeholders to author the State Health Assessment, a major component of meeting accreditation standards.

The major components of the accreditation plan are:

- State Health Assessment
- State Health Improvement Plan
- Agency Strategic Plan
- Quality Improvement Plan
- Workforce Development Plan

Eden stated that all pieces of the plan need to be redeveloped and updated before submission can begin.

Dr. Marks asked if there were standards for the governing body (Executive Board). Eden shared the following website so the Board members can see for themselves what OPHPM will need to provide for accreditation to take place.

[www.PHABoard.org](http://www.PHABoard.org) Dr. Martin asked if an update on this process could be made a permanent agenda item for the Board.

## **Office of Minority Health Update**

Antoniette Holt, Director, Office of Minority Health provided an update on Division activities. Dr. Adams reported that Antoniette also serves as the President of the National Association of State Offices of Minority Health.

Antoniette stated that 17% of Indiana's population is ethnic minorities. Some of the partners she and her staff work with are:

- Office of Minority Health (state and national)
- Indiana Minority Health Coalition
- Minority Health Initiative
- Interagency State Council on Black and Minority Health
- Minority Health Partners
- Department of Health and Human Services (CDC, SAMHSA, CDC, CMS, FDA, AHRQ)
- National Association of State Offices of Minority Health
- Social Organizations (NAACP, LACA, AARP)

She also highlighted some of the programs and projects she and her staff partner with:

- Internal Department Partnerships
- INShape Indiana Black and Minority Health Fair
- Indiana Latino Expo
- Minority Health Initiative
- EMPOWERED (Enhancing Minority Partnership Opportunities Working To Eliminate Disparities)
- Department of Health and Human Services – Region V Office of Minority Health
- National Association of State Offices of Minority Health
- Minority Health Partnerships (External partners)
- Annual Minority Health Conference
- Minority Epidemiology (State Master Minority Health Epidemiology Plan)
- Region V Health Equity Board
- Cultural Competency Training

She reported that the ISDH is planning the 31<sup>st</sup> Annual INShape Indiana Black and Minority Health Fair set for July 13-16, 2017 in Halls J & K at the Indiana Convention Center. The theme this year is “YOUR TICKET TO HEALTHY LIVING” and will offer participants \$2000 in free health screenings plus many, many educational opportunities and resources for all types of health-related issues.

This year Indiana Black Expo is offering free admission on all days and it is our hope that this brings in many more people to take advantage of the screenings offered.

The Health Fair is sponsored by several community partners, Eli Lilly, Community Health Network, Eskenazi Health, IU Health and Anthem to name a few. The Health Fair is always well received and during the 2016 Health Fair over 15,000 people took advantage of the Health Fair in some way.

Dr. Adams noted that Antoniette and her staff comprise the smallest Office of Minority Health in the United States, but they are successful. He urged the Board members to check out the Health Fair or volunteer during the Health Fair.

### **Distribution**

Ms. Goff 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**

Ms. Goff asked if the Board, staff and public had any other comments.

Dr. Martin had inquired about the regulation of dental grills at the November 9, 2016 Executive Board meeting. He had a conversation with James Miller, DDS, Director, Oral Health Division and after much research and discussion has determined there is not much of a chance to change the practices by which these appliances are ordered or maintained.

Hearing no additional comments from the Board, staff and public, Ms. Goff adjourned the meeting at 11:15 am. The next meeting is scheduled for July 12, 2017.