

MEETING MINUTES
Governor's Health Workforce Council
Thursday, December 6th, 1:00pm-2:00pm
Indiana Government Center South,
Conference Room 4+5

Members Present:

- **Chairman Fred Payne**, *Commissioner*, Indiana Department of Workforce Development
- **Representative Cynthia Kirchhofer**, *Representative*, Indiana House of Representatives, Chair of Public Health Committee
- **Hannah Maxey** *Assistant Professor and Director*, Bowen Center for Health Workforce Research and Policy
- **Phil Morphew**, *Chief Executive Officer*, Indiana Primary Health Care Association
- **Ken Sauer**, *Senior Associate Commissioner and Chief Academic Officer*, Indiana Commission for Higher Education
- **Brian Tabor**, *President*, Indiana Hospital Association
- **Allison Taylor** (for **Jennifer Walthall**), *Secretary*, Indiana Family Social Services Administration

Members Not Present:

- **Kristina Box**, *Commissioner*, Indiana State Department of Health
- **Ben Carter**, *Director of Workforce and Innovation*, Indiana Department of Education
- **Senator Ed Charbonneau**, *Senator*, Indiana Senate, Chair of Health and Provider Services
- **Deborah Frye**, *Executive Director*, Professional Licensing Agency
- **Logan Harrison**, *Director of State Affairs*, Anthem, Inc.
- **Don Kelso**, *Executive Director*, Indiana Rural Health Association
- **Jim McClelland**, *Executive Director for Drug Prevention, Treatment, and Enforcement*, State of Indiana

Welcome

Commissioner Fred Payne calls the meeting to order at 1:04 pm.

Approval of Minutes from Meeting on August 28th, 2018

Commissioner Fred Payne asks for a motion to approve the previous meeting minutes, which were distributed in advance of the Council meeting. Sauer makes a motion to approve the minutes. Representative Kirchhofer seconds this motion. All members approve. No opposition. Motion carries.

Workgroup Updates

Chairman Payne states that an update on the loan repayment program workgroup will occur at a later date.

Community Health Worker (CHW) Workgroup

Judy Hasselkus, Chair of the CHW Workgroup, provides an overview of the work since the Council's adoption of the recommendations at the August meeting. Included in these

recommendations were identifying the Indiana State Department of Health as providing regulatory oversight. Since adoption of these recommendations, the workgroup has met one additional time. At that meeting, Indiana State Department of Health Commissioner Dr. Kristina Box provided an update to the Workgroup on agency initiatives and the role of the Workgroup moving forward. Their agency is moving forward as in developing plans for regulating the CCHW (certified CHW) workforce. At that time, Dr. Box requested the group to provide more specific recommendations relative to grandfathering as her team is working with FSSA and PLA to establish a registry, using the registry for Certified Nurse Aides (CNA) as a model. Additionally, they requested deliverables informing what needs to be on an application as well as the information the registry should maintain.

No additional questions from Council members.

Update on Occupational Licensing Policy Learning Consortia

Chairman Payne states that the Council continues to support Indiana's participation in the Occupational Licensing Policy Learning Consortium. The Consortium recently held a multi-state meeting where all participating states met to learn from each other. Maxey was able to attend and provides an overview of that meeting and the Core Team's work thus far.

Maxey shares that Indiana was highlighted numerous times during the meeting for the work that has been done to inform health workforce related initiatives. In particular, the recent study on CNA pathways was of particular interest, as states are interested in using licensing data to identify and describe career pathways. Maxey states there were many learning opportunities for licensure compacts. There were national experts of states whom have implemented or who decided not to implement compacts. Additionally, there were many sessions on sunrise review processes (or how states respond to introducing regulation to previously unregulated occupations). Many states reported what their formalized processes looked like, some of which were targeted and others broad.

Maxey shares that the Core Team determined that the overall vision for Indiana's participation in this initiative remained unchanged: "to establish a formal process for a periodic and systematic review of occupational or professional licensing statute to ensure an optimal balance between quality and safety assurance in a competitive labor market environment in the health sector." The goals for Indiana's participation include: 1) to review the previously identified occupations and determine any barriers on enhancing workforce mobility and to explore best practices and 2) generate a recommendation to achieve the vision.

