

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

May 22, 2019

(changed from original May 8, 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 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:

Brenda Goff, HFA (Chair)
Stephen Tharp, MD (Vice Chair)
Robin Marks, DVM
Joanne Martin, DrPH, RN, FAAN
Richard Martin, DDS
Holly Robinson, MD
Suellen Sorensen, PharmD, BCPS
Patricia Spence, PE
Kristina M. Box, MD, FACOG, Secretary

Members attending via telephone:

Naveed Chowhan, MD, FACP, MBA

Members not attending:

Blake Dye
Tony Stewart, MBA, FACHE, HFA

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

Eldon Whetstone, Assistant Commissioner, Health and Human Services
Matthew W. Foster, Assistant Commissioner/Special Counsel, Consumer Services & Health Care Regulation
Kelly MacKinnon, Office of Legal Affairs
Christopher Kulik, Office of Legal Affairs
Julie Tront, Office of Legal Affairs
Amy Kent, Director, Legislative Affairs
Hilari Sautbine, State Registrar
Karen Greuter, Maternal and Child Health
Marsha Wetzel, Maternal and Child Health
Mary Evers, Maternal and Child Health
Brenda Buroker, RN, Long-Term Care

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 April 3, 2019 Executive Board meeting. Hearing none, she entertained a motion for approval. On a motion made by Dr. Stephen Tharp, seconded by Dr. Robin Marks and passed by majority roll call vote, the Board approved the minutes as presented.

OFFICIAL BUSINESS OF THE STATE DEPARTMENT OF HEALTH

Ms. Goff asked all Board members to introduce themselves since Holly Robinson, MD is a new Board member.

Dr. Box provided an update on the new emergency communication platform. There are two components: 1) EMResources, which is a state-wide communications platform supporting emergency response information sharing and resource coordination; and 2) eICS, which provides individual facilities with emergency communications capabilities and tools for managing preparedness and response activities.

Dr. Box reported there is a pilot project using WIC clinics that will be implemented in July to increase the number of children being tested for lead.

She also stated that the ISDH & FSSA submitted a Social Impact Partnerships to Pay for Results Act (SIPRA) Grant Application to the Department of the Treasury in April 2019. This grant, if awarded, would allow the expansion of the Nurse-Family Partnership for first-time, Medicaid-eligible mothers, a population with poorer birth outcomes (i.e. preterm birth rates) compared to the general population.

Health and Human Services Commission

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

Eldon Whetstone, Assistant Commissioner, Health and Human Services Commission presented the Perinatal Hospital Services (Levels of Care) Rule 410 IAC 39 to the Board for final adoption. The proposed rule would establish a program regarding perinatal hospital and birth center services and the certification of levels of care for birth centers, obstetric units, neonatal units, and perinatal centers, including transport rules. The Notice of Intent to Adopt a Rule was published in the *Indiana Register* on October 3, 2018 starting the one-year period to adopt this rule. The Executive Board reviewed the proposed draft at the November 28, 2018 Executive Board meeting. A second draft of the rule was presented to the Executive Board at the April 3, 2019 meeting. After that presentation, the ISDH held a second public hearing on a version of the rule that was similar to what was presented to the Executive Board at the April 3, 2019 meeting. The ISDH has made some changes to the rule based on public comment. The ISDH received a significant number of comments, so there are two versions of the summary of comments and agency response documents for the first public hearing. Those documents contain the same information, but are presented differently. One version is presented by topic and one is presented by commenter. There is also a summary of comments and agency response for comments from the second public hearing. Staff recommended the Board approve the Perinatal Hospital Services (Levels of Care) Rule 410 IAC 39 for final adoption.

Ms. Goff asked for comments from the Board, staff and/or public. Joanne Martin asked for clarification about the maternal-fetal medicine (MFM) specialists being on-site. Dr. Box and Karen Greuter, MCH both responded that it was never the intent for the MFM specialists to be on-site at all times but could consult by phone or telemedicine. Hearing no other comments, Ms. Goff entertained a motion for final adoption. On a motion made by Dr. Richard Martin, seconded by Dr. Stephen Tharp and passed unanimously by roll call vote, the Board approved the Perinatal Hospital Services (Levels of Care) Rule 410 IAC 39 for final adoption.

Consumer Services and Health Care Regulation Commission

Adoption of Emergency Certificate of Need Rule

Matt Foster, Assistant Commissioner, Consumer Services and Health Care Regulation Commission presented the Certificate of Need Rule for Emergency Adoption. The proposed emergency rule will establish the requirements for the certificate of need program for comprehensive care beds (long-term care facilities) set forth in IC 16-29.7. The ISDH must accept applications for certificates of need beginning July 1, 2019. The ISDH must have rules in place for the applications, specifically, IC 16-29-7-14 requires ISDH to promulgate emergency rules to establish the points system for the application process. The ISDH is working on permanent rules for the certificate of need program, but need emergency rules in place to implement it as required while those rules are pending. Staff recommended the Board approve the certificate of need rule for emergency adoption.

Ms. Goff asked for comments from the Board, staff and/or public. Suellyn Sorenson asked about the goal and Matt Foster responded the goal is quality of care for patient bed census. There was also discussion about staffing. Hearing no other comments, she entertained a motion for emergency adoption. On a motion made by Joanne Martin, seconded by Patricia Spence and passed by majority roll call vote with one vote not in favor, the Board approved the certificate of need rule for emergency adoption.

