

MEETING MINUTES
Governor's Health Workforce Council
Tuesday, August 28, 2018 1:00pm-3:00pm
Indiana Government Center South, Conference Room 4+5

Members Present:

- **Chairman Fred Payne**, *Commissioner*, Indiana Department of Workforce Development
- **Ben Carter**, *Director of Workforce and Innovation*, Indiana Department of Education
- **Deborah Frye**, *Executive Director*, Professional Licensing Agency
- **Logan Harrison**, *Director of State Affairs*, Anthem, Inc.
- **Don Kelso**, *Executive Director*, Indiana Rural Health Association
- **Hannah Maxey** *Assistant Professor and Director*, Bowen Center for Health Workforce Research and Policy
- **Jim McClelland**, *Executive Director for Drug Prevention, Treatment, and Enforcement*, State of Indiana
- **Tina Darling** (for **Phil Morpew**, *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

Members Not Present:

- **Kristina Box**, *Commissioner*, Indiana State Department of Health
- **Senator Ed Charbonneau**, *Senator*, Indiana Senate, Chair of Health and Provider Services
- **Representative Cynthia Kirchofer**, *Representative*, Indiana House of Representatives, Chair of Public Health Committee
- **Jennifer Walthall**, *Secretary*, Indiana Family Social Services Administration

Invited Guests:

- **Judy Hasselkus**, **Chair, Community Health Worker Workgroup** (*Program Director, Employer Engagement & Sector Specialist for Health Care, Ag., & Life Science, Department of Workforce Development*)
- **Michael Kauffman**, *Emergency Physician*, Department of Homeland Security
- **Allison Taylor**, *Director*, Indiana Medicaid, Family Social Services Administration

Welcome

Commissioner Fred Payne calls the meeting to order at 1:06pm. Commissioner Payne provides a brief overview on the National Academy for State Health Workforce Policy conference earlier in August, stating he was asked to present on the history and work of the Council.

Approval of Minutes from Meeting on May 23, 2018*

Commissioner Payne asks for a motion to approve the previous meeting minutes. Brian Tabor makes a motion to approve the minutes. Deborah Frye seconds this motion. All members approve. No opposition. Motion carries.

Workgroup Updates

Commissioner Payne invites workgroup chairs to provide updates on their work.

State Loan Repayment Program (SLRP) Workgroup

Allison Taylor, SLRP Workgroup Chair and Medicaid Director, provides an update on the SLRP Workgroup's progress. She states the workgroup has reviewed best practices, other states' approaches, and completed a deeper dive into the federal match loan repayment program. Taylor discusses next steps which include scheduling one additional meeting for the workgroup. She anticipates more formal recommendations will be ready for the Council at their next meeting.

Community Health Worker (CHW) Workgroup

Judy Hasselkus, Co-Chair of the CHW Workgroup, provides an update on the workgroup's work, which includes recommendations that are put forth to the Council today and were provided to the Council in advance of the meeting. Hasselkus states that these recommendations were prepared by a multi-perspective workgroup over the course of nine meetings. Hasselkus presents the prepared recommendations which include: *Definition, Competencies and associated skills, Certification, Education and training, Grandfathering, Registry, and Regulatory Oversight.*

Hasselkus asks for any questions or feedback from Council members. Tabor requests additional information in regards to advocacy skills, asking for the intent to which CHWs should be prepared for policy support. Hasselkus responds that this language was adapted from nationally-recognized competencies, but was narrowed per significant discussion that occurred in the workgroup process.

Kauffman asks about the integration and interaction amongst EMS providers and EMS personnel and community health workers. Hasselkus responds that there was not specific conversation on this topic. However, discussion on topics such as number of occupational titles fit the definitions and the number of people out practicing in the community that are utilizing this title in an unfit occupation.

Sauer asks if any current national examinations or assessments exist for this workforce. Hasselkus responds that this has not yet been explored by the workgroup. Maxey adds that other states vary in education and training models for certified community health workers workforce. Maxey adds that Oregon has a model that is a similar approach to what the CHW workgroup is recommending to the Council today.

Sauer asks how reciprocity has been considered by the workgroup. Hasselkus responds that the workgroup described reciprocity provisions as a task for the advisory body.

Darling asks whether CHW is a career path for high school students. Hasselkus responds that yes, it could be. She adds that most training vendors have approximately 40 hours of curriculum requirements. She adds that the workgroup discussed stackable credentials as a value in their discussions.

