

MINUTES OF THE MEETING OF THE
INDIANA STATE DEPARTMENT OF HEALTH
EXECUTIVE BOARD
March 14, 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 Brenda Goff, Chairperson. The following Board members were present for all or part of the meeting:

Blake Dye
Naveed Chowhan, MD, FACP, MBA (via phone)
Brenda Goff, HFA (Chair)
Robin Marks, DVM
Joanne Martin, DrPH, RN, FAAN
Richard Martin, DDS
Suellyn Sorensen, PharmD, BCPS
Patricia Spence, PE
Tony Stewart, MBA, FACHE, HFA (via phone)
Stephen Tharp, MD (Vice Chair)

Members not attending:

Kristina Box, MD, FACOG (Secretary)
John Gustaitis, MD

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

Trent Fox, Chief of Staff
Jeni O'Malley, Deputy Chief of Staff
Judy Lovchik, Assistant Commissioner, Public Health Protection and Laboratory Services
Miranda Spitznagle, Director, Tobacco Cessation and Prevention
Lee Christenson, Director, Division of Emergency Preparedness
Kayley Dotson, Epidemiology Resource Center
Kaitlin Rupp, Tobacco Cessation and Prevention
Manda Clevenger, Office of Legal Affairs
Kelly MacKinnon, Office of Legal Affairs

Guests:

Heather Johnson, Planned Parenthood of Indiana & Kentucky
Andy VanZee, Indiana Hospital Association

Call to Order

Brenda Goff, Chairperson stated that a quorum was present and called the meeting to order at 10:00 am. 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 January 10, 2018 Executive Board meeting. Hearing none she entertained a motion for approval. On a motion made by Joanne Martin, seconded by Blake Dye and passed unanimously by roll call vote, the Board approved the minutes as presented.

Official Business of the State Department of Health

Secretary's Report

Trent Fox, Chief of Staff, provided the Secretary's Report. Dr. Box is attending an ASTHO meeting in Washington, DC. He reported the 20+ year old Vital Records System is being upgraded. The Board will hear more specifics at a future meeting.

Epidemiology Resource Center

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

Kayley Dotson, Overdose Surveillance Systems Epidemiologist, Epidemiology Resource Center, presented information on amendments to Electronic Reporting of Emergency Department Visit Abstract Data by Hospitals Rule 410 IAC 1-2.4 for discussion. The ISDH is authorized by administrative code (IC 16-19-10-8) to collect data relating to symptoms and health syndromes from outbreaks or suspected outbreaks of diseases that may be a danger to public health. The Electronic Reporting of Emergency Department Visit Abstract Data by Hospitals Rule defines: 1) who must submit data; 2) what data they must submit; and 3) and how they must submit data, to satisfy syndromic surveillance reporting in Indiana. The current rule, promulgated in 2005, is outdated regarding all data elements that must be submitted per federal mandate.

The proposed rule does the following:

- Amends the definition of Health Level 7 (HL7) to include language that the hospitals must use the criteria for electronic submission set by the Centers for Medicare and Medicaid Services (CMS) to replace language that referred to outdated versions of the system.
- Adds seven new variables to the data reporting requirements (discharge diagnosis, date and time of discharge, discharge disposition, patient race, patient ethnicity, triage notes, and patient care location name or unique identifier).
- Adds a one-week required notice of when hospitals need to inform ISDH they will be updating their syndromic surveillance feed to prepare and minimize downtime.
- Repeals the incorporation by reference section to remove outdated references to the old versions of HL7.

The proposed rule modifies reporting requirements based on CMS Meaningful Use (MU) recommendations.

This proposed change to the rule is intended to keep Indiana's law aligned with the most up-to-date federal guidelines while also increasing data quality to the ISDH to help determine if an outbreak needs to be investigated. This proposed rule will create a standard length of time needed to inform ISDH prior to updating a syndromic surveillance feed to minimize, if not eliminate, any downtime of their system. This will also not only supplement communicable disease surveillance but it will also help with overdose surveillance which is a big driver of these proposed changes.

