

MEETING MINUTES
Governor's Health Workforce Council
Thursday, February 22, 2018 1:00pm-3:00pm
Indiana Government Center South, Conference Room 4+5

Members Present:

- **Chairman Michael Barnes**, *Associate Chief Operating Officer for Employer Engagement*, Indiana Workforce Development
- **Kristina Box**, *Commissioner*, Indiana State Department of Health
- **Don Kelso**, *Executive Director*, Indiana Rural Health Association
- **Courtney Randolph (for Hannah Maxey)**, *Assistant Professor and Director*, Bowen Center for Health Workforce Research and Policy)
- **Patrick McAlister**, *Director of Policy*, Indiana Department of Education
- **Doug Huntsinger (for Jim McClelland)**, *Executive Director for Drug Prevention, Treatment, and Enforcement*, State of Indiana)
- **Phil Morphew**, *Chief Executive Officer*, Indiana Primary Health Care Association
- **Ken Sauer**, *Senior Associate Commissioner and Chief Academic Officer*, Indiana Commission for Higher Education

Members Not Present:

- **Luke Bosso**, *Senior Operations Director*, Office of Governor Eric Holcomb
- **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.
- **Representative Cynthia Kirchhofer**, *Representative*, Indiana House of Representatives, Chair of Public Health Committee
- **Brian Tabor**, *President*, Indiana Hospital Association
- **Jennifer Walthall**, *Secretary*, Indiana Family Social Services Administration

Invited Guests:

- **Allison Taylor**, **Chair, State Loan Repayment Program Workgroup** (*Director*, Office of Medicaid Policy & Planning)
- **Judy Hasselkus**, **Chair, Community Health Worker Workgroup** (*Program Director, Employer Engagement & Sector Specialist for Health Care, Ag., & Life Science, Department of Workforce Development*)
- **Laura Heinrich**, **Co-Chair, Community Health Worker Workgroup** *Director of Cardiovascular Health and Diabetes*, Indiana State Department of Health

Welcome

Chairman Michael Barnes calls the meeting to order at 1:04pm. A roll call taken.

Approval of Minutes from Meeting on November 17th, 2017

Chairman Barnes states that there will not be a vote on the approval of minutes from the 11/17/17 meeting due to a quorum not being present.

Report Update on the Workgroups

Chairman Barnes reviews the agenda for the meeting. He states that Council members will hear an update from the workgroups and discuss next steps in Indiana's participation in the Occupational Licensing Policy Learning Consortium.

Health Workforce Modernization and Innovation Task Force (HWMI) Workgroup

Chairman Barnes states that this taskforce has not met yet. Deborah Frye will serve as Chair of this workgroup and they will begin meeting after the conclusion of the legislative session.

Community Health Worker (CHW) Workgroup

Chairman Barnes introduces Judy Hasselkus, Co-Chair of the Community Health Worker Workgroup, to provide an update on their work thus far.

Judy Hasselkus states that the Community Health Workgroup has met four times thus far and has provided the Council with a current membership list. She states that she and Co-chair Laura Heinrich, from the Indiana State Department of Health, are providing the Council with the workgroup's current vision statement for the CHW occupation in Indiana, which was voted upon by the workgroup. She states that the workgroup reached a consensus that there is a need for a clear definition of a CHW for Indiana and explains that they are now in the process of trying to establish this definition. In the most recent meeting, occupational regulatory framework was discussed in other states. Next steps for the workgroup include making recommendations for a regulatory framework in Indiana. She also states the workgroup is working closely with the Office of Medicaid Policy and Planning's workgroup that is working to establish Medicaid reimbursement for CHWs in Indiana. Judy Hasselkus asks the Council if they have any feedback or recommendations for the CHW workgroup for future considerations.

Michael Barnes asks Judy Hasselkus if she has a sense of the size of the workforce currently working in those associated CHW roles and she responds that current employment is around 1,300-1,500. She said that data generated by the Department of Workforce Development predicts projected growth in CHW occupations at 13% over the next ten years. She suggests that much of that growth is expected to be seen in physician practices and a variety of arenas where CHW have not previously utilized.

Ken Sauer asks if everyone has a good sense of where CHWs fit into the bigger health care teams or if that is something that still needs to be established and Judy Hasselkus states that the workgroup is still working towards establishing this goal.

Allison Taylor expresses her appreciation to the Council for taking the time to understand and absorb the current discourse surrounding CHWs. She states that there are providers in

communities that have created their own solutions to pressing issues so there are many “health worker type” individuals to help fill gaps. She states that OMPP plans to have their CHW program introduced in summer 2018.

