

MINUTES OF THE MEETING OF THE
INDIANA DEPARTMENT OF HEALTH
EXECUTIVE BOARD
May 14, 2025

The in-person and virtual (Microsoft Teams) meeting of the Executive Board of the Indiana Department of Health (IDOH) was called to order at 10:32 am in the Robert O. Yoho Executive Board Room of the IDOH building by Dr. Stephen Tharp, Chairperson. The following Board members were present for all or part of the meeting:

Amelia Clark, DrPH, MA
Brenda Goff, HFA
Robin Marks, DVM, JD
Joanne Martin, DrPH, RN, FAAN
Rex McKinney, FACHE (virtual)
Dan Cutshaw, PE
Holly Robinson, MD
Suellyn Sorensen, PharmD, BCPS
Armando Soto Rojas, DDS (virtual)
Matthew Sprunger, MD (virtual)
Stephen Tharp, MD (Chair)
Troy Weirick, MD (virtual)
Lindsay Weaver, MD, FACEP (Secretary)

The following staff members were present for all or part of the meeting (in-person or via teams):

Guy Crowder, MD, MPHTM, Chief Medical Officer
Rachel Swartwood, Director, Legislative and External Affairs
Lee Green, Senior Medical Entomologist
Jamie Smith, MS, MPH, Director, Family Health Data & Fatality Prevention
Kelly MacKinnon, JD, Office of Legal Affairs
Megan Lavender, Office of Legal Affairs

Guests:

Laura Brown, Indiana Hospital Association

Call to Order

Dr. Stephen Tharp, Chair, stated that a quorum was present. He then called the meeting to order at 10:32 am. He asked if Board members had any known conflicts of interest to declare. Hearing none he proceeded with the meeting.

Minutes

Dr. Tharp asked for discussion and/or corrections to the minutes of the January 8, 2025, Executive Board meeting. Hearing none, he entertained a motion for approval. On a motion made by Dr. Amelia Clark, seconded by Brenda Goff and passed by majority roll call vote of in-person and virtual attendees, the Board approved the minutes as presented.

OFFICIAL BUSINESS OF THE INDIANA DEPARTMENT OF HEALTH

Secretary's Report

Dr. Weaver reported that the HFI funding which was previously allocated for \$150M per year has been decreased to \$40M per year. Even though the funding has been decreased, the silver linings are the partnerships between local health departments, hospitals and other stakeholders as a result of the HFI funding. A lot of data is being collected to confirm the success of the HFI funding. Governor Braun signed Executive Orders focusing on "Make Indiana Healthy Again (MIHA)" and the IDOH is working with local health departments, staff and stakeholders. Dr. Weaver also reported that due to the Federal budget cuts the IDOH had to eliminate several contractor positions. Joanne Martin asked about WIC funding. Dr. Weaver stated at this time there is no change in that funding. Dr. Matthew Sprunger stated that in the next budget session there needs to be clear data showing the economic impact (return on investment) to help legislators understand the value.

Consumer Services & Health Care Regulation Commission

Hospital Costs – Amenda Rules 410 IAC 15-1.3-3, 410 IAC 16.2-3.1-2, and 410 IAC 16.2-5-1.1 for Discussion

Megan Lavender, Chief Counsel for Advisory, Office of Legal Affairs. Presented the Civil Penalties Administrative Rule for discussion. The IDOH is proposing to add language that will clarify the factors it will utilize to set a specific dollar amount in an individual case with sufficient certainty. These factors are being added to 410 IAC 15-1.3-3 for hospitals, 410 IAC 16.2-3.1-2 for comprehensive care facilities, and 410 IAC 16.2-5-1.1 for residential facilities. All three of these rules already contain a "not to exceed" amount for civil penalties that the department may assess, but the addition of the factors will help these entities better understand the factors taken into account for any future penalties. This change is intended to address a state statutory requirement outlined in IC 4-22-2-19.6 for fines, fees and penalties.