Public Health Protection and Laboratory Services Commission

Emergency Adoption of Rule to Update Elevated Blood Lead Levels - Rule 410 IAC 29

Judy Lovchik, PhD, Assistant Commissioner for Public Health Protection and Laboratory Services presented amendments to Rule 410 IAC 29 Elevated Blood Lead Levels for emergency adoption. The ISDH Lead and Healthy Homes Division requests the Board adopt an emergency rule amendment to the Reporting, Monitoring and Preventive Procedures for Lead Poisoning Rule 410 IAC 29 to update the standard for an elevated blood lead level from 10 ug/dL to 5 ug/dL. The emergency rule will go into effect when it is filed with the *Indiana Register*. The proposed emergency rule amendment will bring the current rule into compliance with CDC guidelines and will be in line with current medical findings regarding the dangers of lead in blood to children and pregnant women. The ISDH is seeking this emergency rule while continuing to make the changes permanent through the regular rulemaking process. The ISDH plans to wait to file this emergency rule until the local health departments have time to appropriately plan for and provide staffing to cover the increased workload, but does not want to wait until the July Executive Board meeting in case the local health departments are ready before then. This emergency rule will be effective for 90-days after it is filed with the *Indiana Register* with the possibility of a 90-day extension.

Ms. Goff asked for comments from the Board, staff and public. Joanne Martin inquired about case management and Paul Krievins responded it is handled by the local health departments. Patricia Spence asked about the main source of the lead contamination and Dr. Lovchik responded it was mostly lead-based paint in older homes but there is some old lead pipes in homes as well. Hearing no other comments, Ms. Goff entertained a motion for approval. On a motion made by Suellyn Sorensen, seconded by Patricia Spence and passed unanimously by roll call vote, the Board approved the amendments to Rule 410 IAC 29 Reporting, Monitoring and Preventive Procedures for Lead Poisoning Rule for emergency adoption.

Other

Latest News on E-cigarettes

Miranda Spitznagle, Director, Tobacco Cessation and Prevention provided an update on E-Cigarettes. The definition of an E-cigarette is a battery powered device that heats a liquid to produce an aerosol that users inhale which usually contains nicotine, flavoring and other additives. She also stated that E-cigarettes are the most commonly used tobacco product among Indiana youth. Miranda noted that in 2016, 4 in 10 middle school tobacco users and over half of high school tobacco users used two or more products. Flavored tobacco products were popular among high school users.

Nicotine is highly addictive and found in E-cigarettes. Nicotine exposure during adolescence can cause addiction and harm in brain development. Miranda also stated nicotine in e-liquids can cause accidental poisoning, especially among children, concluding the use of products containing nicotine in any form among youth, including e-cigarettes, is unsafe. E-cigarettes also contain carcinogens or cancer causing substances including formaldehyde, acetaldehyde, acrolein, chromium and nickel with no safe level of exposure being determined at this time.

Highlights from the National Academies of Sciences, Engineering, and Medicine (January, 2018) are:

- While E-cigarettes are not without health risks, they are likely to be far less harmful than combustible tobacco cigarettes
- E-cigarettes contain fewer numbers and lower levels of toxic substances than conventional cigarettes.
- The long-term health effects of E-cigarettes are not yet clear.
- Using E-cigarettes may help adults who smoke combustible tobacco cigarettes quit smoking, but more research is needed.
- Among youth, E-cigarette use increases the risk of initiating smoking combustible tobacco cigarettes.

The marketing tools used for these devices also targets the young teenage population by using themes and flavors that appeal to the younger generation. Social media is also used heavily in marketing E-cigarettes as well as celebrity endorsements and sponsorships.

Miranda stated that E-cigarettes are not proven to help people quit tobacco. Most adults who use E-cigarettes continue to use other tobacco products, including cigarettes.

The bottom line is:

- E-cigarette aerosol is not harmless. It can contain several harmful chemicals.
- Nicotine in E-cigarettes and other tobacco products can cause addiction and harm brain development among teens.
- Use of products containing nicotine, including E-cigarettes, among youth is unsafe.
- E-cigarettes are marketed in ways that target teens.
- E-cigarette use may increase the risk of using other tobacco products.
- E-cigarettes are not proven to help people quit tobacco.

Upcoming Events

Jeni O'Malley, Deputy Chief of Staff and Director, Office of Public Affairs provided information on many upcoming ISDH events:

March 21: Public Health Leadership Symposium at Ritz Charles in Carmel.

