



GHWC

GOVERNOR'S HEALTH
WORKFORCE COUNCIL

A 5-Year Review of Governor's Health Workforce Council Activities and Outcomes for Indiana's Health Workforce

JUNE 2021

Prepared by the Bowen Center for Health Workforce Research & Policy on behalf of the Governor's Health Workforce Council and Indiana Department of Workforce Development

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OVERVIEW AND HISTORY

In 2014, Indiana was preparing a demonstration proposal to the Centers for Medicaid and Medicare Services (CMS) to expand adult coverage through public health insurance programming.¹ At that time, Indiana was anticipating an increased demand for health care providers to serve the newly insured population. During this same time period, Indiana participated in a Health Workforce Policy Academy led by the National Governors Association.² As part of this policy academy, NGA provided technical assistance to the State of Indiana for health workforce strategic planning and stakeholder engagement. At conclusion of this policy academy, Indiana identified two priority areas to support related initiatives: 1) Health Workforce Data Coordination and 2) Health Workforce Policy Coordination. Indiana advanced these priorities through 1) a partnership with the Bowen Center for Health Workforce Research & Policy (Bowen Center) to support health workforce data collection, analysis, and coordination, and 2) the establishment of the Governor’s Health Workforce Council to support policy coordination.

The purpose of this document is to serve as a five-year review of the Governor’s Health Workforce Council’s work. This document will include information about the history of the Council, summary of the items discussed by the Council, review associated outcomes, and will include considerations for future work.



Data

Indiana Health Workforce
Data Coordination



Policy

Indiana Health Workforce
Policy Coordination

1. Letter from CMS to Indiana Medicaid, November 2014. Available at: https://www.in.gov/fssa/hip/files/Letter_from_CMS.pdf

2. Information on the National Governors Association Health Workforce Policy Academy is available at: <https://www.nga.org/center/meetings/health-workforce-policy-academy-closing-meeting/>



Indiana Health Workforce

Data Coordination:

Partnership with the Bowen Center for Health Workforce Research & Policy

The Bowen Center for Health Workforce Research and Policy (Bowen Center) was established in 2015 as a re-brand of the historical work of the Bowen Research Center. The Bowen Center is housed in the Department of Family Medicine at the Indiana University School of Medicine. Named for former Governor of Indiana Dr. Otis Bowen, a Family Physician and champion of health. The Bowen Center's mission is "to advance policies which improve human health and well-being through commitment to service and research contributions." The Bowen Center team is dedicated to advancing this mission through work with the State of Indiana and partnership with a myriad of stakeholders.

As a foundational element of the Center's contributions to the State, the Bowen Center works under contract with the Indiana Department of Health to support **Indiana health workforce data coordination**. Information has been collected from Indiana licensed health professionals at time of license renewal for decades on a voluntary basis. The information collected from professionals varied by year and by profession. Prior to the 2010s, this information was collected via paper survey. At that time, response rates varied substantially and data management processes required significant manual work. In 2018, Senate Enrolled Act 223-2018 (SEA 223-2018)¹ was passed which requires selected information fields to be collected from individuals from a number of professions who renewed their license online.

As a part of the contract with the State, the Bowen Center provided support for the implementation of SEA 223-2018,² as well as the providing the following data-related activities:

- Initial development and maintenance of health workforce license renewal surveys
- Creation and implementation of health workforce data management strategies (including coordination of various health workforce data sets, including but not limited to the following datasets: license, supplemental license information, Medicaid, health professional shortage areas, pipeline, etc.)
- Development and dissemination of data through various reporting mechanisms:
 - Data/Technical reports (Available on the [Bowen Portal](#) publications tab, filtered by "Data/Technical Report")
 - Policy briefs (Available on the [Bowen Portal](#) publications tab, filtered by "Brief")
 - Data visualizations (Available on the [Bowen Portal](#) "Workforce Dashboards" tab)
 - Special (topical) reports (Available on the [Bowen Portal](#) publications tab)

DATA SOURCES

LICENSE

Collected at time of initial license application and updated at renewal

Data points include:



LICENSE STATUS



LICENSE ADDRESS



DEMOGRAPHIC CHARACTERISTICS



INITIAL LICENSE DATA



LICENSE EXPIRATION DATE

SURVEY:

Collected during online license renewal

Data points include:



DEMOGRAPHIC CHARACTERISTICS



EDUCATIONAL CHARACTERISTICS



PRACTICE CHARACTERISTICS

DATA IS THEN USED TO INFORM:



WORKFORCE SHORTAGE AREAS



RECRUITMENT INCENTIVES



POLICY AND PROGRAMMING



PROFESSION-SPECIFIC INITIATIVES

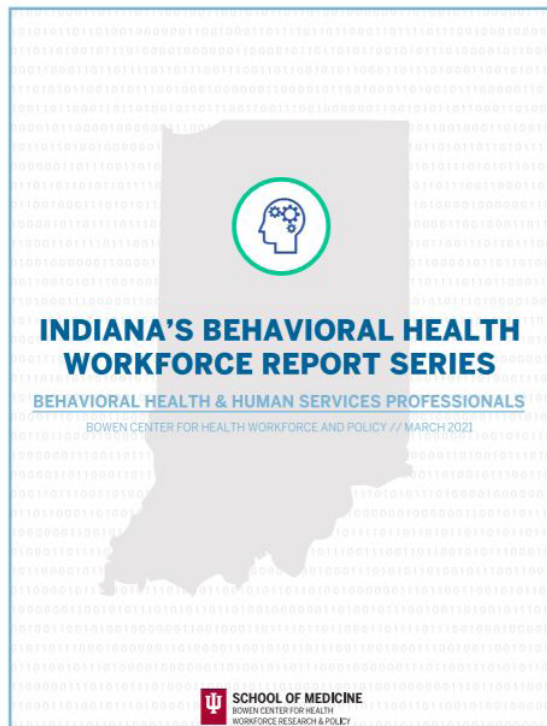


HEALTH WORKFORCE EVALUATIONS

1. Indiana Senate Enrolled Act 223-2018. Available at: <http://iga.in.gov/legislative/2018/bills/senate/223>

2. As a part of the Bowen Center's implementation support for SEA 223-2018, a one-pager was developed to inform licensees of the information being collected and how it would be used. This one-pager can be found at: <https://scholarworks.iupui.edu/bitstream/handle/1805/20352/Information%20on%202018%20Senate%20Enrolled%20Act%20223.pdf?sequence=1&isAllowed=y>

Example of Data Report: Behavioral Health and Human Services Professionals¹



DEMOGRAPHICS

Table 14 provides a summary of the demographic characteristics of Indiana BHHS licensed professionals. Overall, this workforce has an average age of 46.6, with the greatest percentage (26.8%) being between ages 35 and 44. Female BHHS professionals are slightly younger than their male counterparts, with an average age of 45.7 (versus 51.1 among male BHHS professionals). Regarding race and ethnicity, the majority of BHHS professionals identified as non-Hispanic (94.0%) and white (88.9%).

Table 14 Demographic characteristics of total BHHS report sample

	Female		Male		Total	
	N	%	N	%	N	%
Total	6,503		1,378		7,881	
Mean Age	45.7		51.1		46.6	
Age Group						
Under 35	1,626	25.0	206	14.9	1,832	23.2
35 - 44	1,814	27.9	296	21.5	2,110	26.8
45 - 54	1,340	20.6	303	22.0	1,643	20.8
55 - 64	1,121	17.2	289	21.0	1,410	17.9
65 and Older	573	8.8	280	20.3	853	10.8
Age Unavailable	29	0.4	4	0.3	33	0.4
Race						
White	5,788	89.0	1,219	88.5	7,007	88.9
Black or African American	476	7.3	94	6.8	570	7.2
Asian	53	0.8	11	0.8	64	0.8
American Indian or Alaska Native	7	0.1	4	0.3	11	0.1
Native Hawaiian/Pacific Islander	2	0.0	0	0.0	2	0.0
Some Other Race	97	1.5	30	2.2	127	1.6
Multiracial	80	1.2	20	1.5	100	1.3
Ethnicity						
Hispanic or Latino	386	5.9	86	6.2	472	6.0
Not Hispanic or Latino	6,117	94.1	1,292	93.8	7,409	94.0

Source: 2020 Indiana Behavioral Health & Human Services License and Supplemental Survey Data
 Notes: Age was calculated as the difference between the respondents' date of birth and the date in which the survey was completed.

EDUCATION

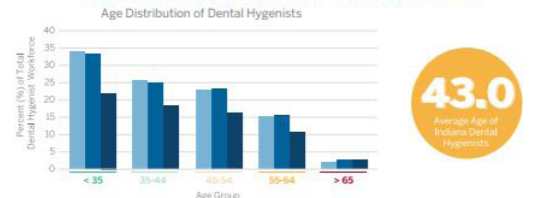
Information of qualifying education for BHHS professionals can be found in Table 15. Overall, 87.9% reported qualifying for their BHHS license with a master's degree in counseling or a related field and another 4% reported having a bachelor's degree in this field. Additionally, the highest number of BHHS professionals (n=5,509; 69.9%) reporting completing their qualifying education in Indiana, followed by 1,382 (17.5%) who completed their qualifying education in a contiguous state.

Regarding highest education, the majority of BHHS professionals reported having a master's degree in counseling or a related field (86.8%) (see Table 16). A little over 2% reported having a bachelor's degree as their highest education, and less than 5% reported having a doctoral degree in counseling or a related field.

Example of Brief: Dental Hygienists²



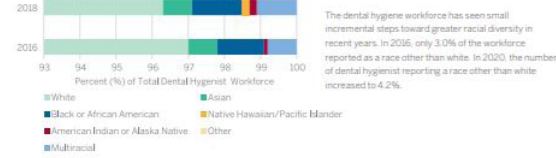
DENTAL HYGIENISTS DEMOGRAPHIC CHARACTERISTICS



AGE DISTRIBUTION OF DENTAL HYGIENISTS
 Dental hygienists tend to be younger than other licensed health workforces in Indiana. The greatest proportion of hygienists are under the age of 35 years old and there are relatively few hygienists are over the age of 65.