Michael Barnes states that the Department of Workforce Development (DWD) is looking into how CHWs could be utilized as part of an entry point onto a career pathway.

Kristina Box states that obtaining certification should not be economically prohibitive for people who are already serving as CHWs. She also states the importance of standardized training and certification.

State Loan Repayment Program (SLRP) Workgroup

Chairman Michael Barnes introduces Allison Taylor, Chair of the State Loan Repayment Program Workgroup, to provide an update on their work thus far. She states that they have had three meetings thus far and she provided the Council with a current membership list. She describes the work of the SLRP Workgroup thus far, including defining state loan repayment programs and discussing the advantages/disadvantages to federal matching programs, state only funded programs, or a mixed approach. She states that the workgroup discussed which professions may be eligible for a loan repayment program and how to prioritize the professions that were eligible. Allison Taylor states that the workgroup has come to a consensus that individuals with master’s level and above should be eligible for a loan repayment program. She states that the workgroup supports the Governor’s health care initiatives and that they suggest using state health need (such as infant mortality and the opioid crisis) as guiding posts for establishing eligible professions for loan repayment programs.

Allison Taylor states that the workgroup has dissected what thirteen other states are doing with loan repayment programs. She explains that at the last SLRP meeting, the workgroup discussed various state model for financing the loan repayment programs. She explains that when sizing up different opportunities and figuring out how to develop a program, the workgroup considered financial sustainability, political feasibility, administrative feasibility, and potential adverse events for each model. She explains that their next meeting will be dedicated to more discussion on financing. They will also discuss where a SLRP program could be housed for Indiana. Allison Taylor then opens the floor to discussion, asking Council members if they have any feedback or recommendations for the SLRP workgroup.

Ken Sauer asked if clinical nurse specialists were discussed as a possibility of an occupation that would qualify for the loan repayment program. Courtney Randolph replies yes, the occupations considered in the workgroup were those listed as eligible professions from the Health Resources and Services Administration.

Michael Barnes asks Allison Taylor if the workgroup has found a range of awarding amounts in the states. Allison Taylor responds that the maximum award from HRSA is \$1,000,000, and states could elect to apply for any amount up to the maximum. Any additional funding over \$1,000,000 that the state would want to appropriate for the match would be solely at the expense of the state and no match funding would be appropriated.

Michael Barnes asks if any states have done a public/private hybrid program. Courtney Randolph replies that there are states that have engaged in public/private program development. Michigan, for example, has a model where 50% of the funding comes from the federal match, 30% come from the employer and 20% of the funds are appropriated by the state in a line item.

Update on Occupational Licensing Policy Learning Consortium

Chairman Michael Barnes reminds Council members of Indiana's award to participate in the Occupational Licensing Policy Learning Consortium, hosted by three Project Partners: National Governors Association, National Conference of State Legislatures, and the Council of State Governments. Indiana was one of eleven states selected to learn best practices, understand occupational licensure issues, and provide feedback to the governor and legislature on how to enhance licensure portability and remove barriers to entry. Indiana's team went to Tucson, Arizona in December 2017 for the multi-state convening where Indiana heard from national experts and report outs from other states. Indiana is targeting sub-populations that may be particularly affected by any licensure barriers, including veterans and military spouses, economically disadvantaged individuals, and individuals with criminal backgrounds. He states that Indiana elected to review health occupations: CNA, LPN, EMT/Paramedic, and Dental Hygienist.

Report out from Tucson Multi-state Meeting

Chairman Michael Barnes directs Council members' attention to Ken Sauer to report out from the Tucson meeting. Ken Sauer states that in addition to hearing from many national experts as well as states that are leading the way in this work, there was time for each participating state to report out on their work. He states that there were many connections made because of this multi-state meeting. He said that he learned of the Office of State Liaisons in the Department of Defense and as a result, CHE has made contact with an individual there and they intended to make use of the resources they have to offer.

Courtney Randolph adds an important part of the Consortium was being able to hear report outs from other states. Indiana was unique in that we were the only state that selected only health occupations. She states that the health sector has unique policies and considerations in regulation of occupations in this sector.