Chairman Payne asks how the definition for CHW was determined. Hasselkus responds that the American Public Health Association definition was adopted by the workgroup.

Frye adds that the Professional Licensing Agency is working on a strategy to begin to register CHWs, in partnership with the Indiana State Department of Health (ISDH).

Commissioner Payne asks for further comments and acceptance of recommendations. Hearing none, Commissioner Payne asks for a motion to adopt the proposed recommendations by the CHW workgroup. Brian Tabor makes a motion to approve the recommendations. Jim McClelland seconds this motion. All members approve. No opposition. Motion carries.

Update on Occupational Licensing Policy Learning Consortia

Maxey provides an update on Indiana's participation in the Occupational Licensing Policy Learning Consortia, which is co-hosted by National Governor's Association (NGA) National Conference of State Legislators (NCSL), and CSG (Council of State Government. Maxey reviews the vision and goals for Indiana's participation (provided in the PowerPoint presentation). Maxey also provides a status update on each of the associated activities. These include the work of the PLA on 2018 House Enrolled Act 1245 to explicitly list disqualifying crimes from licensure and 2018 Senate Enrolled Act 419 which allows for individuals with federal work authorization to apply for professional/occupational licenses. She adds that both of these initiatives relate to special populations of focus in the consortia.

Hannah asks Dr. Kauffman to provide an update on the final occupation of focus: Emergency Medical Technicians and paramedics. Kauffman describes that the Department of Homeland Security and EMS division has requested additional information on Recognition of EMS Personnel Licensure Interstate CompAct (REPLICA), which is a multi-state compact for the Emergency Medical Services professions. REPLICA extends a multi-state privilege to practice to qualified EMS personnel.

Maxey further describes the second state goal of exploring best practices and generate policy recommendations for systematic review of occupational regulation in the health sector. She updates the Council that a tool was generated for occupational regulation review and implemented for the CNA, LPN, dental hygiene, EMS/paramedic health occupations.

Additionally, Maxey describes that the Core Team met recently to discuss interest in pursuing some type of sunrise review process for occupations seeking regulation. Maxey describes that what was previously described by Hasselkus for the CHW occupation was a type of informal sunrise review process.

Tabor asks if a formal vote will be taken on REPLICA today or if the plan is to move forward for the 2019 legislative session. Kaufmann responds that if it is moved forward, it would require legislation. Tabor responds that in this case, he recommends the Council take a deeper dive into compacts overall, as the December meeting may be too late. Tabor adds that there have been other licensure compacts of interest in the state that the Council may want to pursue further learning, including the Nurse Compact and the Medical Licensure Compact. Kaufmann agrees.

Tabor adds that if this is an avenue the state is interested in pursuing, there would need to be stakeholder engagement alongside drafting of legislation. Maxey responds that the core team can meet to discuss next steps as it relates to the Occupational Licensing Policy Learning Consortia. Maxey adds that the Consortium partners (NCSL, NGA, and CSG) may be able to offer expertise to Indiana and interested stakeholders. Tabor replies that he believes learning more about interstate compacts should be pursued.

Other Business

Maxey provides an update on other health workforce resources. Maxey describes that Indiana has found efficiencies in preparing these materials for stakeholders; that which previously took almost two years to prepare the data and organize the report, now takes only approximately 6 months from the time the data is abstracted from the state. Maxey adds that since mid-July 2018 there has been 275 direct downloads of the document, which does not account for any private sharing that may be occurring between stakeholders.

Maxey also provides an update on the Bowen Portal's report generation feature for generating customized one-pagers. Stakeholders are now able to generate and customize data for the different health occupations on the portal.

Maxey also provides information on upcoming reports that are prepared for stakeholders. Available online is the 2017 Physician Data Report. The 2017 Registered Nurse Data Report will be released later this week. Each report will also be accompanied by fact sheets that are forthcoming.

Hannah also provides an update on Senate Enrolled Act (SEA) 223 which requires certain licensees to provide specific information at the time of license renewal. The Bowen Center will be working with the Professional Licensing Agency (PLA) on the implementation process and will engage stakeholders for feedback on data collection.

Maxey also describes a recent special report on telemedicine physicians. This report will be disseminated shortly through the Bowen Center email platform. In brief, this analysis found that while only approximately 200 individuals hold the state telemedicine certification, more than 1,000 physicians reported providing telemedicine services during license renewal. Tabor asks for the history of this certification. Frye responds that the certification was implemented approximately 2-3 years ago. Tabor adds that this report is a valuable resource the General Assembly as it provides a mechanism for evaluating previous legislation on an important topic.