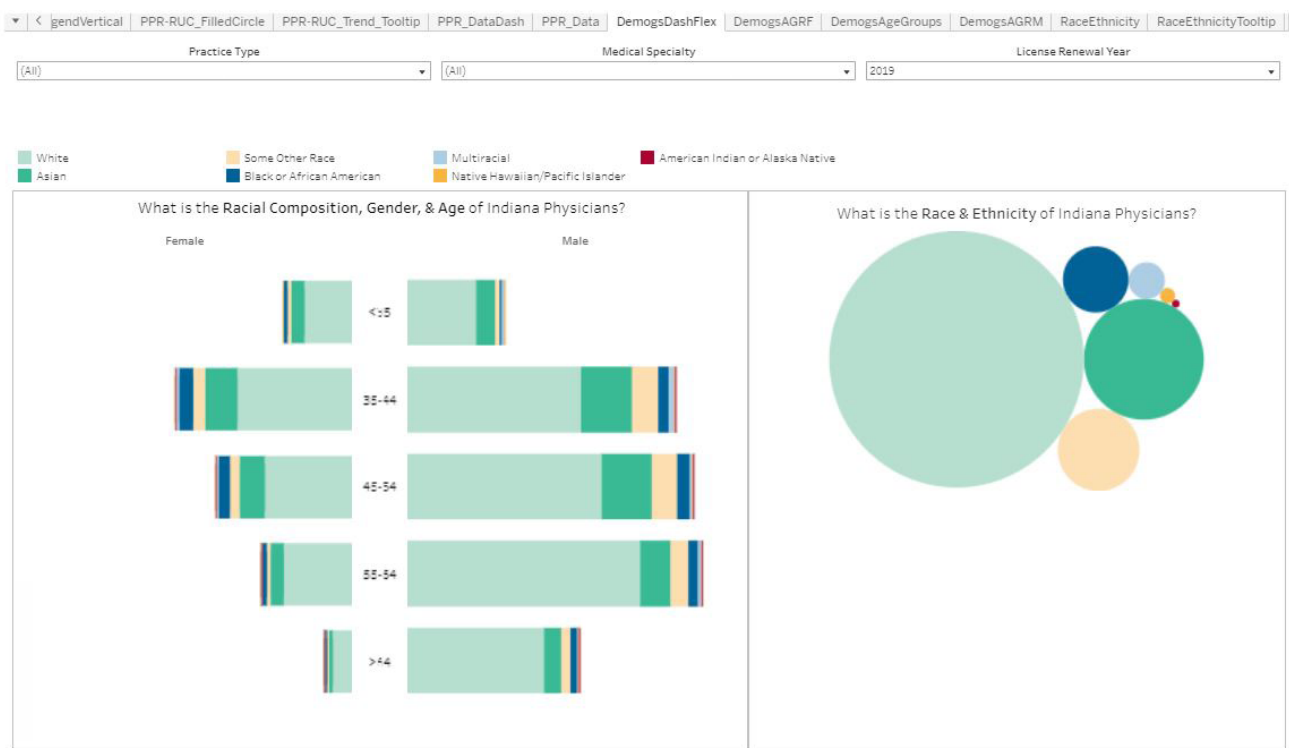
ASSESSING DIVERSITY IN THE INDIANA DENTAL HYGIENE WORKFORCE
 Implementation of SEA 223-2018 has enabled a greater ability to assess diversity among the dental hygienists. Gender diversity remains relatively unchanged, with the majority (99.1%) of hygienists identifying as female.



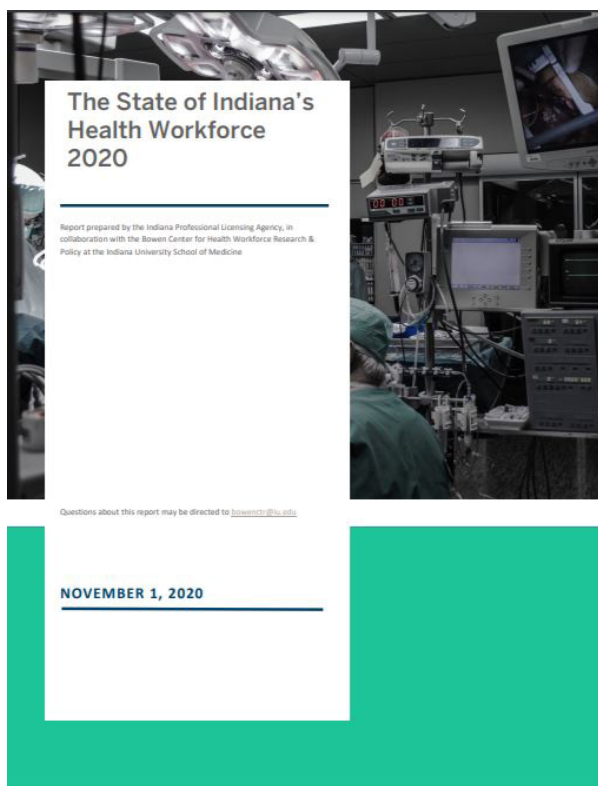
The dental hygiene workforce has seen small incremental steps toward greater racial diversity in recent years. In 2016, only 3.0% of the workforce reported as a race other than white. In 2020, the number of dental hygienist reporting a race other than white increased to 4.2%.

1. Indiana's Behavioral Health Workforce Report Series: Behavioral Health & Human Services Professionals. 2020. Available at: <https://scholarworks.iupui.edu/bitstream/handle/1805/25354/BHHS%20Data%20Report-BHHS%202020%20FINAL.pdf?sequence=1&isAllowed=y>
 2. 2020 Indiana Dental Hygienist Workforce Brief. Available at: <https://scholarworks.iupui.edu/bitstream/handle/1805/25329/2020%20Dental%20Hygienist%20Workforce%20Brief%203.5.21.pdf?sequence=1&isAllowed=y>

Example of Tableau Data Visualizations that will be available on the Portal in Fall 2021



Example of a Special Report: The State of Indiana's Health Workforce in 2020¹



State Board of Dentistry

License Type: Dentists, Dental Hygienists

Table 4

	Dentists	Dental Hygienists
Actively Practicing in Indiana	3,079	3,808
Completed Dental Education in Indiana	2,223 (72.2%)	3,244 (85.2%)
Practice Type		
General Dental	2,358 (76.7%)	
Orthodontics & Dentofacial	189 (5.9%)	
Orthopedics	153 (4.9%)	
Pediatric Dentistry	142 (4.6%)	
Oral & Maxillofacial Surgery	73 (2.4%)	
Endodontics	47 (1.5%)	
Dental Public Health	55 (1.8%)	
Periodontics	32 (1.0%)	
Prosthodontics	7 (0.2%)	
Oral & Maxillofacial Pathology	3 (0.1%)	
Oral & Maxillofacial Radiology	27 (0.9%)	
Other	4 (0.1%)	
Not applicable		
Primary Practice Setting Reports		
Dental Office Practice	Solo: 1,566 (50.9%) Partnership: 519 (16.0%) Group: 778 (25.3%)	Solo: 2,323 (59.4%) Partnership: 679 (17.4%) Group: 657 (16.8%)
Specialty Practice		105 (2.7%)
Hospital/Clinic	46 (1.5%)	6 (0.2%)
Federal government hospital/clinic (including military)	12 (0.4%)	6 (0.2%)
Health Center (CHC/FQHC/PQHC look-alike)	53 (1.7%)	49 (1.3%)
Long term care/nursing home/extended care facility (non-hospital)	6 (0.2%)	2 (0.1%)
Home health setting	1 (0.0%)	0 (0.0%)
Local health department	4 (0.1%)	4 (0.1%)
Other public health/community health setting	9 (0.3%)	13 (0.3%)
School health service	12 (0.4%)	10 (0.3%)
Mobile unit dentistry	4 (0.1%)	7 (0.2%)
Correctional facility	17 (0.5%)	2 (0.1%)
Indian health service	1 (0.0%)	0 (0.0%)
Headstart (includes early headstart)	0 (0.0%)	1 (0.0%)
Staffing organization	0 (0.0%)	0 (0.0%)
Tele-dentistry	0 (0.0%)	n/a
Other settings	28 (0.9%)	19 (0.5%)
Services Provided		
Administration of local dental anesthesia	n/a	1,579 (40.4%)
Sealants	2,324 (75.5%)	2,070 (53.0%)
Diabetes Screening	219 (7.1%)	316 (8.1%)
Hiv Screening	125 (4.1%)	158 (4.2%)
High Blood Pressure Screening	983 (30.0%)	1,315 (33.0%)
Oral Cancer Screening	2,565 (83.3%)	3,169 (81.1%)
Substance Use Disorder Screening	298 (9.7%)	365 (9.4%)
Tobacco Cessation Counseling	849 (27.0%)	1,399 (35.3%)
Preventive dental hygiene services under an access practice agreement	n/a	2,516 (64.3%)

12

1. The State of Indiana's Health Workforce 2020. 2020. Available at: <https://scholarworks.iupui.edu/bitstream/handle/1805/24212/Annual%20Report%202020%20FINAL%2010302020.pdf?sequence=1&isAllowed=y>



Indiana Health Workforce Policy Coordination: Establishment of the Governor's Health Workforce Council