Status Update on Major Activities

Chairman Michael Barnes reminds the Council that Indiana has a vision for the establishment of a formal process for periodic and systemic review of the licensing statutes to ensure optimum balance between quality safety, insurance, and a competitive labor market in the health sector. This builds upon the Council's recommendation in the 2016 Governor's Health Workforce Council Strategic Plan. He explains that a short-term goal is to generate policy recommendations for the general assembly and the governor. A long-term goal is to develop a systemic process, which periodically reviews occupations under licensing to ensure that they align with dynamic state/population/employer needs. Chairman Barnes directs Council members' attention to the "Indiana Policy Review: Target Health Occupations" document that was prepared by the Bowen Center. He introduces Courtney Randolph, Policy Analyst, at the Bowen Center to provide the background of this document and describe its contents.

Courtney Randolph describes the goals identified in Indiana’s application for participation in the consortia (1. Generate policy recommendations for the General Assembly aimed at i) removing any unnecessary barriers to labor market entry and ii) enhancing portability of licensure for targeted professions; 2. Establish or identify infrastructure to support ongoing review and analysis of licensing policy for all occupations in Indiana). She describes the activities required to achieve these goals, including performing policy review to understand the status/landscape of Indiana’s target occupations.

Considering Expansion of Indiana’s Participation to Focus on Additional Occupations

In this activity, the Core Team’s first step was to consider expanding to include additional occupations. She describes that the first step in conducting this activity was determining if there was high demand or impact in any particular occupation. Indiana established contact with an individual from the Consortia to review data on military separation rates. This allows Indiana to identify what types of military experience/training is received that could transfer to a civilian occupation. Ken Sauer refers to a document located in the members’ folders which provides the count of separating veterans associated with civilian occupations in the health sector. These counts represent the health-related professions that separating service members could fill. Ken Sauer describes that EMT/Paramedic is the highest filled occupation by service members, second highest is Medical Assistant, and the third highest is Dental Assistant. Of these, EMT/Paramedic is the only occupation with associated state regulation for occupational entry (requiring a certificate/license). It was determined that Indiana will only focus on the original four occupations at this time, with intention to expand beyond these occupations once an infrastructure to perform ongoing review of occupations is identified or established.

Identifying Current Initiatives in Indiana Aimed at Reducing Unnecessary Barriers to Occupational Entry

Chairman Barnes describes that cost of training or certification can be a barrier to employment or skilling up. He states that before investing in new strategies to alleviate cost barriers, it is important for the Core Team and Council to identify what initiatives currently exist to address these issues. Chairman Barnes then describes the Governor’s initiative for NextLevel Jobs to subsidize costs of training for the employer or individual. He states that this initiative targets the top six industries in the state and provides training funds for a number of different occupations. It will reimburse employers the cost of training after \$2,500 per employee that is hired, trained, and retained for six months with a cap of \$25,000 per employer. He states that training has to be greater than forty hours and less than fourteen weeks. Funds could be used to pay for the cost of training (which could assist low-income individuals overcome barriers associated with costs of training). This program started in August 2017 and since then, 470 employers have expressed interest. He states \$4.2 million has been obligated thus far, \$2.3 million of which is in the health sector.

Chairman Barnes introduces Courtney Randolph to describe results of policy research on the occupations of interest. Courtney Randolph serves in place of Hannah Maxey, who was unable to attend the Council meeting due to a family emergency. Courtney directs Council members to the “Indiana Policy Review: Targeted Health Occupations” document. The Bowen Center established a framework for a licensing policy review, which included variables associated with workforce demand, training, and licensure. This framework was applied to Indiana’s targeted

occupations (LPN, CNA, EMT/Paramedic, dental hygienist) to review policies in Indiana and contiguous states. This information is presented in the Council meeting today to discuss findings with a larger stakeholder group to obtain perspectives on next steps. Courtney describes that the first step in creating the policy review framework was to identify variables of interest. In order to identify these variables, literature reviews were conducted and resources on occupational licensing policies were reviewed. She provides clarifying definitions of “licensure by endorsement/reciprocity,” stating that this term implies that a state’s policy accepts a license that is earned in another state. The term “licensure by examination” implies that a state requires an individual to complete an exam prior to qualifying for licensure. After establishing this framework and variables, a policy review was conducted. Statute was reviewed for Indiana and contiguous states. The information was synthesized and variances in policies between states were identified. Courtney Randolph then begins to review licensing policies by occupation with the Council, beginning with CNA policies.

Ken Sauer asks how the number of educational and clinical hours required to become a CNA in Indiana compares to the national landscape. Courtney Randolph responds that Kentucky, Ohio and Michigan align with the federal minimum for training (75 hours). Indiana and Illinois both falls slightly above that.

Ken Sauer asks how well CNAs performs on the exams compared to other states. Courtney Randolph states this information was not identified in the policy review. However, there are likely variances in exam by state and lack of standardization would limit comparison between states. Kristina Box responds that the pass rate on the written CNA for first time takers is about 75 percent pass rate. However she states there are variances between training programs and some have pass rates of 100 percent.