Maxey reminds Council members that in the August Council meeting, it was requested that Indiana be provided an opportunity to learn more about licensure compacts. In response, Indiana is hosting a Licensure Compacts Learning Lab next week, where experts from the partner organizations (National Conference of State Legislatures, Council of State Governments, National Governors Association) and compact representatives will come to provide an overview and engage in discussions with stakeholders. All Council members are invited and encouraged to attend.

- Tabor states that the timing and content of this learning opportunity are ideal. He states that many stakeholder have unanswered questions or misconceptions about the various

compacts. He asks if other states are experiencing challenges or barriers to compacts that Indiana can learn from. Maxey responds that workforce tracking/data management and disciplinary actions were two common themes. She states that each of the compacts to be discussed at the Learning Lab handle these issues differently.

- Sauer asks how many compacts exist in the health sector? Maxey responds that there is also a new psychology compact, as well as a physical therapy compact. Currently, Indiana is not currently engaged for any compacts for health.

Bowen Center policy analyst Courtney Randolph to provide a high-level overview on the research conducted on licensure compacts. The Emergency Medical Services Personnel compact, REPLICA, is a compact where an individual's license is recognized by another state. In this case, an individual could practice under an Indiana license in another REPLICA state. The Nurse Licensure Compact was reviewed in the 2018 summer study committee. This compact allows RNs and LPNs a multi-state license where they obtain one license (with uniform licensing requirements) and can practice in any participating states. Nurses are asked to identify the states they will be practicing in but there are no additional requirements of data collection of practice characteristics. The final compact to be discussed at the Learning Lab is the Interstate Medical Licensure Compact, which was introduced in the 2018 session under Senate Bill 408. This compact offers an expedited licensure process in participating states, but individuals would still be required to obtain separate licenses in each state they work in.

- Barnes asks for additional information on data capacity for the Nurse Licensure Compact, for those nurses that are practicing in multiple states. Maxey replies that the staff of the National Council of State Boards of Nursing replied at the Multi-state Meeting that the Commission (comprised of a representative from each member state) is currently discussing this. They are currently unable to report how many nurses are using the multistate license to practice in multiple states.

Other Business

Maxey provides an overview Bowen Center's annual deliverables and resources that Council members may find useful. Deliverables recently completed include the [Nursing Licensure Survey Data Report](#) and the [Oral Health Licensure Survey Data Report](#). These are the last data reports that include a sample of the full workforce, as providing this information will be mandatory for renewing professionals moving forward. Accompanying the data reports are fact sheets for each profession. The nursing fact sheet will be disseminated late January. One enhancement to the fact sheet is the inclusion of data and policy intersections, or highlighting where data can be used to inform or report on policy initiatives.

- Sauer comments that information on specialty for Advanced Practice Registered Nurses is important for current policy initiatives, and that information can be found within the Data Report. He states that alignment between legislative policy, education pipeline/graduate programs, and employment specialty are important.
- Morpew adds that setting information for APRNs is important to his organization, especially as it relates to those working in outpatient clinics.

Maxey also provides an overview of recent special reports. First is the [telemedicine report](#) that includes physicians that self-reported providing telemedicine services. The report calls attention to the variances in the number of physicians that report providing telemedicine services verses

the number of physicians with a telemedicine certification. The report recommends examining the telemedicine certification to assess how useful it is given the regulations in prescribing.

- Tabor agrees the certification should be assessed. He states that in creating this certification, there may have been some thought that a certification could facilitate a quality assessment, but that is not currently being done.
- Morphew expresses gratitude for the overview of these resources, stating these resources demonstrate how data can be used effectively. He states his organization in particular uses this type of information in grant proposals.

Maxey describes the next special report, an Evaluation of the Mental Health and Addiction Services [Loan Repayment Assistance Program](#) (administered by the Division of Mental Health and Addiction).

Maxey introduces the final special report, which was a quantitative and qualitative review of [Indiana's Addiction Counselors](#).

Maxey also provides updates on the [Bowen Portal](#). Maxey discusses that next steps for the Portal include depict trends data. This would allow for review of trends over time, which would be especially useful in evaluation policies and programs after that go into effect.

Closing & Adjourn

Chairman Payne notifies Council members that 2019 meetings have not yet been scheduled, but Council member should anticipate an email requesting availability for 2019 dates. Before closing, Payne opens the floor for any additional questions, comments, and/or concerns. He thanks the Council for all the work conducted by members throughout the year. He calls the meeting to adjournment at 1:57 pm.