In 2016 former Governor Mike Pence issued a press release which established the Governor's Health Workforce Council (Council).¹ The Council was formed to "coordinate health workforce-related policies, programs, and initiatives in Indiana with the goal to decrease costs, increase access, and enhance Indiana's health system quality."² Both the private and public sectors are brought together on the Council, allowing for executive branch, legislators, and industry leaders to discuss Indiana's health care workforce issues and develop collaborative solutions. The Council has 15 organizational members who received personal invitations from the Governor to have an organizational designee to represent their perspective on the Council. Organization representatives and their 2021 designees are listed below:

- **Executive Branch**

- Indiana Department of Workforce Development (Chair): Fred Payne, Commissioner
- Indiana Department of Education: Stephen Balko, Director of School Building Physical Security & Safety
- Indiana Department of Health: Dr. Kristina Box, Commissioner
- Indiana Professional Licensing Agency: Deborah Frye, Executive Director
- Drug Prevention, Treatment and Enforcement: Doug Huntsinger, Executive Director
- Indiana Commission for Higher Education: Dr. Ken Sauer, Chief Academic Officer
- Indiana Family & Social Services Administration: Dr. Jennifer Sullivan, Secretary

- **Legislative Branch**

- House Public Health Committee: Representative Brad Barrett, Chair
- Senate Health and Provider Services Committee: Senator Ed Charbonneau, Chair

- **Industry**

- Anthem: Logan Harrison, Senior Director of Public Affairs
- Indiana Primary Health Care Association: Ben Harvey, President
- Bowen Center for Health Workforce Research and Policy: Dr. Hannah Maxey, Director and Associate Professor
- Indiana Hospital Association: Brian Tabor, President
- Indiana Rural Health Association: Cara Veale, Executive Director

Overview and Brief Timeline of the Council's Work

In its first meeting, the Council reviewed priority areas,³ established a meeting schedule (quarterly), agreed upon Standing Council Rules and a Task Force Protocol⁴, and established two task forces: 1) [Education, Pipeline & Training Taskforce](#) and 2) [Mental and Behavioral Health Workforce Taskforce](#). These taskforces met throughout 2016 and submitted a final report to the Council in 2016. In 2017, the Council established two new workgroups: 1) [Community Health Worker](#) and 2) [State Loan Repayment Program](#). These workgroups met through 2018. In late 2017, the Council took on another initiative: [the Occupational Licensing Policy Learning Consortium](#), which met through 2019. Each of these work groups' charge, a summary of their work, and a presentation of outcomes will be described in detail in subsequent sections in the document.

In addition to commissioning work groups, the Council serves as a general data review, advisory, and policy coordination body for the State. Since its inception, the Council has met 17 times covering a wide variety of topics and issues. Meeting details including agendas, meeting minutes, and documents presented at the meeting can be found at the Council's website (<https://www.in.gov/dwd/about-dwd/ghwc/ghwc-previous-meetings/>). At Council meetings, members received report out from the work groups, reviewed recent health workforce data, discussed emerging health workforce issues, and voted to adopt recommendations from the Council (including: health workforce licensure survey tools, recommendations from the work groups, etc.).

1. News articles outlining Governor Pence's announcement: <https://wyrz.org/governor-pence-announces-creation-of-governors-health-workforce-council/>, <https://www.insideindianabusiness.com/story/31306227/pence-creates-health-workforce-council>

2. Council charge is available on the Council website at: <https://www.in.gov/dwd/about-dwd/ghwc/>

3. Powerpoint from Council's first meeting can be found at: https://www.in.gov/dwd/files/GHWC_Powerpoint_2_29.pdf

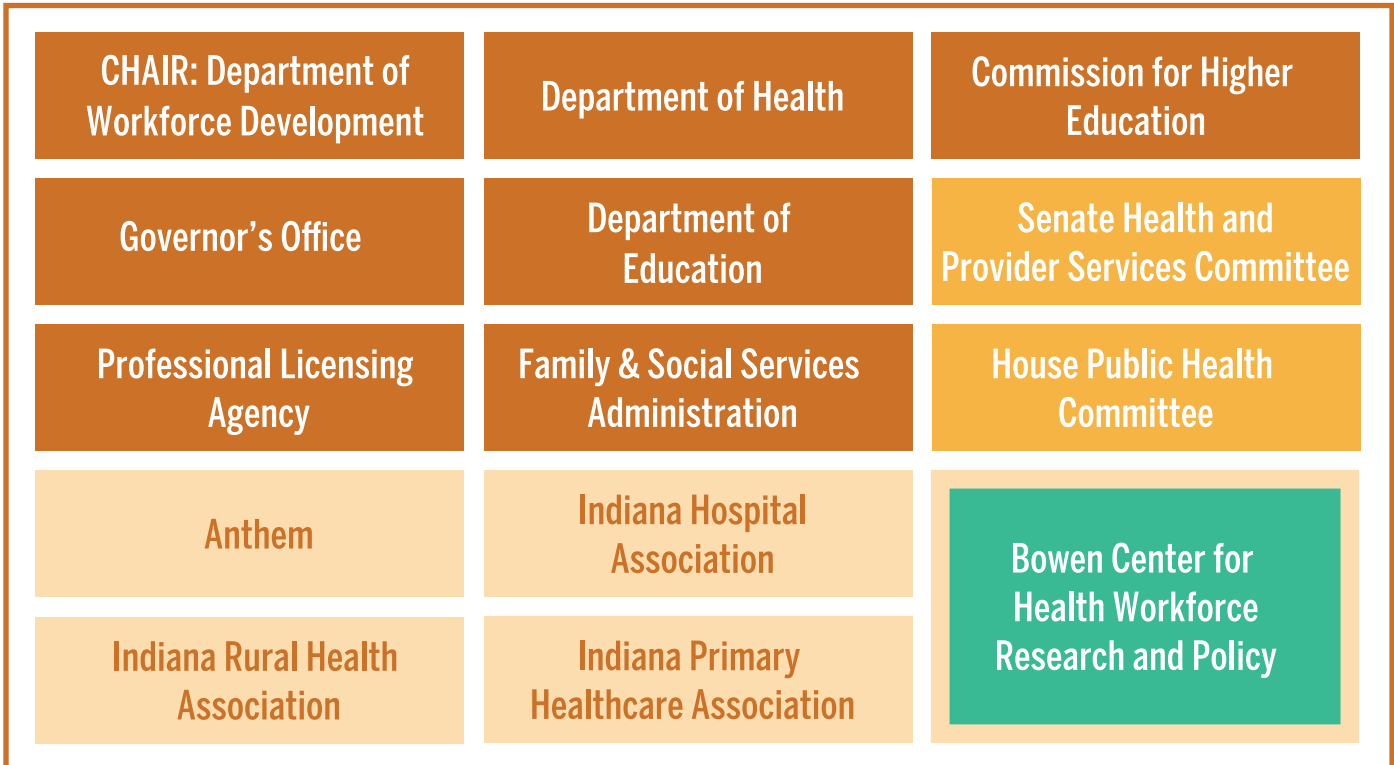
4. Task Force Protocol available at: https://www.in.gov/dwd/files/Indiana_Health_Workforce_Council_Task_Force_Protocol.pdf

Organization of Governor's Health Workforce Council

Meetings, Initiatives, and Workgroups



- Executive Branch
- Legislative Branch
- Industry
- Industry/Data Management
- Data Collection



Advises health workforce analyses

Provides health workforce data to support policy coordination discussions

Professional Licensing Agency

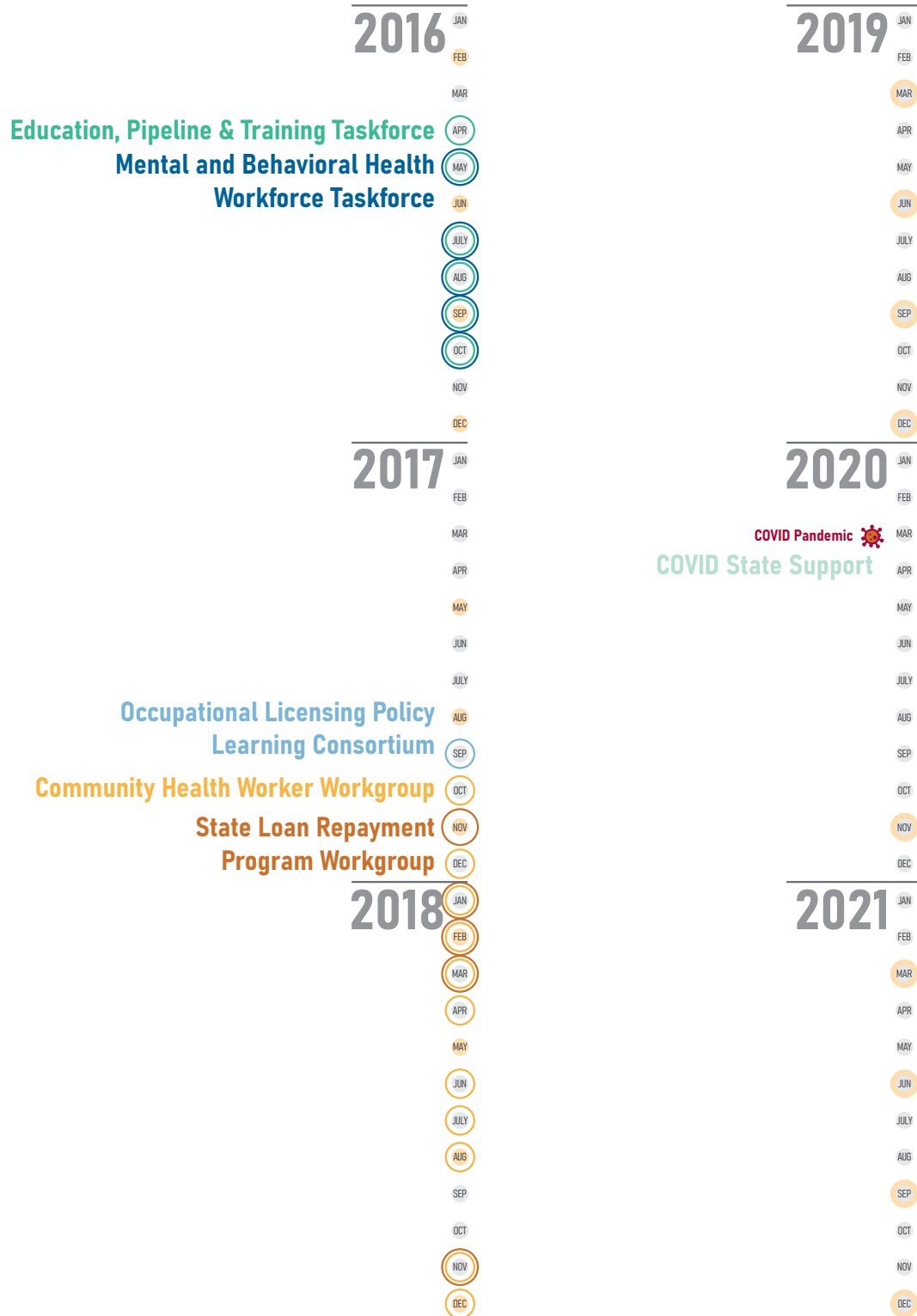
Provides Raw Data Collected by Boards

Bowen Center for Health Workforce Research and Policy

Responsible for health workforce data management, analysis, and reporting and administrative management of the GHWC

