

MINUTES OF THE MEETING OF THE
INDIANA STATE DEPARTMENT OF HEALTH
EXECUTIVE BOARD
May 9, 2018

The meeting of the Executive Board of the Indiana State Department of Health (ISDH) was called to order at 10:00 am in the Robert O. Yoho Board Room of the ISDH building by Stephen Tharp, Vice Chairperson. The following Board members were present for all or part of the meeting:

Brenda Goff, HFA (Chair) (via phone)
John Gustaitis, MD (via phone)
Joanne Martin, DrPH, RN, FAAN
Richard Martin, DDS
Suellyn Sorensen, PharmD, BCPS
Patricia Spence, PE (via phone)
Tony Stewart, MBA, FACHE, HFA (via phone)
Stephen Tharp, MD (Vice Chair)

Members not attending:

Blake Dye
Naveed Chowhan, MD, FACP, MBA
Robin Marks, DVM
Kristina Box, MD, FACOG (Secretary)

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

Trent Fox, Chief of Staff
Judy Lovchik, Assistant Commissioner, Public Health Protection and Laboratory Services
Eldon Whetstone, Interim Assistant Commissioner, Health and Human Services
Amy Kent, Director, Office of Legislative Affairs
Eric Hawkins, Director, Epidemiology Resource Center
Matt Foster, Director, Acute Care Division
Martha Allen, Director, Maternal and Child Health
Samantha Lo, Maternal and Child Health
Judith Magaldi, Asthma Program
Eden Bezy, Director, Office of Public Health Performance Management
Antoniette Holt, Director, Office of Minority Health
Kelly MacKinnon, Office of Legal Affairs
Hilari Sautbine, Office of Legal Affairs
Rebecca Brelage, Office of Legal Affairs
Topher Anderson, Governor's Fellow

Guests:

Patti Stauffer, Planned Parenthood of Indiana & Kentucky
Andy VanZee, Indiana Hospital Association

Call to Order

Stephen Tharp, MD, Vice Chairperson stated that a quorum was present and called the meeting to order at 10:00 am. He then 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 March 14, 2018 Executive Board meeting. Hearing none he entertained a motion for approval. On a motion made by Joanne Martin, seconded by Dr. Richard Martin and passed unanimously by roll call vote, the Board approved the minutes as presented.

Official Business of the State Department of Health

Legislative Update – Impact on Rules

Amy Kent, Director, Office of Legislative Affairs provided an update on 2018 legislation that will impact rules to come before the Executive Board:

Rules in Process

Newborn Screening

- House Enrolled Act 1017
- Update Indiana's newborn screening panel to include severe combined immunodeficiency disease (SCID) and spinal muscular atrophy (SMA), increases the screening fee from \$90 to \$100, changes the time period for specimen collection (from 48 to 24 hours after birth), and
- Public Hearing Scheduled for June 15
- Emergency Rule filed by July 1 – voted on at January Executive Board meeting

HBOT Veteran Pilot

- Senate Enrolled Act 96
- A few updates from previous proposed rule, removes requirement that the incident causing PTSD/TBI have occurred within 12 months (must be documented by licensed physician), allows for up to 5 providers to be selected representing geographic regions across the state, expands pilot to June 30, 2020.
- Public Hearing Scheduled for June 13

Drafting

Abortion Clinic Licensing

- Senate Enrolled Act 404 (2017) and Senate Enrolled Act 340 (2018), required by January 1, 2019

Certificate of Need

- Senate Enrolled Act 190
- Replacing nursing home moratorium – expires July 1, 2019
- Also requires Emergency Rules
- To implement a certificate of need program, including a system for the submission of public comments, an application point system, and a reasonable fee for filing an application

Levels of Care

- Senate Enrolled Act 360
- Requires ISDH to certify perinatal levels of care (obstetrical and neonatal) for Indiana hospitals and birthing centers.
- IPQIC, ACOG, and AAP feedback

Properties Contaminated by Drug (Meth) Labs

- House Enrolled Act 1120
- Transfer rules from IDEM to ISDH
- Workgroup with local health departments and qualified inspectors to review existing rules

Health and Human Services Commission

Discussion on Abortion Clinic Licensing Rule

Trent Fox, Chief of Staff, reported that SEA 404 (2017) and SEA 340 (2018) will be rolled into one package. They both require informed consent brochures but the requirements are slightly different. Trent noted that a challenge to the law has been filed however the ISDH is proceeding based on requirements as they currently stand.