Maxey describes a second special report prepared by the Bowen Center on the addiction workforce. This report examined quantitative data on addiction counselor (and clinical addiction counselor) licensees, and explored qualitative findings from reviewing statute and rules relating to this workforce. Maxey describes the finding that many licensees of the Behavioral Health and Human Services Licensing Board hold multiple licenses, a finding that is unique to this board. In policy review, the report found that the addiction counselor title is protected for individuals who hold a license in either addiction counseling or clinical addiction counseling. However, practice of clinical/addiction counseling is not protected and is authorized for a number of occupations/individuals. The report also found frequent overlap in training and experience

requirements, as well as scope of practice. Maxey adds that this report points to the importance of a sunrise review process for emerging occupations to ensure regulation is necessary, appropriate, and coordinated.

- Sauer responds that this information is important to the higher education sector and shares with the Council that this information will be disseminated at a Commission-hosted event with community mental health centers on September 20th. Sauer adds that preparation of a competent behavioral health workforce has been a top priority for the state.

Maxey also describes the final report, which contains a summary of all health workforce-related deliverables for the state of Indiana in 2018. This information can be found in the Bowen Center's 2018 Annual Impact Report.

Maxey also provides the Council with an overview of other recent health workforce-related activities that have been possible because of state investment in this work. She describes current or recent projects that are either directly or indirectly related to the work of the Council:

- The Bowen Center has completed a feasibility assessment for the Graduate Medical Education (GME) Board as part of expansion of residency slots throughout the state.
- The Bowen Center recently completed an evaluation for the Division of Mental Health and Addiction (in FSSA) on their recent Mental Health Loan Repayment Assistance Program, which is informing the work of the State Loan Repayment Program (SLRP) workgroup for this Council.
- Additionally, the Bowen Center is also participating in one of the grand challenge projects being supervised by Dean Robin Newhouse of the Indiana University School of Nursing.
- Maxey also reports that the health professions educational programs in the state have identified the value of centralized data reporting. Maxey was recently approached by the Admissions Committee for the IU School of Dentistry, which is only dental school in the state and has trained the majority of dentists in the Indiana. The IU School of Dentistry invited the Bowen Center to present on the oral health workforce as their faculty consider admissions criteria in order to prepare a future dental workforce that is needed by the state. Maxey reports that presented information on the current diversity of Indiana's dental workforce (by gender, race, and ethnicity); the geographic distribution of dentists; how many of Indiana's dentists participate in Medicare and Medicaid; how many are located in rural communities; their specialty, etc.
- Maxey also provides an update on federal health professional shortage designation areas, which the Bowen Center provides support to in a separate contract with ISDH. Maxey reports that more of the state is getting designated than has ever previously been designated, especially for dental health. In regards to processes, the Bowen Center has been contacted by other state agencies, five states, and national organization to discuss how Indiana has found success with data management and processes.
 - Tabor asks if there is an update from the Health Resources and Services Administration (HRSA) regarding shortage areas. Maxey responds that HRSA did a recent major overhaul on data update processes that would have resulted in removal of many designations throughout the state. However, due to successful processes in place in Indiana, the impact of this overhaul has been mitigated for

the majority of the state. Maxey adds that the impact of the removal of designations would have been significant for communities, as designations are associated with dollars for workforce recruitment and infrastructure. Hospitals and major employers were at risk for losing millions of dollars if these designations were removed. Maxey shares that the Bowen Center was able to reconfigure service areas to define new shortage areas for qualifying areas. A new renewal process will occur next year.

Other Business

Chairman Payne opens the floor for other business.

Sauer state that instate retention has been a frequent topic among in the state. He states there may be an opportunity to work with the Bowen Center to link databases to gain a greater picture regarding how many students complete health-related programs here in the state and those that license or practice in the state. Maxey adds that this question frequently comes up among high-skill occupations and the “brain drain.” However, the reality is Indiana has historically not been able to quantify on a large scale the extent to which this is occurring in the state.

Closing & Adjourn

Chairman Payne thanks the Council for attending and participating in the meeting. He reminds the Council the next meeting will be held December 6, 2018 at 1:00 PM. He calls the meeting to adjournment at 2:38 pm.