Timeline of Governor's Health Workforce Council Activities

Meetings, Initiatives, and Workgroups



 : Governor's Health Workforce Meeting

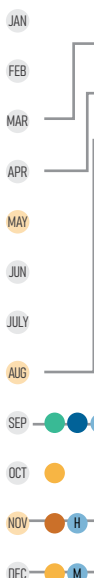
2016



Meeting and Outcome Key

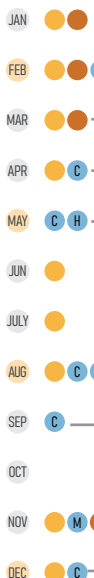
- Governor's Health Workforce Council
- Education, Pipeline & Training Taskforce
- Mental and Behavioral Health Workforce Taskforce
- Occupational Licensing Policy Learning Consortium
- Community Health Worker Workgroup
- State Loan Repayment Program Workgroup
- COVID State Support

2017



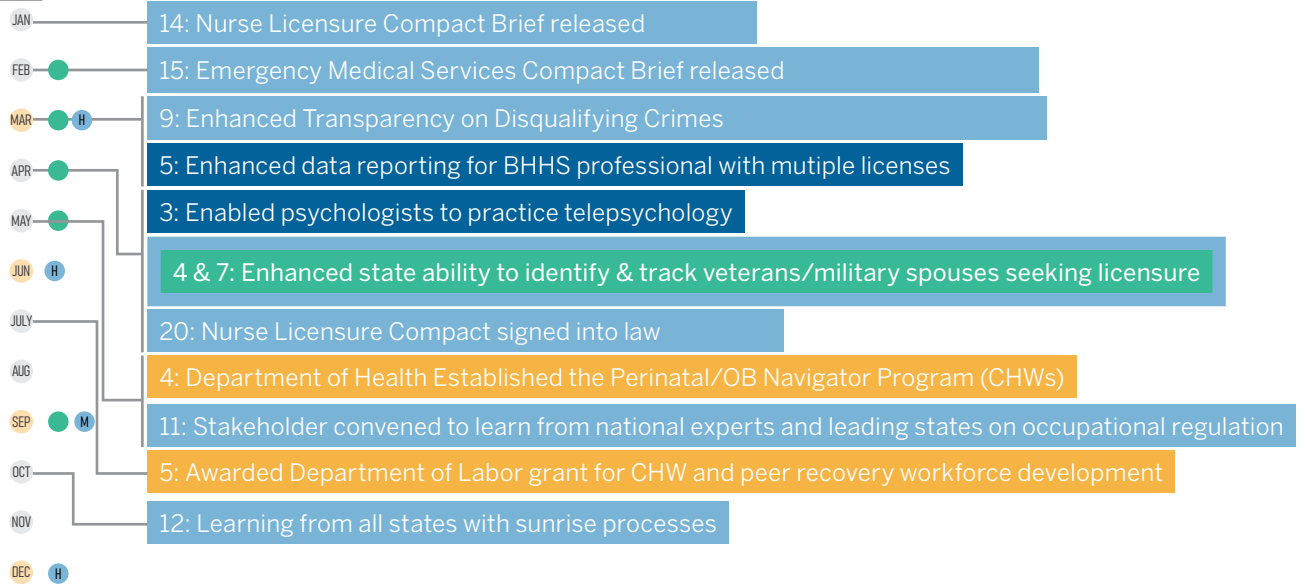
- 1: Ivy Tech Community College CNA bridge program established
- 2: Medicaid reimbursement made available for services delivered over telehealth services.
- 5 : NextLevel Jobs created: Provides financial support for training of high-demand health occupations
- 2: Indiana awarded participation in Occupational Licensing Policy Learning Consortium
- 1: Conducted current and historical review of Indiana's health workforce incentive initiatives
- 3 :Conducted 50 state review of loan repayment program structures
- 5: Indiana Commission for Higher Education launched Credential Engine
- 1: Identified relevant statutory language or rules for CNA, LPN, EMT, Paramedics, & dental hygienists
- 4: Determined Indiana professions for loan repayment prioritization
- 2: Created a framework for occupation-specific regulatory policy review
- 5: Recommended loan repayment program funding and administration
- 3: Applied framework to conduct a regulatory review for targeted occupations in Indiana and contiguous states

2018



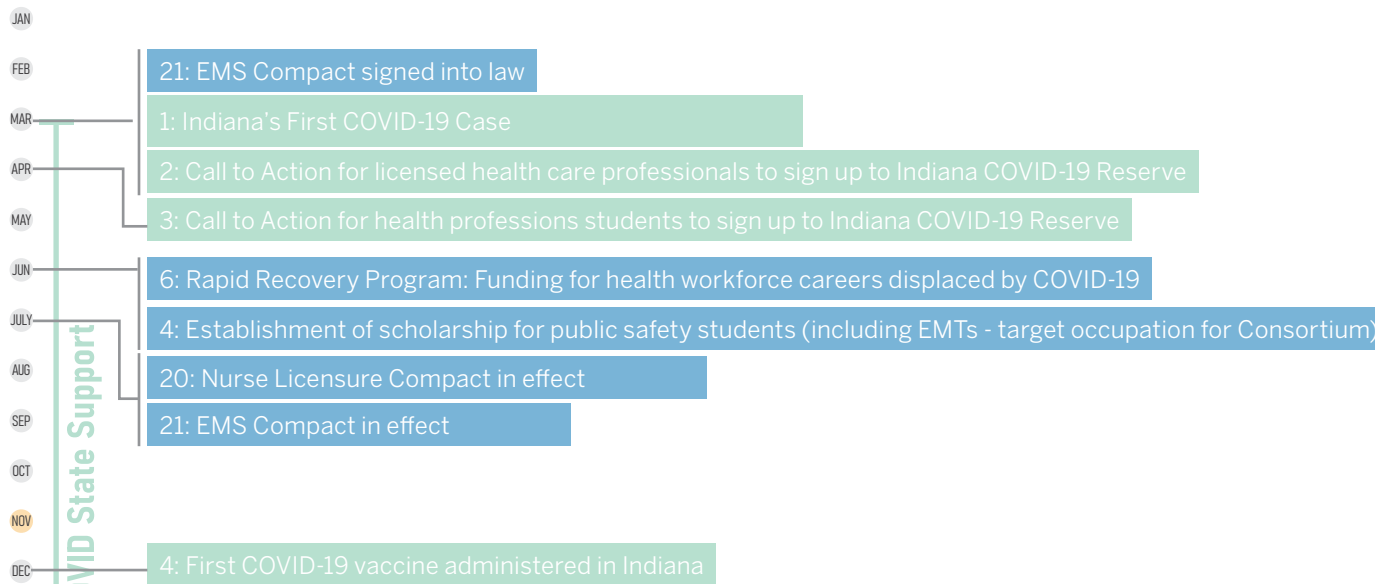
- 8: Identified national data source to prioritize health workforce development initiatives for veterans
- 1: Create a vision for the future of the CHW occupation in Indiana
- 9: Enhanced transparency on disqualifying crimes for occupational licensure
- 1: Passed continuing education requirements for opioid prescribing/abuse
- 5: Streamlined data collection for all Indiana BHHS professionals.
- 8 & 3: Community Health Worker services approved for Medicaid reimbursement
- 6: Submitted application for National Health Service Corps state loan repayment program (SLRP) funding
- 2: CHW recommendations were adopted by the Council.
- 10: Historical initiatives on occupational regulation review in Indiana were reviewed and summarized
- 7: Comprehensive data and policy analysis of Indiana addiction counselors
- 7: Awarded \$300,000 for National Health Service Corps SLRP funding
- 2: Evaluation of Mental Health Loan Repayment Assistance Program
- 12: Hosted Licensure Compacts Learning Lab