Discussion on Perinatal Levels of Care Rule

Eldon Whetstone, Interim Assistant Commissioner, Health and Human Services Commission reported that SEA 360 requires the ISDH to ensure that every mother and baby are delivered at and cared for at the right place at the right time based on their level of care needs. The guiding principles include: achieve the best outcomes for mothers and babies; comply but not exceed AAP and ACOG National Standards; and all standards must be grounded in solid evidence. The Indiana Perinatal Quality Improvement Council completed a voluntary hospital gap analysis in June, 2017. Legislative authority to certify levels of care designations at all Indiana birthing hospitals and birth centers will be in place July, 2018. The highest levels of care hospitals are designated at III and IV.

Other

Perinatal Substance Use Update

Martha Allen, Director, Maternal and Child Health Division provided an update on Perinatal Substance Use. Data collection includes the number of cord samples sent for prenatal positive screens, the number the cord samples positive for drug exposure, substances identified and reported as state rates, and data collection conducted to determine state prevalence rates. Results from 2017 positivity testing from 21 hospitals and 2,938 cords tested indicate that opiates and cannabinoids have the highest percentage. Findings from the hospital pilot include: drugs of choice varies depending on location, comorbidities can affect the outcomes, lack of treatment programs for mothers, interruption in care when a referral is made, support services are needed during and after pregnancy, and need to change the culture of providers and pregnant women. What we should continue or do differently: continue to foster innovation and best practices, identify new programs that have the potential to be game changers in our infant mortality reduction efforts, collaborate to address the opioid epidemic because opioids make every health complication worse, and identify what we can individually and collectively do to make a difference for Indiana's newborns.

Black and Minority Health Fair Update

Antoniette Holt, Director, Office of Health Disparities and Minority Wellness reported the 2018 Black and Minority Health Fair will be July 19 to 22 in Hall F at the Indiana Convention Center. This year's theme is Invest in Your Health. Thursday, July 19 is the Senior night and ISDH partners with FSSA to transport senior citizens who have no means of

transportation to and from the Health Fair so they can receive the free services offered which include but are not limited to: creatinine screening, PSA screening, blood sugar screening, A1C screening, cholesterol screening and sickle cell screening. Ms. Holt encouraged the Executive Board members to visit the Health Fair and consider volunteer opportunities. The Health Fair hours of operation are as follows:

Thursday, July 19 – 4 to 8 pm

Friday, July 20 – 1 to 7 pm

Saturday, July 21 – 10 am to 8 pm

Sunday, July 22 – 12 to 6 pm

Hepatitis A Update

Eric Hawkins, Director, Epidemiology Resource Center provided an update on the Hepatitis A outbreak both nationwide and in Indiana. Since November 2017, the ISDH has identified an increase of hepatitis A cases in southern Indiana, many of which are tied to a large outbreak in Louisville, Kentucky. Indiana has an average of 20 cases of hepatitis A per year. Cases have been confirmed in several counties, with the majority being reported in Clark and Floyd counties. The genotype of two of these cases matches that of ongoing outbreaks in Arizona, Kentucky, California, Michigan and Utah. Transmission is presumed to occur person-to-person and through injection drug use; no commercial food product has been identified as being contaminated. Based on current information, populations who are homeless, transient or incarcerated or use illicit drugs are considered at increased risk of exposure to hepatitis A. If you or someone you know is believed to have been exposed to hepatitis A or are homeless, use injection or non-injection drugs, were recently incarcerated, or had contact with someone who has hepatitis A, please contact your health care provider about hepatitis A vaccine. To reduce the risk of hepatitis A transmission, people who have not received two doses of hepatitis A vaccine may ask their healthcare provider for protection. Additionally, always wash your hands with soap and warm water after going to the bathroom, after changing diapers, and before preparing meals for yourself and others. The ISDH website at <https://www.in.gov/isdh/27791.htm> contains the most current info for Indiana.

Accreditation Update

Eden Bezy, Director, Office of Public Health Performance Management reported the domain team is currently collecting the necessary documents for submission with the application. The ISDH is close to releasing the health assessment and state strategic plan. Additional updates will be provided as the process progresses.

Distribution

Dr. Tharp thanked staff for the Professional new Hire and Separation Reports, Summary of Final Orders and Consent Decrees, and Variance Waiver Approvals.

Adjourn

Hearing no additional comments from the Board, staff and public, Dr. Tharp adjourned the meeting at 11:03 am. The next meeting is scheduled for July 11, 2018.