OTHER

Legislative Update

Amy Kent, Director, Legislative Affairs provided an update on ISDH bills:

HEA 1004 – Governor Holcomb’s School Safety Bill

- Implements some of the recommendations from Governor Holcomb’s school safety report commissioned last year to address the security needs of schools.
- The mental health components of the bill were taken out, including ISDH’s proposal to offer every high school in the state the opportunity to participate in the CDC’s Youth Risk Behavior Survey to collect statewide and local data on health-related risks impacting our youth.
- SEA 325 passed with language allowing schools to apply for grants (secured school fund) to establish a student and parent support service plan to support parents caring for at-risk students. DOE and DMHA will establish the grant program.
- A process for a teacher or school employee to notify a school official to contact a student's parent if the student demonstrates a repeated pattern of aberrant or abnormal behavior and hold a conference with the student and the student's parent. The conference must address the student's potential need for and benefit from:
 - (i) school based treatment services; or
 - (ii) treatment services provided by an outside professional care provider that is contracted and paid for by the school corporation
- Requires process for written parental consent, confidentiality of any medical records that result from a student's participation in any treatment, and prohibits the school from sharing any reports or information from school based treatment services with other school officials or keeping information in the student's permanent educational file

HEA 1007 – Governor Holcomb’s Infant Mortality Bill

- Establishes the OB Navigator program to engage more expecting mothers in early prenatal care and connect them to wrap around services and home visiting programs in their community
- Connect pregnant women to community health worker to walk beside her during pregnancy and through the infants’ first year of life
- Also requires health care providers to use a verbal screening tool to assess all pregnant patients for alcohol and substance use disorder as early as possible in prenatal care and ongoing screenings throughout pregnancy
- Help identify pregnant women with substance use disorder earlier in pregnancy and refer them to treatment, reduce the prevalence of NAS

SEA 228 – ISDH Public Health Bill

- Permits ISDH to share immunization data with the CDC so that the state can participate in future technical assistance and funding opportunities
- Allows ISDH to improve our public health surveillance and response by updating the list of reportable communicable diseases and birth problems in a more efficient manner outside of the rulemaking process.
- Amends the State Health Commissioner’s standing order authority for immunizations to include other medical professionals, such as paramedics and registered nurses. It also allows for the Commissioner to issue local standing orders, as well as statewide, and sets out minimum requirements for what has to be included in a standing order (expiration date, who it applies to, etc)

HEA 1545 – ISDH Vital Records Update Bill

- Cleans up some outdated vital records statutes, many of which haven’t been updated since the 1990s.
- Establishes a process for submitting paper records in the event that the electronic system is unavailable for more than 48 hours.
- Updates statute to allow for the electronic record maintained in the birth or death registry to serve as the permanent record so that local health departments do not have to retain and store paper documents.
- Adds safeguards and requirements for data protection for researchers requesting vital records data. (does not apply to genealogists)
- The bill also helps ISDH support local health departments by allowing the agency to issue guidance to locals about interpreting vital records laws.

HEA 1486 – Septic System Technology

- Requires ISDH to establish a Technical Review Panel to review and approve new septic system products for both residential and commercial use (Technology New to Indiana)
- The panel is made up of technical experts and includes a local health department representative

SEA 278 – Fetal Infant Mortality Review Teams

- Allows hospitals or local health departments to establish fetal infant mortality review (FIMR) teams
- Although we already have some local/regional teams operating, the biggest barrier they face is the difficulty in gathering the documentation needed to conduct a review
- This bill provides access to records from coroners, hospitals, emergency personnel, and others, as well as adds protections for FIMR team members.

SEA 632 - Radon in Schools

- Requires ISDH to provide guidance to schools on testing for radon
- ISDH’s Environmental Public Health Division already works with school on indoor air quality issues and recently added the EPA’s recommendations on radon to our guidance document.

SEA 41 – Newborn screening

- Adds Krabbe, Pompe, and MPS1 (Hurler's) to the newborn screening panel beginning July 1, 2020
- Working with IPQIC Genomics Committee on implementation

Long-Term Care Update

Brenda Buroker, RN, Director, Division of Long-Term Care provided an update on long-term care surveys. Currently there are 547 long-term care facilities, 191 freestanding residential facilities and 154 non-freestanding residential facilities. In 2018, 34 long-term care facilities were deficiency free; 42 freestanding residential facilities were deficiency free; and 5 non-freestanding residential facilities were deficiency free. In 2017, new regulations and a new long-term care survey process was implemented. In 2018, the average number of deficiencies in annual surveys was 7.4 in Indiana and 7.3 nationally. Thus far in 2019, the average number of deficiencies in annual surveys is 7.09 in Indiana and 6.59 nationally. The top 10 deficiencies have remained the same for the past two years both in Indiana and nationally, i.e. free of accident hazards, infection prevention and control, dietary sanitation, treatment and services to prevent pressure ulcers and free from unnecessary psychotropic drugs to name a few. Abuse is not in the top ten but is in the top 25. The primary abuse tag in the federal regulations states the resident has the right to be free from abuse. In 2018, in both abuse surveys and complaints, abuse was cited 56 times and in 2019 abuse was cited 16 times. Immediate jeopardy citations for pressure ulcers, free from accident hazards, significant medical error and dialysis care were cited 12 times in 2019, 56 times in 2018 and 48 times in 2017.

Ms. Buroker also reported that complaints are received from unlicensed assisted living facilities. In 2019, seven complaints were received with five substantiated. In 2018, 11 complaints were received with six substantiated.

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 11:30 am. The next meeting is scheduled for July 10, 2019. This date is subject to changed based on the rule promulgation timelines.