2019

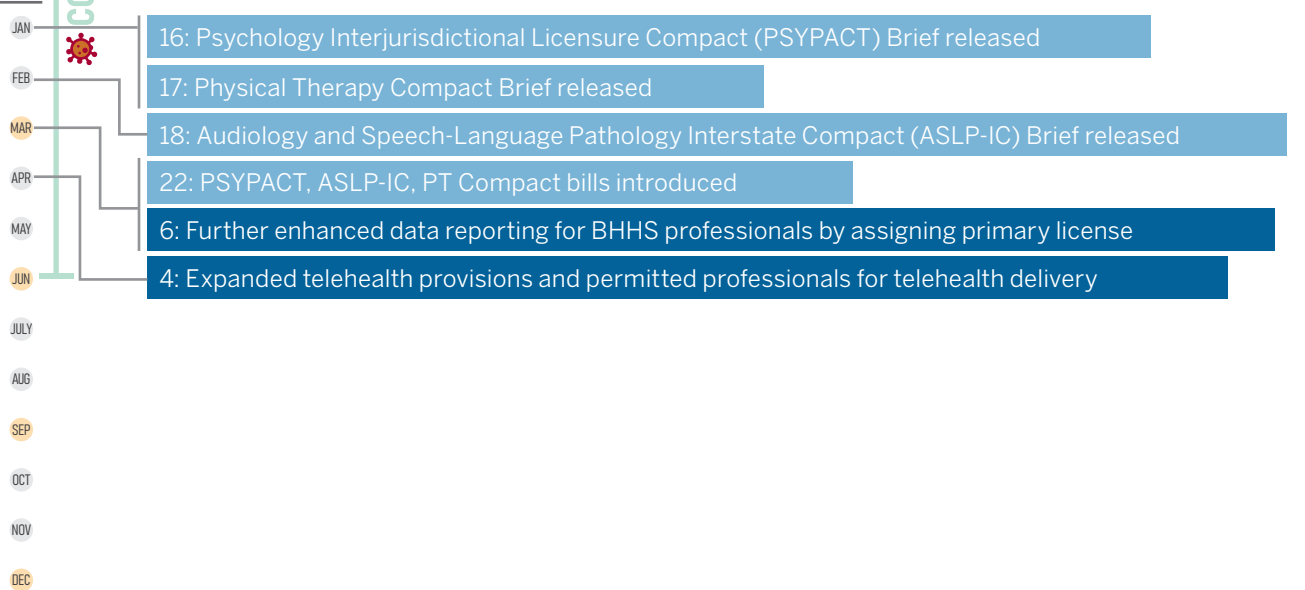


2020

COVID-19
Pandemic



2021



EDUCATION, PIPELINE & TRAINING TASKFORCE

Link: <https://www.in.gov/dwd/about-dwd/ghwc/education-pipeline-and-training-taskforce/>

Time Period: 2016- (end date)

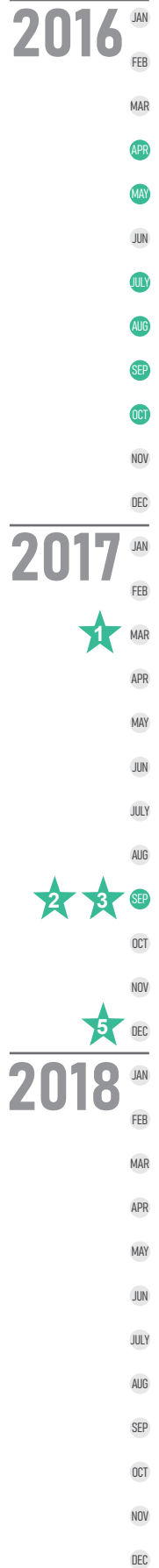
Membership:

- Mike Barnes, Co-Chair, Associate Chief Operating Officer for Employer Engagement, Indiana Department of Workforce Development
- Marie Mackintosh, Co-Chair, Chief Operating Officer, EmployIndy
- Jim Ballard, Executive Director, Indiana Area Health Education Centers
- Deborah Frye, Executive Director, Professional Licensing Agency
- Jennifer Gappa, Senior Vice President of Human Resources, Miller's Health Systems
- Kim Harper, Executive Director, Indiana Center for Nursing
- Sue Henry, Program Leader for Health Science, Health and Wellness, and Physical Education, Indiana Department of Education
- Andrea Pfeifle, Assistant Dean for Interprofessional Health Education and Practice; Director, Center for Interprofessional Health Education and Practice; Associate Professor of Family Medicine, Indiana University Interprofessional Education Center
- Mike Rinebold, Director of Government Relations, Indiana State Medical Association
- Ken Sauer, Senior Associate Commissioner and Chief Academic Officer, Indiana Commission for Higher Education
- Yonda Snyder, Director, Family and Social Services Administration Division of Aging
- Kiara Bembry, Community Health Worker Program Coordinator, Affiliated Service Providers of Indiana
- Calvin Thomas, Vice President of the Health Division, Ivy Tech
- Terry Whitson, Representative of the Health Care Quality and Regulatory Commission, Indiana State Department of Health

What's the Issue and Why Was It a Priority for the Council?

The health workforce pipeline includes any programming, initiatives, or pathways which prepare individuals for roles within the health workforce. The pipeline stretches broadly to include all health professionals, from certificate programs to graduate medical education. There have been several challenges within the pipeline which have had effects on the health workforce. Indiana has a large opportunity for health occupations training programs for both professionals and supportive staff, such as those completing certificate programs. In addition to opportunities in types of workforce staff that are produced by the pipeline, Indiana has room for growth in connecting training programs to underserved areas. Data shows that where a person trains, they are likely to remain to practice as a health professional. While Indiana has high retention rates for physicians and nurses completing medical school or residency in Indiana (57.8% and 83.0%, respectively in 2017), the state as a whole still suffers from a geographic maldistribution of licensed health professionals.

In regards to graduate medical education in particular, Indiana is projected to suffer from a shortage of residency slots. Indiana has recently opened a second medical school in the state. However, numbers of residency slots has not increased to reflect this. Additionally, it is critical that medical training programs reflect the health needs of Hoosiers. Education and training efforts must align with demand in order to produce the workforce that Indiana needs.



Calendar Key
 ★ = Taskforce Outcome
 ● = Taskforce Meeting

Overview of Taskforce's Work:

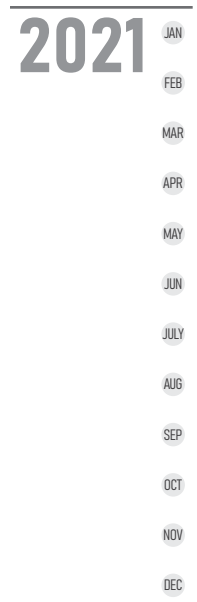
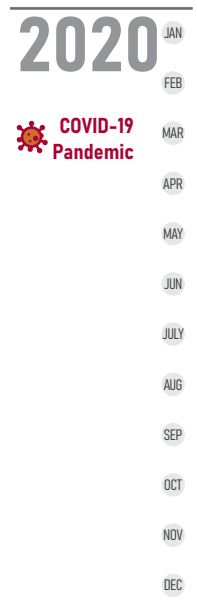
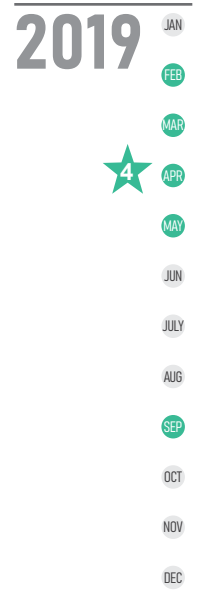
>> Graduate medical education (GME):

Summary: At the time the taskforce convened, the Graduate Medical Education Board housed at the Indiana Commission for Higher Education¹ had recently received a \$6 million allocation from the state budget for GME expansion and a new medical school (Marian University) was recently opened. A GME Board representative presented to the Taskforce regularly on the GME Board's work.

Conclusion: The Taskforce concluded that the GME Board was an appropriate body to provide a high-level of subject matter expertise and guidance to GME expansion efforts in the State. The Taskforce offered to serve the GME Board however needed, but the Taskforce did not pursue any level of additional review or discussion on GME-related matters.

>> Career Pathways in Nursing – Long-term Care Workforce Crisis:

Summary: The Taskforce discussed the prevalent workforce issues within long-term care settings among nursing staff. The Taskforce reviewed the high turnover statistics in Indiana for these roles (91.6% turnover for Certified Nurse Aides/CNA, 59.2% for Licensed Practical Nurses/LPN and Registered Nurses/RN). The Taskforce commissioned a data research project² in partnership with the Bowen Center to explore whether and to what extent CNAs, a common direct care role in long-term care settings, had pathways to licensed practical or registered nursing in Indiana. The report³ was completed in 2017 and described the additional licenses held by former CNAs and the diversity of those individuals.



★ Ivy Tech Community College CNA bridge program established

Ivy Tech Community College established a bridge program⁴ where CNAs receive 5 credit hours toward a "Certificate in Pre-Nursing Studies" which is considered a pathway into the Practical Nursing and Associate of Science in Nursing programs.

Final Report: Certified Nurse Aide as an Occupational Pathway to Licensed and Professional Nursing in Indiana

Ivy Tech Community College: Curricula for Certificate in Pre-Nursing Studies

INTRODUCTION

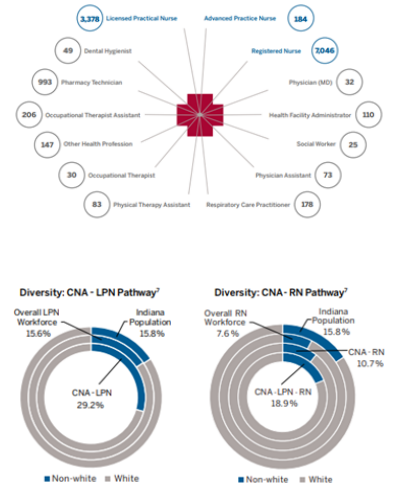
What's the issue?
Ensuring Indiana has a workforce with the right skills sets to meet demand for health care services is a top priority for the state. The health care workforce is essential to the maximum health of the population. Diversity, career pathways, advancement opportunities, and retention of talent are key workforce strategies among health care employers. Identifying occupational pathways in the health sector and determining their workforce demands and talent retention is critical to the development and/or strengthening of targeted initiatives for Indiana.