The four factors being added are:

- 1) potential for harm or imminent threat to patient health
- 2) extent of deviation from statutory or regulatory requirements
- 3) degree of willfulness, and
- 4) history of non-compliance

The IDOH is also proposing to remove subsections (d) through (h) of the current Rule 410 IAC 15-1.3-3. Because the section of the code IC 4-21.5 applies to this section, IDOH has no need to convene a panel

to review an order issued by an administrative law judge. This will conform the rule to the operational procedures of the IDOH.

Laboratory Services Commission

Laboratory Fees Rule for Discussion (new article)

Lixia Liu, PhD, MD(ASCP)D(ABMM), Assistant Commissioner and State Laboratory Director, presented the proposed State Health Laboratory Fees Administrative Rule for discussion. The IDOH is proposing the addition of Article 42 to 410 IAC. There is not currently an article in 410 IAC that is directly related to the State Health Laboratory, so the creation of a new article is needed to carry the proposed fee language.

Four new sections are being added to Rule 1 of Article 42. Sections 1 and 2 are definitions related to the IDOH and the Lab. Section 3 requires fees to be based on Medicare and Medicaid reimbursement rates for clinical tests. Fees for non-clinical tests must be based on the cost of the test, including staff time, equipment, consumables, mailing, transport, and the depreciation of equipment. A reduced fee can be charged to local health departments. Section 4 allows fees for certain drinking water certifications. The fees vary between in-state and out-of-state laboratory certifications.

Dr. Liu specified that the funds will be used for lab equipment upgrades, staffing and other needed testing supplies.

Other

Legislative Update

Rachel Swartwood, Director of Legislative and External Affairs provided a legislative update. She also stated that the Site of Service (Health Care Billing) Rule 410 IAC 42 that was presented to the Board for discussion at the January 8, 2025, meeting will not be presented again because it was put into statute.

[HEA 1457 – Indiana Department of Health](#)

- Author: Representative Barrett
- Sponsor: Senator Charbonneau
- Overview
 - *Stillbirth Certificates*: requires medical professionals to begin certification for stillbirths. (Division Impacted: Vital Records)
 - *Data Sharing with FSSA*: allows data sharing between FSSA and IDOH for fatality review teams to ensure accurate analysis of deaths that occur in Indiana. (Division Impacted: Family Health Data and Fatality Review)
 - *Maternal Mortality Review Committee (MMRC)*: removes the sunset date (Division Impacted: Family Health Data and Fatality Review).

HEA 1052 – Onsite Sewage Systems

- Author: Representative Pressel
- Sponsor: Senator Niemeyer
- Overview
 - Requires the Indiana department of health to adopt, revise, update, or repeal rules concerning residential onsite sewage systems by July 1, 2026.
 - Requires the Indiana department of health to adopt, revise, update, or repeal rules concerning non-residential onsite sewage systems by January 1, 2027.
 - Removes IDOH's vote on the Technical Review Panel/New Technology to Indiana Panel, However, IDOH will still serve as chair.
 - The TRP cannot approve a local ordinance until after the IDOH administrative is updated. Additionally, any ordinance approved after January 1, 2025 is void.
- Division(s) Impacted: Environmental Public Health, Local Health Services

HEA 1148 – Confidentiality of Birth and Stillbirth Records

- Author: Representative Porter
- Sponsor: Senator Becker
- Overview
 - Pushes back the date when birth and stillbirth certificates become public records from 75 to 99 years.
- Division(s) Impacted
 - Vital Records, Local Health Services

HEA 1577 – Mobile Retail Food Establishment Licenses

- Author: Representative King
- Sponsor: Senator Johnson
- Overview
 - Creates a new statewide licensing system for mobile retail food establishments in Indiana.
 - IDOH is tasked to create a work group to establish uniform standards for licensing, inspecting, and operating food trucks across the state.
 - Beginning January 1, 2027, all mobile food establishments must obtain a statewide license through local health departments, which will also handle inspections and fee collection.
 - Local health departments will issue the licenses, perform inspections at least twice a year, and collect a combined annual fee of \$450 per establishment (\$200 remains with the local health department to support inspection activities, and \$250 must be remitted to IDOH)
- Division Impacted: Food Protection