Courtney Randolph continues with an overview of Licensed Practical Nurse policies. She explains that Indiana has similar licensure requirements and costs compared to contiguous states. She states that the standard exam source “*National Council Licensure Examination for Practical Nurses.*” Given that the exam source is standardized, exam costs are the same throughout these states. The licensing fee for LPNs in Indiana is \$50 which is less expensive than all of Indiana’s contiguous states.

Courtney Randolph continues with an overview of license administration for this occupation. She states that this profession is regulated by Professional Licensing Agency and that Indiana offers licensure by endorsement for these individuals. She states that Indiana offers expedited license application review for special populations such as veterans and military spouses for all targeted occupations regulated by the Professional Licensing Agency (LPN, dental hygienists).

A Council member asks if the number of veterans and military spouses who are licensed in Indiana within these professions is known. Courtney Randolph states that this is currently not known, but the Professional Licensing Agency is implementing a new strategy to capture this information on all initial licensure applications moving forward.

Courtney Randolph continues by describing that Kentucky and Ohio both offer licensure fee waivers for veterans and military spouses who are seeking licenses as a Licensed Practical

Nurse. She states that Kentucky also waives the continuing education requirements for active duty service members. Michael Barnes asks if Kentucky recognizes the experience as educational credit. Courtney Randolph responds yes, that Kentucky recognizes military experience for educational credit. She continues describing that there is currently no provisions in Indiana to subsidize the cost of training or licensure for low-income or displaced workers for LPN. Michael Barnes asks if the waiver of the continuing education requirements in Kentucky extends to the spouses of active duty military. Courtney Randolph responds that she does not believe that it does, but she will confirm that and respond back to the Council.

Courtney Randolph continues with an overview of Emergency Medical Technician (EMT) and Paramedics. She states that this profession has different levels and each requires different educational, training, and licensing requirements. The National Registry for Emergency Technicians (NREMT) administers written and practical examinations for these professions. She states that Indiana code for education/training for EMTs/paramedics is unclear on the extent to which the NREMT is utilized form examination/testing. She further explains that Administrative Code states that the EMS Commission determines which tests examinations will be honored in order for an individual to apply for a certificate. However, this may be an opportunity to lean on the Indiana Department of Homeland Security (DHS) to provide clarification and participation in the Consortia's work as it relates to this profession. She states that the Bowen Center would be happy to follow up with the DHS to obtain clarification on this. She continues by sharing that Indiana has no cost for certification/licensure of these professions.

Michael Barnes asks if Indiana is able to look into pass rates for national examinations for EMTs. Courtney Randolph responds that the NREMT examination is the entry examination into the EMT/Paramedic workforce for many states. While it is unclear the extent to which Indiana uses the NREMT examinations as the standard entry exam for Indiana licensure, pass rates in Indiana may still be used for comparison for training program evaluation. Currently, the NREMT website reports Indiana is in the lowest quintile for pass rates on first time examinations for both EMTs and Paramedics.

Courtney Randolph continues by stating that review of military separation data confirmed that focusing on EMT/Paramedic workforces are the largest health occupation among this population. Review of Indiana policies demonstrates that Indiana does honor military experience as equivalent training for these workforces. She states that in Illinois and Ohio, the state offers Emergency Medical Services (EMS) Assistance Grants to training providers and employers which can be used to subsidize the cost of training for EMTs/paramedics. In Illinois, their EMS Grant is funded through an appropriation from General Assembly. Ohio's grants are funded through fines collected from seat belt violations.

Michael Barnes asks if the EMS grants cover training costs for both paid and volunteer EMTs/paramedics. Courtney Randolph responds that the grants can be used for both types of workers. She states that the EMS/paramedic workforces are unique in that nationally there is a significant proportion of the workforce that serves on a volunteer basis, typically in rural communities. She states while Indiana does obtain information from surveys conducted in conjunction with license renewal for all licensed health professions regulated by the PLA, the

state does not currently obtain information from EMTs/Paramedic workforces, as they are regulated through a different agency with a different electronic application for license renewal.

Ken Sauer asks for clarification on whether veterans without a National Registry certification would be required to take Indiana's examination. Courtney Randolph states that she will follow up with DHS and report back to the Council.