What is a Certified Nurse Aide?
CNA is a high-demand, entry-level health sector occupation. As of August 2018, there were 112,022 CNAs with active certifications in Indiana. A large proportion of Indiana's CNAs are employed by Long Term Care (LTC) facilities, where their duties generally involve assisting residents with daily living activities such as bathing, eating, and dressing. The mean hourly wage for CNAs reported by the **Bureau of Labor Statistics, in Indiana is \$12.02* and \$2.76** nationally.**

What are the training requirements?
Certification requirements for the CNA in Indiana includes successful completion of a 200-hour training program and a 20-hour exam on a written test and skills test in a supervised setting. Following successful completion of these requirements an individual is able to apply for certification through the Indiana State Department of Health in conjunction with the Indiana Professional Licensing Agency.

Is CNA a pathway to licensed nursing?
As compared to other nursing occupations, CNA has minimal entry requirements. As such, CNA is a more accessible occupation for individuals who face barriers to higher education, including those from underrepresented minority groups. Data from other states suggest that the CNA workforce is more racially and ethnically diverse than the workforce of licensed and professional nurses. In 2018, the Indiana Department of Health Workforce Development report identified an unmet need to establish CNA as an occupational pathway to licensed and professional nursing in Indiana. Prior to the development of this report, the identified source of information for this topic existed for Indiana or any other state.

What is in this report?
This report presents information on CNA as a pathway to licensed and professional nursing in Indiana. Included are the 12 count of CNAs that obtained Licensed Practical Nurse (LPN) and Registered Nurse (RN) licenses. 12 time periods between training location, and 13 demographic characteristics associated with the various pathways. The information in this report is derived from data collected by the Indiana Department of Health Workforce Development in collaboration with the Indiana Professional Licensing Agency.



COLLEGIATE CURRICULUM OF RECORD		
NURSING OF HEALTH SCIENCES		
PRE-NURSING STUDIES		
CERTIFICATE		
PROGRAM: PNPM	2020-2021	
LOCATION(S)		
Anderson - Batesville - Bloomington - Columbus - Evansville - Fort Wayne - Indianapolis - Kokomo - Lafayette - Lake County - Lawrenceburg - Logansport - Madison - Marion - Michigan City - Muncie - New Castle - Peru - Richmond - Sellersburg - South Bend/Zionsville - Terre Haute - Valparaiso - Wabash - Warsaw		
Leads to certification as a Certified Nursing Assistant (CNA). Courses included in the Nursing Curriculum. Completion of these courses does not guarantee admission into the Nursing program.		
PROFESSIONAL-TECHNICAL		
> ANS 101	Anatomy and Physiology I	3
< ENGL 111	English Composition	3
NSHS 107	CNA Preparation	4
< PSYC 101	Introduction to Psychology	3
Select one of the following:		
< NSHS 101	Medical Terminology	3
** > MATH 123	Quantitative Reasoning or higher	3
REQUIREMENT TOTAL: 17		
TOTAL CREDITS: 17		

* Course recommended for Practical Nursing Pathway
** Course recommended for Associate of Science in Nursing pathway if credit reason of Pre-Nursing or available to new students at the college starting Spring 2021 and forward. Students admitted to the college after 10/01/2021 must fulfill the 3 credit reason of this degree.

1. Information about the Graduate Medical Education Board may be found at: <https://www.in.gov/che/boards-and-committees/graduate-medical-education-board/>
2. The Taskforce presentation on 5/25/16 demonstrates the data for Long-term care workforce crisis. https://www.in.gov/dwd/files/5_25_16_EPT_Presentation.pdf
3. Certified Nurse Aide as an Occupational Pathway to Licensed and Professional Nursing in Indiana. 2017. Available at: https://scholarworks.iupui.edu/bitstream/handle/1805/14015/CNA%20Report_Authored%20Version.2.28.19.pdf?sequence=5&iAllowed=y
4. Information on Ivy Tech's Certificate in Pre-Nursing Studies can be found at: <https://docs.google.com/spreadsheets/d/1eg5kTTtly56CGTh4Mh5PE-GVIST7Fv-ORLO7viSvT9o/edit#gid=1689979577>

>> Health workforce innovation models:

Summary: The Taskforce discussed that the health workforce of the future includes individuals with new training and skills in order to provide cutting edge health care services that may not be within existing code or rules. Indiana did not have a mechanism in place to support practice innovations or pilot programs for expanded practice acts. The Taskforce explored sunrise, sunset, and practice review models employed in other states during their August 22nd, 2016 meeting.¹



Indiana awarded participation in Occupational Licensing Policy Learning Consortium

The Taskforce determined this topic was of high priority and recommended that the Council explore this topic further. As a result, the Council submitted an application to participate in the Occupational Licensing Policy Learning Consortium in fall 2017 to learn from national experts on this topic. Indiana was one of 11 states in the initial cohort that was awarded participation in this Consortium. (See the Occupational Licensing Policy Learning Consortium section for additional details).

>> Supporting military members and spouses in civilian health occupations:

Summary: The Taskforce reviewed data on the number of military members who went on to civilian careers in health care. At the time of the Taskforce convening, the only source for identifying and quantifying active duty military health care licensees or military spouses was through data provided by military organizations. The Multi-state Collaborative for Military Credit was a forum tasked with exploring opportunities for bridge programs for exiting military and military spouses.



Indiana included “veterans and military spouses and families” as a special population of focus on Indiana’s participation in the Occupational Licensing Policy Learning Consortium.

Indiana included “veterans and military spouses and families” as a special population of focus on Indiana’s participation in the Occupational Licensing Policy Learning Consortium.



Enhanced state ability to identify and track veterans and military spouses seeking licensure

Indiana began to include two standard questions on licensure applications (by examination or endorsement) to support tracking of military and/or military spouses seeking licensure. These questions are optional on the applications, but completion of these questions will enable state-level quantification and tracking of military licensees. This administrative change was made following 2019 House Enrolled Act 1268² which required questions regarding veteran status or spouse status to be included on applications for state driver’s license.

Example of questions included on Indiana professional license applications

Are you the spouse of a member of the military who is assigned to a duty station in Indiana? *(Optional)*
 Yes No

Are you an active duty member of the military? *(Optional)*
 Yes No

1. Presentation available at: https://www.in.gov/dwd/files/8_22_16_Education,-Pipeline,-and-Training-Task-Force_FINAL.pdf

2. House Enrolled Act 1268-2019. Available at: <http://iga.in.gov/legislative/2019/bills/house/1268>

>> Health workforce occupational explorers

Summary: The Taskforce discussed information that is available to support occupation decision-making among students and incumbent workers. As a part of these discussions, taskforce members reviewed labor market information that is available through the Department of Workforce Development and discussed limitations to this data, including malalignment between job titles and Standard Occupation Code classifications¹, difficulties associated with vague occupational categories such as the “Healthcare Support Worker,” and a lack of information available on the value of credentials.



Indiana Commission for Higher Education launched Credential Engine

Ultimately, the Taskforce concluded that while labor market information from the Department of Workforce Development is helpful, it does not have the granularity or specificity required for academic/pipeline planning or to fully support informed occupational decisions. It was determined that higher resolution quantitative data on the health workforce and an opportunity for employers to provide qualitative feedback (such as occurs in the Governor’s Health Workforce Council) are critical to ensuring alignment between supply, demand, and pipeline. Ultimately, the Indiana Commission for Higher Education spearheaded the development and launching of Credential Engine, a platform that contains detailed information on occupations in Indiana, including income potential, regulation/credentials required, and academic programs. Indiana’s Credential Engine scale-up started with the healthcare industry but will be expanded to include additional occupations/industries in the future.²

Indiana Credential Engine Brief

Credential Engine

Indiana Scales-Up Workforce In Healthcare And Beyond With Credential Engine

The success of Indiana's economy relies on building a high-quality workforce ready to innovate and power the state into the future. Health-related jobs are crucial to Indiana's economy, and as they represent 25% of its in-demand jobs, understanding the healthcare credentials currently offered in the state is critical to ensuring programs are ready to expand, evolve, and scale to meet future needs. To do this, Indiana committed to work with credentialing organizations to publish all healthcare-related credentials to the Credential Registry. Partnering with Credential Engine, the Indiana Commission for Higher Education has worked with Indiana's credential providers to publish over 1,000 healthcare credentials on the Credential Registry so far, building a clear map of where the healthcare credentialing ecosystem is, and where it needs to go.

To highlight some of the important ways healthcare data is being used in the state, a number of use cases were developed and will guide the creation of applications that use credential data from the Registry to meet identified needs.