HEA 1666 – Ownership of Health Care Providers

- Author: Representative McGuire
- Sponsor: Senator Johnson
- Overview
 - IDOH will work with the Secretary of State and Indiana Department of Insurance to develop and implement a plan to collect the following information: name of each person/entity with ownership interest of at least 5% or any ownership interest if a practitioner in a hospital, business addresses of those persons/entities, their business websites, and any identification numbers, and annually publish a report on IDOH's website concerning the information.
- Division(s) Impacted: Office of the Commissioner; ODA; Acute & Continuing Care

SEA 118 – 340B Drug Program Report

- Author: Senator Charbonneau
- Sponsor: Representative Barrett
- Overview:
 - Establishes new reporting and transparency requirements for 340B covered entities participating in the federal 340B Drug Pricing Program.
 - Beginning in 2026, 340B covered entities, such as hospitals and health centers, must submit detailed annual reports to IDOH regarding their 340B program participation.
 - These reports must include information such as acquisition costs, payments received, claims volume, savings usage, and charity care expenditures.
 - IDOH is tasked with aggregating the collected data into an annual report, which must be submitted to the Legislative Council and posted publicly.
- Division Impacted: Consumer & Health Care Regulation Commission

Division of Family Health Data and Fatality Prevention Update

Jamie Smith, MS, MPH, Director, presented an update on the Division of Family Health Data and Fatality Prevention (DFP). Fatality review is a process where multidisciplinary teams examine the circumstances surrounding a death to identify systemic issues and develop recommendations to prevent future similar deaths, focusing on understanding patterns rather than assigning blame to individuals involved. The purpose of fatality review is prevention. DFP has been called in to mentor other states. DFP reviews the following types of deaths: maternal mortalities (80 per year), fetal and infant mortalities (500 per year), child fatalities (300 per year), and suicide and overdoses fatalities in adults (2,000 to 3,000 per year). She provided an overview of the review process. The review process results provide lessons learned from the losses to stop similar deaths from happening.

There is a partnership between law enforcement, schools, and mental health providers entitled: Handle with Care (HWC). The HWC program aims to ensure that children who are exposed to crime, violence, or abuse receive appropriate interventions so they can succeed in school to the best of their ability. The HWC program is in 31 Indiana counties (64 school districts). As of March 2025, 728 cases have been reported to the IDOH.

Some of DFP's goals for 2025/2026 are:

- Continue to find new ways to look at and link data and then share it with communities
- Assess the quality of infant safe sleep education at hospitals, document the variation in quality

- Handle with Care Program
 - More counties added
 - Emergency Department pilot
 - Child care center pilot
 - Statewide notification system
- Stillbirth Awareness Campaign
 - Count the Kicks Statewide

Vector-Borne Disease Update

Lee Green, Senior Medical Entomologist, Vector-Borne and Zoonotic Disease Program, presented an update on vector-borne diseases. IDOH has expanded tick surveillance to determine the distribution of medically important ticks, determine what pathogens ticks in Indiana are carrying, and determine the level of infectivity of pathogens in ticks in Indiana. Tick-borne diseases are on the rise due to several factors: reforestation, increase in deer and other hosts, increase in tick populations and distribution, urban sprawl, increase in tick-borne pathogens, and increase in tick species. There is currently a pilot project in Brown County focusing on Alpha-gal Syndrome. In 2017, ticks of medical importance in Indiana were: American Dog Tick, Brown Dog Tick (Rocky Mountain Spotted Fever), Blacklegged Tick (Lyme Disease), and Lone Star Tick. In 2025, two more species of ticks have been added to the list of medically important: Gulf Coast Tick and Asian Longhorned Tick (does not require a mate to reproduce). Lee stated that a tick must be attached at least 48 hours for disease exposure. Lee provided an overview of the Tick Dashboard and the Mosquito-borne Illness Dashboard on the IDOH website.

Distribution

Dr. Tharp thanked staff for the professional new hire and separation reports and summary of final orders.

Adjournment

Dr. Tharp asked for any other business to come before the Board. Hearing no additional comments from the Board, staff and/or public, he adjourned the meeting at 11:57 am. The next meeting is scheduled for July 9, 2025, at the IDOH building.