



GOVERNOR'S PUBLIC HEALTH COMMISSION

Public Comments Summary

Number of Comments: 105

Timeframe: March 10, 2022 – April 13, 2022

No. of Comments	Topic	Summary
75	Opposition to expansion of public health authority and mandates	<p>There were 75 respondents who all voiced opposition to the expansion of public health and its ability to create laws, policies, or mandates regarding the health of IN residents. These respondents recommended:</p> <ul style="list-style-type: none"> • Allowing medical providers to advise and manage the care of their patients, not public health departments • Allowing public health departments to only make recommendations on issues such as water safety, implementation of safety inspections, ensure restaurants are providing service in a healthy and sanitary manner, and leading a healthy life • Limiting data collection and sharing of health information through Electronic Medical Records (EMRs)
7	Other	<ul style="list-style-type: none"> • One respondent commented on the urgency and critical need to address issues such as obesity, tobacco use, food insecurity, and other determinants of health that lead to increased healthcare costs and poor workforce performance • One respondent commented on the problematic process of credentialing healthcare providers within IN that allows private insurers to set their own credentialing and enrollment rules, leading to significant increases in provider enrollment time, creating reduced access to care for patients, and a reduction in anticipated revenue. • One respondent opposes SB 250 • One respondent recommends combining primary and specialty care services, dental, mental health, and eye health/optometry under a single agency focused on improving long term health outcomes • One respondent discussed the outdated and difficult prior authorization process currently in place for members to access physical therapy treatment and suggested updating this process so that more Medicaid members have timely access to care • One respondent commented on the many benefits of collaborations between public health and public safety agencies to address a variety of public health issues, and gave multiple examples of the successes of this partnership. This respondent strongly

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		<p>recommends mimicking this model throughout the state and advocates for increased funding for these types of programs</p> <ul style="list-style-type: none"> • One respondent advocated for providing feminine products in women’s bathrooms to better serve women working in public health
4	Public health funding	<ul style="list-style-type: none"> • One respondent requested increased funding for local health officers to adequately support their work in the county, and increased funding and resources for mental health organizations/programs across the state • One respondent inquired about funding for research for people with long-term COVID symptoms • Two respondents commented on the limitations and difficulty of grant funding opportunities through the state. One respondent discussed the difficulty of state funding/grant cycles that are only offered at specific times a year when community needs may not yet be known. The respondent recommended that IDOH consider a general public health fund for community projects that community members could apply for when needed, instead of waiting for a particular grant cycle. The other respondent noted difficulties with the grant process, including the significant time required to complete, reporting requirements, inconsistency of the grant application process, unclear funding guidelines and regulations, and strict requirements on use of funds. The respondent recommended streamlining the grant application process to make application procedures as simple and consistent as possible.
3	Workforce	<ul style="list-style-type: none"> • One respondent from a County Board of Health commented on the following issues: difficulty of recruiting and retaining health officers in the county with appropriate public health training/background; having an outdated list of professions eligible to serve on boards of health (recommended adding an MPH or DrPH be added to the list); and increasing the use of virtual/remote staff across public health departments to help improve recruitment and retention, especially in rural/remote counties • One respondent recommended the following regarding the public health workforce: increasing pay for front line healthcare staff, reducing university tuition costs for students entering healthcare fields, and improving patient/staff ratios so that staff can deliver safe and appropriate care to patients • One respondent recommends increased pay for state employees

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2	Health equity	<ul style="list-style-type: none">Two respondents from the St. Joseph Community Health Foundation commented on the importance of increasing access to care and promoting health equity by investing in people and communities of color, vulnerable populations, and marginalized communities. They emphasized the importance of working with organizations who have relationships with the people and communities they serve, represent diverse populations, and speak the language of those they serve. They requested increased funding for public health workers to support their collaborations with the local health department, which have been critical to supporting local programs in their community.
1	Governance/infrastructure	<ul style="list-style-type: none">One respondent commented on the importance of improving health equity, reducing health disparities, and increasing access to care through improved public health infrastructure
1	Public health support	<ul style="list-style-type: none">One respondent commented on the many things that the local and state health departments did to support schools throughout the pandemic, including, but not limited to: providing ongoing and consistent advice and support, support for a variety of infectious diseases, immunizations, and supporting the health needs of immigrant families new to the US