- Healthcare Industry** – By publishing all health-related credentials in Indiana on the Registry—such as certificates, certifications, licenses, and degrees of all types and levels—prospective students can better search for and understand their education and training options in the state and the competencies acquired through these credentials, helping students make more informed decisions.
- Military Training and Experience** – Indiana has put an emphasis on translating military training and experience into meaningful college credit. The Registry shows the Military Bridge programs that are connected with Indiana's institutions and the Defense Department's Medical Education Training Campus (METC), allowing service members and veterans to better understand their options for civilian employment in related fields.
- Dual Credit** – Including Career Centers and associated Career Technical Education programs on the Registry will allow students and advisors to see which credentials can be earned from Early College Programs and will eventually show related jobs from employers.
- Apprenticeships** – Apprenticeship information will highlight the connections between institutions, apprenticeships, and employers.
- Next Level Jobs** – Incorporating Governor Holcomb's [Next Level Indiana](#) initiative, Credential Finder will allow users to search for credentials in high-priority industries driving Indiana's economy forward. The searchable information shows the programs that are associated with the Workforce Ready Grant, which pays the tuition and mandatory fees for working-age Hoosiers to earn a high-value certificate at Ivy Tech Community College or Vincennes University.
- Career Exploration** – In the future, the Registry data will be connected with the [Indiana Career Ready website](#). Some of the tools on the site are mandatory exploration tools for high

1. From the 4/25/16 meeting minutes: https://www.in.gov/dwd/files/Education_Task_Force_Minutes_4_25.pdf

2. A one-pager on Indiana's use of Credential Engine is available at: https://credentialengine.org/wp-content/uploads/2018/11/Indiana_Use_Cases.pdf

MENTAL AND BEHAVIORAL HEALTH WORKFORCE TASKFORCE

Link: <https://www.in.gov/dwd/about-dwd/ghwc/mental-and-behavioral-health-workforce-taskforce/>

Time Period: 2016

Membership:

- Joe Moser, Co-Chair, Director of Medicaid, Indiana Family and Social Services Administration
- Kevin Moore, Co-Chair, Director of Division of Mental Health and Addiction, Indiana Family and Social Services Administration
- Dennis Anderson, Core Faculty Member, Community Health Network Psychiatry Residency Program
- Matt Brooks, Chief Executive Officer, Indiana Council of Community Mental Health Centers, Inc.
- Kathy Cook, Director, Affiliated Service Providers of Indiana, Inc.
- Stanley DeKemper, Executive Director, Indiana Counselors Association on Alcohol and Drug Abuse
- Deena Dodd, Network Development Officer, Indiana Rural Health Association
- Anne Gilbert, Board Member, Mental Health and Addiction Services Development Program Board
- Spencer Grover, Vice President, Indiana Hospital Association
- Brian Hart, Area Chief Medical Director of Inpatient Psychiatric Services, Eskenazi Health
- Stephen McCaffrey, President and Chief Executive Officer, Mental Health America of Indiana
- Phil Morphey, Chief Executive Officer, Indiana Primary Health Care Association
- Barbara Moser, Director of Policy and Outreach, National Alliance on Mental Illness
- Ukamaka Oruche, Assistant Professor of Psychiatric-Mental Health Nursing, Indiana University School of Nursing
- Don Osborn, Director and Professor of Graduate Addictions Counseling, Indiana Wesleyan University
- Michael Patchner, Dean and Professor, Indiana University School of Social Work
- Kimble Richardson, Co-Chair of Behavioral Health and Human Services Board, Indiana Professional Licensing Agency
- Calvin Thomas, Vice President of the Health Division, Ivy Tech Community College

What's the Issue and Why Was It a Priority for the Council?

The mental and behavioral health workforce consists of both licensed and non-licensed professionals, all of which serve as critical members of the mental and behavioral health care delivery team. This workforce is threatened by high turnover rates, shortages, an aging workforce, recruitment and retention challenges, and a high demand for services. As Indiana had recently expanded coverage with HIP 2.0, more Hoosiers were insured than ever before. With this expansion of coverage came increased demand for all health services. As mental and behavioral health was already strained with workforce challenges, the increased demand was anticipated to place even more burden on mental and behavioral health professionals in Indiana.

In addition to increased demand for mental and behavioral health services due to HIP expansion, Hoosiers were suffering from high rates of substance use disorder. The recent HIV and Hepatitis C crisis in southern Indiana highlighted the need for substance use disorder services, as researchers found a majority of the new transmissions via infected intravenous needles in the context of intravenous drug use.

Given this context and culture of the mental and behavioral health workforce in Indiana, planning and policy for this workforce must be a priority.

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Calendar Key

- ★ # = Taskforce Outcome
- = Taskforce Meeting

Overview of Taskforce's Work:

>> Review of health professions' competencies for behavioral health and substance use disorder to support integration and collaborative models of care.

Summary: The Taskforce reviewed the types of individuals that are considered to be a part of the "licensed mental health workforce." Given the context of Indiana's increasing awareness of behavioral health and substance use disorder prevalence, the Taskforce determined that the dedicated licensed mental health workforce would not be sufficient to address the mental health and substance use needs of the population. The Taskforce discussed policy solutions which included expanding the behavioral health workforce to include non-dedicated professionals such as primary care providers. However, to ensure these professionals are positioned to provide some level of behavioral health services, the taskforce recommended reviewing broad professions' competencies to identify whether current training requirements were sufficient.



Passed continuing education requirements for opioid prescribing/abuse

In 2018, Indiana passed Senate Enrolled Act 225-2018 which established 2 hours of continuing education requirements for licensed health care practitioners who apply for a controlled substances registration.

>> Explore and make recommendations for leveraging telehealth for behavioral health services

Summary: The Taskforce discussed issues associated with access to behavioral health services, which were determined to be associated with rural vs. urban disparities in providers (mal-distribution). Telehealth was determined to be a new area of opportunity for enhancing access to care, but an area that had yet to be explored or utilized extensively in the behavioral health space. At the time of the Taskforce's tenure, only prescribers (including physicians, physician assistants, advanced practice nurses, and optometrists) were permitted to provide health care services through telemedicine and an initial face-to-face meeting was required. The Taskforce determined that the current telemedicine policies were a limitation to behavioral health services and this area should be explored further.



Medicaid reimbursement made available for services delivered over telehealth

In 2017, House Enrolled Act 1337¹ was passed which permitted Medicaid reimbursement for telehealth services. This act also permitted the prescribing of an opioid over telemedicine if the opioid was prescribed to treat or manage opioid dependence. (This facilitated the delivery of Medication Assisted Treatment over telemedicine).



Enabled psychologists to practice telepsychology

In 2019, House Enrolled Act 1200² enabled psychologists to practice telepsychology.



Expanded telehealth provisions and permitted professionals for telehealth delivery

In 2021, Senate Enrolled Act 3³ further expanded telemedicine by changing it to "telehealth" and expanding the types of professionals who can deliver telehealth to include behavioral health and human services professionals (among other professions).

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1. House Enrolled Act 1337-2017. Available at: <http://iga.in.gov/legislative/2017/bills/house/1337/#digest-heading>

2. House Enrolled Act 1200-2019. Available at: <http://iga.in.gov/legislative/2019/bills/house/1200#document-19b4a630>

3. Senate Enrolled Act 3-2021. Available at: <http://iga.in.gov/legislative/2021/bills/senate/3#document-742b0b09>

>> Understand who the workforce is and any barriers to practice and service delivery

Summary: In order to ensure that the mental health and addictions workforce is prepared to meet the needs of Hoosiers, the state must understand the needs of 1) consumers, 2) provider and payer organizations, and 3) the future potential workforce. A comprehensive needs assessment for the mental health workforce and Hoosier mental health and addiction needs had not formally been completed previously. **It is unknown whether a comprehensive consumer needs assessment for mental health and addiction services has been completed.**

Regarding assessing the mental health workforce, the Bowen Center enhanced data management and reporting strategies for the behavioral health workforce in a number of ways:

5 **6** Streamlined data collection for all Indiana BHHS professionals.

It was identified that a number of behavioral health and human services (BHHS) professionals hold multiple licenses. To enhance quantification of BHHS workforce capacity, individuals with multiple licenses were identified and controlled for in data reporting (beginning with the 2018 Behavioral Health and Human Services Data Report, and enhanced in [the 2020 Behavioral Health and Human Services Data Report](#)).

Given the findings of multiple licenses, overlapping license requirements, and in an effort to enhance cross-profession comparison among BHHS professionals, beginning in the 2018 license renewal cycle, addiction counselors (including addiction counselors, clinical addiction counselors, and associate-levels) were administered the same [survey tool](#) as other BHHS license types. This enhanced data reporting for BHHS professionals.

7 Comprehensive data and policy analysis of Indiana addiction counselors

Because of the high prevalence of population addiction service needs, a deep dive was performed on Indiana's addiction counselor workforce to understand training requirements, scope, and practice provisions for addiction counselors in Indiana. These findings were published in the final report:¹ "Indiana Addiction Counselors: A Review and Recommendations for a Workforce at the Frontline of the Opioid Epidemic."

>> Explore behavioral health service reimbursement mechanisms and identify opportunities for enhancement

Summary: A common theme discussed by the Taskforce was the limited reimbursement mechanisms to support mental health and addiction service delivery. The Taskforce discussed various "levers" that could be pulled to enhance the reimbursement environment for these services, which included: increasing reimbursement rate, offering reimbursement opportunities for additional professionals, offering reimbursement for additional services.

8 Community Health Worker services approved for Medicaid reimbursement

In 2017, House Enrolled Act 13372 was passed which permitted Medicaid reimbursement for telehealth services. In 2018, Community Health Worker services were reimbursed through a state plan amendment. (Additional details can be found in the "Community Health Worker" section of the document.)