Courtney Randolph continues with a review of dental hygienist policies. She states that this profession has similar licensing requirements compared with Indiana's contiguous states. Indiana is on the low end of the cost for licensure and the volume of continuing education requirements. The dental hygienist workforce is regulated by the Professional Licensing Agency and the Indiana State Board of Dentistry offers licensure by endorsement, other than requiring an Indiana Jurisprudence exam. She states that Kentucky and Ohio also have Jurisprudence examination requirements, so this is not unique to Indiana. She states that Indiana offers special populations expedited licensure application review and honor equivalent training for military experience. There is no current provisions for lowering licensure/training costs for low-income or displaced workers, but funding for training may exist within other Indiana initiatives, such as NextLevel jobs.

Courtney Randolph provides an overview of the Indiana legislative initiatives relevant to licensing among the special populations. Regarding veterans or military families, she states that in the current legislative session, House Bill 1211 was proposed to create an interim study committee to study policies and practices related to professional licensing of transitioning military families. This bill did not pass out of the Indiana House. In 2018, a bill is also still live (HB 1047) which seeks to support educational opportunities for students who are called for active duty. She states that in 2017 a law was enacted (from 2017 HEA 1394) that waives part or all occupational professional licensing fees that are imposed by a local unit such as a county, city, town and township, for veterans, active duty, and low-income individuals. Additionally, a bill is live (House Bill 1245) that seeks to limit the period of disqualification for licenses to individuals with certain criminal convictions.

Courtney Randolph also provides an overview of initiatives and legislation in other states related to special populations. She states that in 2017 the State of Arizona passed a bill to waive all occupational licensing fees for individuals among families who earned less than 200 percent of the federal poverty level. Also in 2017, Florida passed a bill titled the Occupational Opportunity Act which waives initial licensing fees and continuing education fees for active duty military and their spouses, as well as low-income individuals.

Patrick McAllister asks for the fiscal impact for the bill in Florida. She states that Florida has not yet reported on actual cost associated with this policy. However, she states they published a projected fiscal impact with the bill that stated the legislature estimated loss of revenue was likely to be insignificant. She states that the legislature appropriated \$31,000 for administration and implementation of this law.

Facilitated Discussion: Small Group Discussion Guide

The Council then separates into smaller groups to take a deeper dive into each of the four professions and strategies employed by other states to enhance portability and remove unnecessary barriers to labor market entry. Each group is asked to 1) identify if they perceive that Indiana is experiencing any barriers to occupational entry or portability for each occupation, 2) what other states are doing to identify and address these issues, and 3) if any of these strategies can be considered opportunities for Indiana. After 10-15 minutes of discussion, each small group reports back to the larger Council.

Certified Nursing Assistants: This group identified that there may be barriers to portability in Indiana's lack of recognition of other states' certifications for reciprocity. They report that they are interested in learning more information about the national landscape for educational and clinical training, not just Indiana's contiguous states. They state there may be opportunity for aligning educational requirements with average requirements nationally.

Licensed Practical Nurses: This group identified opportunity for Indiana to invest more in understanding whether and to what extent military specialties could lead to specific credits toward a civilian LPN training program. This includes identifying whether Indiana has veterans that are interested in pursuing an LPN license. Ken Sauer also requests additional information on licensure waiver for military spouses, if the Bowen Center could provide a link to this information. Courtney Randolph states that she will provide that information to the Council.

EMTs/Paramedics: This small group states that additional information that could be helpful includes quantitative information on paid versus volunteer members of these workforces. He states that also needed will be clarity from the state on the different levels of EMT and Paramedic occupations and identification of potential career pathways between these different levels. The group also reports interest in further supporting the pipeline from separating veterans interested in becoming civilian EMT/paramedics. They also request clarification on whether and to what extent Indiana defers to the NREMT examination and certification. Additionally, exploring the variances in NREMT examination pass rates between Indiana and other states should be explored. The group reports positively that Indiana has no cost for licensure/certification and the reciprocity policies seem favorable.

Dental Hygienists: The Council expresses interest in looking into licensure fee waivers for veterans, military spouses, and active duty personnel. They also express interest in learning about bridge programs and career advancement opportunities for dental assistants into dental hygiene, as dental assistant is the third highest occupation for separating veterans. Michael Barnes states that costs for the clinical and board examinations seems high (even though it is consistent with contiguous states). He states there may be opportunities for exam costs to be included in school tuition, so that students might use financial aid to cover these costs.

Closing Remarks

Michael Barnes thanks the Council for attending and participating in the meeting. He states that the next Council meeting is scheduled for May 23rd, 2018, the day after the Indiana Health Workforce Summit (May 22nd). He calls the meeting to adjournment at 3:00pm.