- First chance for Dr. Box to meet many of these local health partners
- Agenda includes sessions on local health departments and how to handle meth labs, lead program updates, ISDH work to use syndromic surveillance to monitor for drug overdose, as well as immunization and legislative updates and other topics.

April 5: ISDH is also planning to mark National Public Health Week, which runs the week of April 2, with a public health open house in the Indiana Government Center South Atrium on Thursday, April 5. This event will run from 10 am to 2 pm and will feature a lot of ISDH divisions showcasing the work done to protect Hoosiers.

May 9-10: Public Health Nurse Conference will be held at 502 East Event Center in Carmel.

- Breakouts: Immunizations, lead, communicable diseases, Harm reduction, grant writing, infant mortality
- Mental Health first-aid day-long workshop to help train nurses on how to help someone experiencing a mental health or substance use-related crisis. Teaches risk factors and warning signs for mental health and addiction concerns, strategies for how to help
- Requested Deputy Surgeon General Sylvia Trent-Adams as speaker, as she's a nurse.

August 13: ISDH will be sponsoring first responders day at the Indiana State Fair. ISDH hasn't been involved with the fair for quite some time, so a one-day sponsorship will allow us to bring many of our divisions out to showcase ways we help Hoosiers. We have formed a committee to plan some interactive displays to encourage attendees to stop by and learn more about what we do.

August 14: Planning is also under way for our second annual opioid conference. Last year's conference focused on partnerships between public safety and public health and drew about 275 registrants. This year, we are focused on community solutions and are looking to broaden the scope to include more partners. We hope to have a venue set in the next week and have begun identifying potential speakers and topics.

November 14: 6th Annual Labor of Love Infant Mortality Summit will be held at the JW Marriott. Historically, we have focused on the infants. But when we looked at 2016 data, we noted that 46.4 percent of deaths were related to perinatal risks. Since we know that one of the best ways to establish a healthy pregnancy is to have healthy mothers, we decided to put a special emphasis on the moms this year in hopes of getting in front of the issue.

Flood Disaster Assistance Update

Lee Christenson, Director, Division of Emergency Preparedness, provided an updated on the recent Flood Disaster Assistance.

Situation:

From approximately February 15 to 25, 2018 snowmelt and torrential rain lead to severe flooding in northern and southern parts of the state. The severity of the flooding prompted a Disaster Declaration by Executive Order of the Governor, expanding state agencies ability to mobilize resources to provide direct support to the public, and the state to petition the federal government for support.

Disaster Assistance Centers:

As part of the state's response, the Indiana Department of Homeland Security led the effort to establish Disaster Assistance Centers (DAC) in the hardest hit locations. These centers serve as a single, central point where those impacted by the disaster go to receive a wide range of services to aid in their recovery efforts.

Participating organizations and services include:

- Bureau of Motor Vehicles – Replacement of ID's, titles, registrations, license plates
- Board of Animal Health – Animal health support
- Dept. of Agriculture – Field debris removal, assessment, mapping, documentation
- Dept. of Insurance – Interpretation and replacement of lost insurance policies
- Dept. of Workforce Development – Apply for unemployment and Work One information
- Family and Social Services Admin. – Assistance with SNAP, HIP and mental health support
- Indiana Dept. of Homeland Security – Damage assessment support
- Indiana Housing and Community Development Agency – Hotel vouchers, assistance with short term housing, referrals for housing
- Indiana State Department of Health – Tdap immunizations, replacement of lost birth certificates, cleanup and mold education, free water testing for private wells
- Red Cross – Snacks, water, emergency supplies, cleanup supplies
- Salvation Army – Food, water, emergency supplies, support information

Northern DAC's:

The week of March 5, 2018 three DAC's were established in the northern part of the state. One center operated daily, March 5 to 10, 2018 at the Elkhart County Health Department. Another center operated from Polk Elementary School in Lake Station, Lake County, and was open on March 5, 7 & 9, 2018. The third center operated from the DeMotte Town Hall in DeMotte, Jasper County, and was open on March 6, 8 & 10, 2018.

