

MINUTES OF THE MEETING OF THE
INDIANA STATE DEPARTMENT OF HEALTH
EXECUTIVE BOARD
January 9, 2019

The meeting of the Executive Board of the Indiana State Department of Health (ISDH) was called to order at 10:05 am in the Robert O. Yoho Board Room of the ISDH building by Dr. Stephen Tharp, Vice Chair. The following Board members were present for all or part of the meeting:

Naveed Chowhan, MD, FACP, MBA (via phone)
Blake Dye (via phone)
Robin Marks, DVM
Joanne Martin, DrPH, RN, FAAN
Richard Martin, DDS
Patricia Spence, PE
Stephen Tharp, MD (Vice Chair)

Members not attending:

Brenda Goff, HFA (Chair)
John Gustaitis, MD
Suellyn Sorensen, PharmD, BCPS
Tony Stewart, MBA, FACHE, HFA
Kristina Box, MD, FACOG (Secretary)

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

Pam Pontones, Deputy State Health Commissioner/State Epidemiologist
Trent Fox, Chief of Staff
Melissa Collier, MD, MPH, Chief Medical Officer
Matt Foster, Assistant Commissioner, Consumer Services & Health Care Regulation
Eric Hawkins, Director, Epidemiology Resource Center
Lee Christenson, Director, Emergency Preparedness
Mohan Ambaty, Director, Office of Technology Compliance
Harold Gil, Epidemiology Resource Center
Preston Black, Director, Office of Public Affairs
Kelly MacKinnon, Office of Legal Affairs
Chris Kulik, Office of Legal Affairs
Andreea Lorincz, Office of Legal Affairs
Manda Clevenger, Office of Legal Affairs

Guest:

Andy VanZee, Indiana Hospital Association

Call to Order

Dr. Stephen Tharp, Vice Chair stated that a quorum was present and called the meeting to order at 10:05 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 November 28, 2018 (changed from November 14 due to Labor of Love Summit) 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 by majority roll call vote, the Board approved the minutes as presented. Patricia Spence abstained from this vote.

Official Business of the State Department of Health

Secretary's Report

Trent Fox, Chief of Staff, stated that Dr. Box could not attend as she is presenting before the Senate Health Committee at this time. He announced that Dennis Stover, Director, HIV/STD/Viral Hepatitis has retired. He also announced that Aaron Atwell, CFO has accepted a position with the State Budget Agency but will be assisting the ISDH with budget matters during the legislative session.

Consumer Services and Health Care Regulation Commission

Discussion of Amendments to the Abortion Clinics Rule (410 IAC 26) and the addition of Abortion Clinics Performing Drug Induced Abortions (410 IAC 26.5)

Matt Foster, Assistant Commissioner, Consumer Services and Health Care Regulation Commission presented amendments to the Abortion Clinics Rule 410 IAC 26 and addition of Abortion Clinics Performing Drug Induced Abortions Rule 410 IAC 26.5 for discussion and 90-day emergency adoption. Mr. Foster explained that the purpose of these two rules is to separate abortion clinics that perform drug induced abortions and those performing actual surgical procedures. In 2017, the Indiana General Assembly passed SEA 404 which requires the ISDH to update its abortion clinic licensure rules. ISDH was required to include provisions to:

- Separate rules for clinics offering surgical and abortion inducing drugs
- Add procedures to monitor patients after the administration of anesthesia
- Add procedures for follow-up care for patient complications
- Add a requirement for the provision of informed consent brochures
- Add a requirement for the provision of a hotline telephone number for cases of suspected coerced abortion or sex trafficking
- Require training of clinic staff by law enforcement to help identify and assist women who are coerced into abortions or victims of sex trafficking
- Require documentation of patient signature in patient medical records
- Establish procedures for clinics implementing a plan of correction and for the ISDH if the clinic fails to follow the plan of correction

In 2018, the Indiana General Assembly required the ISDH to make additional changes:

- Updating information required to be provided in an application for licensure
- For drug induced abortions, to have physicians provide manufacturers instruction sheets and patient agreement forms to patients for signature with the provider retaining a copy
- Technical corrections, i.e. update outdated regulations, etc.

The ISDH submitted a moratorium exception request to the Office of Management and Budget on December 7, 2018 and is waiting for approval.

Dr. Tharp asked what constitutes a clinic. Mr. Foster stated that a facility is considered an abortion clinic if five or less abortions are performed per year. Robin Marks stated there are differences in the informed consent sections in the rules. Kelly MacKinnon Office of Legal Affairs, stated they will double check this language for consistency.

Staff recommended the Board approve both rules for 90-day emergency adoption.

Dr. Tharp asked for additional comments from the Board, staff and/or public on amendments to the Abortion Clinic Rule 410 IAC 26. Hearing none, he entertained a motion for 90-day emergency adoption. On a motion made by Dr. Richard Martin, seconded by Patricia Spence and passed unanimously by roll call vote, the Board approved the amendments to the Abortion Clinic Rule 410 IAC 26 for 90-day emergency adoption.