Services provided by the ISDH during these three operations are provided in the following table:

	3/5/18	3/6/18	3/7/18	3/8/18	3/9/18	3/10/18
	Lake Station	DeMotte	Lake Station	DeMotte	Lake Station	DeMotte
Tdap Vaccine	5	8	11	5	19	12
Birth Certificates	2	1	7	1	7	0
Cleanup/Mold Consultation	5	20	22	7	25	2
Water Test Kits	0	18	1	1	0	0
	Elkhart	Elkhart	Elkhart	Elkhart	Elkhart	Elkhart
Tdap Vaccine	11	10	12	7	10	6
Birth Certificates	22	17	24	6	6	3
Cleanup/Mold Consultation	21	27	20	29	31	16
Water Test Kits	1	3	5	1	11	7
Total ISDH Services	67	104	102	57	109	46

Southern DAC's:

One DAC will operate in the Utica Town Hall in Jeffersonville, Clark County on March 15, 16 & 17, 2018.

Legislative Update

Trent Fox, Chief of Staff gave the Legislative update. Amy Kent, Director, Legislative Affairs was at a legislative meeting. ISDH carried three bills on our agenda this session as follows:

Senate Enrolled Act (SEA) 360

- Governor Holcomb signed into law Senate Enrolled Act 360, which establishes Perinatal Levels of Care for Indiana hospitals and birthing centers.
- This new law will help ensure that women deliver their babies at risk-appropriate facilities so that both mothers and babies receive the right care in the right setting.
- Indiana is currently 42nd in the nation for infant mortality, with a rate of 7.5 (deaths per 1,000 live births).
- States that have adopted uniform levels of care have lower infant mortality rates and experience better outcomes for both mothers and babies.

House Enrolled Act (HEA) 1120

- Transfers powers, duties, and rules for illegal drug manufacturing/meth lab decontamination from the Indiana Department of Environmental Management to ISDH.
- ISDH's Environmental Public Health Division assumed responsibility over the program through an MOU with IDEM in July 2017.
- The bill is simply codifying the transition so that the program permanently resides with ISDH – certifying qualified inspectors and serving as liaison with local health departments.

SEA 331

- Makes ISDH's Food Protection Division the regulatory authority (as opposed to the FDA) to ensure compliance with the Food Safety Modernization Act's Produce Safety Rule.
- The bill provides statutory authority for ISDH to inspect covered produce farms for compliance with federal regulations.
- Inspections as well as education and outreach efforts are fully funded through federal grants.

Bills that Governor Holcomb made a priority this session, to help the state combat the opioid epidemic:

SEA 139

- Indiana drug overdose deaths are currently underreported, particularly those caused by opioids, largely due to inconsistencies in what toxicology screens coroners perform and how cause of death is coded on death certificates.
- SEA 139 requires coroners to conduct toxicology screens on all suspected overdose deaths, the results of which ISDH will have quick access to.
- Ensures that the screens are all done the same way and that coroners test for the same drugs, so the data is accurate and consistent among all 92 counties.
- Will help Indiana better understand which drugs are being used throughout the state and potentially help us secure federal grants in the future.
- ISDH toxicology pilot program launched last year with 4 counties and has expanded to 13.

SEA 221

- Requires prescribers to check the INSPECT prescription drug monitoring system before prescribing opioids and benzodiazepines.
- Aims to help curb overprescribing and provide physicians an additional tool to identify patients at risk for substance use disorder and allow for early intervention.
- Implementation will occur over a three-year phase-in for all emergency rooms and pain clinics (Jan 2019), hospitals (Jan 2020), and health care providers (Jan 2021).
- Statewide integration of INSPECT in electronic health records has lessened the burden on physicians – information is/will be available in seconds with the click of a button.
- Exception for patients are under a pain management contract - practitioners only have to check once every 90 days.
- Physicians without internet access (EHRs) can request a waiver from the state board of pharmacy.
- Also requires that information on ephedrine, pseudoephedrine, and designated controlled substances be transmitted within 24 hours after medications are dispensed.

At the last meeting, the Executive Board voted on an emergency rule to update Indiana's newborn screening panel in include severe combined immunodeficiency disease (SCID) and spinal muscular atrophy (SMA). There was also corresponding legislation this session to add these conditions to the newborn screening statute:

HEA 1017

- Adds SCID and SMA to Indiana's newborn screening panel.
- Identifying these conditions will allow for early intervention for children born with these conditions before symptoms arise.
- Treatment is available for both conditions, but time is of the essence for the treatment to be most effective.

Distribution

Ms. Goff 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, Ms. Goff adjourned the meeting at 11:35 am. The next meeting is scheduled for May 9, 2018.