Dr. Tharp then asked for additional comments from the Board, staff and/or public on amendments to the Rule to Regulate Abortion Clinics Performing Drug Induced Abortions Rule 410 IAC 26. Hearing none, he entertained a motion for 90-day emergency adoption. On a motion made by Patricia Spence, seconded by Robin Marks and passed unanimously by roll call vote, the Board approved the amendments to the Rule to Regulate Abortion Clinics Performing Drug Induced Abortions for 90-day emergency adoption.

Epidemiology Resource Center

Final Adoption of Amendments to Electronic Reporting of Emergency Department Visit Abstract Data by Hospitals Rule 410 IAC 1-2.4.

Eric Hawkins, Director, Epidemiology Resource Center, presented Electronic Reporting of Emergency Department Visit Abstract Data by Hospitals Rule 410 IAC 1-2.4 for final adoption. The amendments to this rule will update the definition of Health Level 7; provide a requirement that hospitals provide notice of the system being offline if planned, add additional data fields required to be reported by hospitals, and repeals 410 IAC 1-2.4-11. A draft version was presented to the Board on March 14, 2018. The Notice of Intent to Adopt a Rule was published in the *Indiana Register* on July 11, 2018, starting the one-year period to adopt this rule. No changes have been made to the rule since the proposed rule was posted in the *Indiana Register* on October 17, 2018. Mr. Hawkins introduced Harold Gil, ERC Informatics, to provide specifics and answer questions. Mr. Gil stated that the ISDH worked closely with the Indiana Hospital Association on the amendments. The ISDH collects emergency department data from 123 hospitals for the purpose of patient symptom and diagnosis trends. ISDH uses this data to identify changes in drug and opioid overdose data and the state provides local health departments with data to recognize county-level alert patterns.

Dr. Tharp asked for comments from the Board, staff and/or public on the amendments. Hearing none, he entertained a motion for final adoption. On a motion made by Joanne Martin, seconded by Dr. Robin Marks and passed unanimously by roll call vote, the Board approved the amendments to Electronic Reporting of Emergency Department Visit Abstract Data by Hospitals Rule 410 IAC 1-2.4 for final adoption.

Hepatitis A Update

Eric Hawkins, Director, Epidemiology Resource Center, reported that as of January 4, 861 cases of Hepatitis A have been reported in Indiana. 42% of these cases are females with a median age of 36 years. 50% reported illicit drug use, 2% were homeless, 16% were associated with a correctional facility, and 29% have a history of Hepatitis C. To date, 412 cases or 47.9% have required hospitalization. Two deaths have been reported. He also reported that 104,543 doses of vaccine have been administered state-wide by public and private entities while 2,074 doses have been administered by an ISDH Strike Team. The ISDH is working closely with hospital emergency departments, federally qualified health centers, and community health centers, to provide vaccines to administer to patients that have risk factors. Currently the ISDH is developing a digital marketing campaign to provide education about Hepatitis A and to promote vaccinations. The Marion County Public Health Department is working with EMS providers to make vaccines available when they make runs.

Other

Emergency Communications Update

Lee Christenson, Director, Emergency Preparedness, 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.

Update on National Electronic Disease Surveillance System (NEDSS) Net Based system (NBS)

Mohan Ambaty, Director, Office of Technology and Compliance (OTC) provided an update on the NEDSS NBS. There were two systems identified – MARVEN system is utilized by 12 states with upfront costs of \$2 million and \$400 thousand for maintenance fees; and the CDC – NBS with no upfront charges. This system will aid in the management of reportable disease data. The ISDH chose the CDC – NBS integrated information system. This system aids local, state and territorial public health departments to manage reportable disease data and send notifiable disease data to CDC. Reporting jurisdictions with a NEDSS-compatible information system is designed to transfer epidemiologic, laboratory and clinical data efficiently and securely over the Internet. The NBS system provides a tool to support the public health investigation workflow and to process, analyze and share disease-related health information. To date 22 health departments (19 states, Washington, D.C., Guam, and the U.S. Virgin Islands) use the NBS to manage public health investigations and transfer general communicable disease surveillance data to CDC.

The NBS went live on January 1, 2019 and five systems have been combined, STD, TB, HIV, INEDSS (Infectious Disease Epidemiology), and DREX (Disease Repository Exchange). Lead will be added in 2019.

The benefits of this system include:

- Reduction in communicable disease reporting time
- Increase in the number of laboratory reports received by public health
- Improved communication among local, state and federal public health staff delivering the right information to the right person at the right time
- Ability to push data entry back to the source to reduce reporting time and data transcription errors while improving data quality
- Reduction in paper-based reporting, and
- Robust reporting module

Dr. Tharp announced this is the last meeting for Dr. John Gustaitis and Dr. Richard Martin. They are retiring and did not want their terms renewed. He thanked them both for their service.

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/or public, Dr. Tharp adjourned the meeting at 11:35 am. The next meeting is scheduled for March 13, 2019.