Conclusion

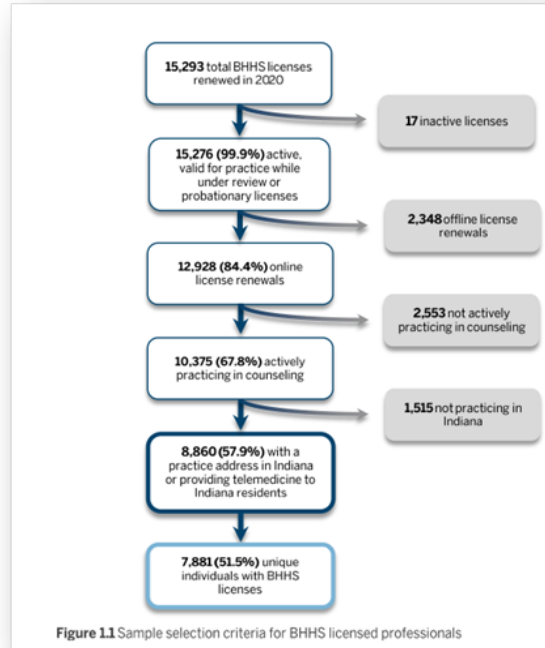
The Mental and Behavioral Health Workforce Taskforce's recommendations were presented to and adopted by the Council in late 2016. These recommendations were included in the 2016 Governor's Health Workforce Council Strategic Plan³ and are outlined below alongside a summary of associated outcomes:

1. <https://scholarworks.iupui.edu/bitstream/handle/1805/17769/IndianaAddictionsReport.FinalDraft.pdf?sequence=6&isAllowed=y>

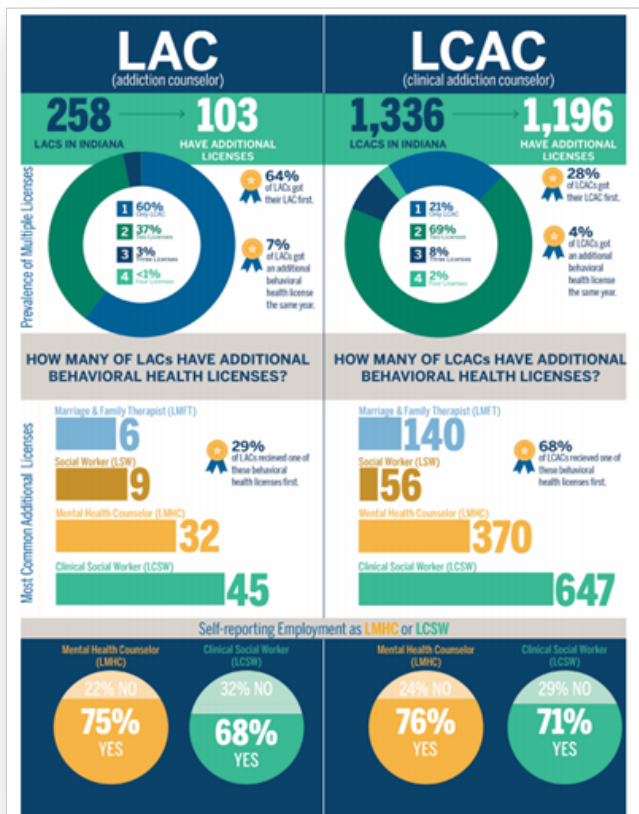
2. House Enrolled Act 1337-2017. Available at: <http://iga.in.gov/legislative/2017/bills/house/1337/#digest-heading>

3. 2016 Governor's Health Workforce Council: Strategic Plan. Available at: https://www.in.gov/dwd/files/GHWC-Strategic_Plan.pdf

Figure from 2020 Behavioral Health and Human Services Data Report which identifies and quantifies individuals with multiple BHHS licenses



Excerpts from the Excerpts from the 2018 Addiction Counselor Policy Review



EXAMPLES OF SIMILAR LICENSE ENTRY REQUIREMENTS	
EDUCATION Master's Degree or higher <input type="checkbox"/> Clinical Social Worker (LCSW) <input type="checkbox"/> Mental Health Counselor (LMHC) <input type="checkbox"/> Marriage Family Therapist (LMFT) <input type="checkbox"/> Clinical Addiction Counselors (LCAC)	EXAMINATION National Examination <input type="checkbox"/> Clinical Social Worker (LCSW) <input type="checkbox"/> Mental Health Counselor (LMHC) <input type="checkbox"/> Marriage Family Therapist (LMFT) <input type="checkbox"/> Social Worker (LSW) Examination Provided by the Board <input type="checkbox"/> Bachelor of Social Work (BSW) Examination Provided by a Testing Service <input type="checkbox"/> Clinical Addiction Counselors (LCAC) <input type="checkbox"/> Addiction Counselors (LAC)
EXPERIENCE Two Years (or more) of Experience <input type="checkbox"/> Clinical Social Worker (LCSW) <input type="checkbox"/> Mental Health Counselor (LMHC) <input type="checkbox"/> Marriage Family Therapist (LMFT) <input type="checkbox"/> Clinical Addiction Counselors (LCAC) <input type="checkbox"/> Social Worker (LSW) <input type="checkbox"/> Addiction Counselors (LAC)	PRACTICE Use of Counseling and Psychotherapeutic Techniques <input type="checkbox"/> Marriage Family Therapist (LMFT) <input type="checkbox"/> Mental Health Counselor (LMHC) <input type="checkbox"/> Clinical Addiction Counselors (LCAC) <input type="checkbox"/> Clinical Social Worker (LCSW) Classifications from Psychosocial Evaluations (DSM-IV) <input type="checkbox"/> Clinical Social Worker (LCSW) <input type="checkbox"/> Marriage Family Therapist (LMFT) <input type="checkbox"/> Mental Health Counselor (LMHC) <input type="checkbox"/> Clinical Addiction Counselors (LCAC)

COMMUNITY HEALTH WORKER (CHW) WORKGROUP

Link: <https://www.in.gov/dwd/about-dwd/ghwc/community-health-worker-workgroup>

Time Period: 2017-2018

Membership:

- Judy Hasselkus, Chair, Department of Workforce Development
- Laura Heinrich, Co-Chair, Indiana State Department of Health
- Rebecca Adkins, Ascension
- Hannah Burney, Office of Medicaid Policy and Planning
- Kathy Cook, Affiliated Services Provider of Indiana
- Terry Cook, Division of Mental Health and Addiction
- Margarita Hart, Indiana Community Health Workers Association (INCHWA)
- Don Kelso, Indiana Rural Health Association
- Jennifer Long, Marion County Public Health Department
- Mary Anne Sloan, Ivy Tech
- Lisa Smith, Mental Health America of Northeast Indiana
- Lisa Staten, Richard M. Fairbanks School of Public Health
- Andrew VanZee, Indiana Hospital Association
- Carol Weiss-Kennedy, IU Health Bloomington

What's the Issue and Why Was It a Priority for the Council?

The Community Health Worker (CHW) Workgroup was formed by the Governor's Health Workforce Council (Council), after former Indiana State Health Department Commissioner and Council member Dr. Jerome Adams identified CHWs as an emerging health workforce topic and a top health workforce priority for Indiana. **The CHW workgroup was charged with making recommendations for a formal definition for the CHW workforce to the Council.** The CHW Workgroup was co-chaired by the Department of Workforce Development and the Indiana State Department of Health. Its membership included a variety of perspectives representing employers, providers, higher education, payers, and training programs.

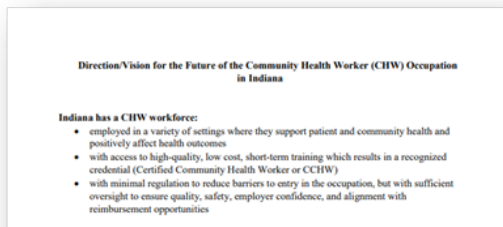
>> Create a vision for the future of the CHW occupation in Indiana

The workgroup created a direction/vision statement for the future of the CHW workforce in Indiana.¹ This vision statement addressed the perspective of the CHW workforce, employers, and state government.



Create a vision for the future of the CHW occupation in Indiana

The workgroup created a direction/vision statement for the future of the CHW workforce in Indiana²



1. Vision statement available on the Workgroup's webpage at: <https://www.in.gov/dwd/files/Vision-Statements-for-CHW-Workgroup.pdf>

2. Vision statement available on the Workgroup's webpage at: <https://www.in.gov/dwd/files/Vision-Statements-for-CHW-Workgroup.pdf>

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Calendar Key

- ★ = Taskforce Outcome
- = Taskforce Meeting

Overview of Taskforce's Work:

>> Defining the CHW workforce

Summary: At the time the workgroup met, CHW was an emerging health/social service occupation in Indiana that was getting traction as a strategy to addressing social determinants of health. The workgroup reviewed various definitions of the CHW workforce adopted by other states or national organizations.

Recommendation 1: Definition

A community health worker (CHW) is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy (adopted from the American Public Health Association definition as of 2018).



Recommendation adopted by the Council

The definition for CHWs was adopted by the Council.¹ This definition is in alignment with the definition adopted by the Indiana Department of Health² (formerly Indiana State Department of Health) and the Indiana Office of Medicaid Policy & Planning.³ This created alignment between various state agencies' initiatives related to CHWs.

>> Determining CHW Competencies and Skills

The workgroup reviewed competencies and skills for CHWs put forth by a national project: the Community Health Worker Core Consensus Project (C3).⁴ The workgroup determined that these competencies and skills were appropriate for Indiana in their February 13, 2018 meeting and voted to adopt these Competencies and Skills in their March 20th, 2018 meeting.⁵

Recommendation 2: Competencies and Associated Skills

Adopt community health worker competencies and associated skills defined in the Core Consensus (C3) project with Indiana amendments (as adopted by the workgroup on April 19th, 2018).



Recommendation adopted by the Council & Community Health Worker services approved for Medicaid reimbursement

The competencies and skills for CHWs was adopted by the Council⁶ and by Indiana Medicaid.⁷

1. As adopted by the Council in their August 28, 2018 meeting. <https://www.in.gov/dwd/files/AdoptedCHWRecommendations.pdf>

2. Definition of CHWs on Indiana Department of Health website available at: <https://www.in.gov/isdh/24942.htm>

3. Definition of CHWs in Indiana Office of Medicaid Policy & Planning Frequently Asked Questions memo to Managed Health Care Plans, page 6 at: <https://scholarworks.iupui.edu/bitstream/handle/1805/26114/OMPP%20Community%20Health%20Worker%20FAQs%20-%20Updated%20Rates%20%26%20Responses.pdf?sequence=1&isAllowed=y>

4. Interim report of the Core Consensus project available at: https://0d6c00fe-eae1-492b-8e7d-80acecb5a3c8.filesusr.com/ugd/7ec423_fad3aaf52fc642e7984da849d50b10a7.pdf

5. Minutes from both meetings available on the CHW Workgroup webpage at: <https://www.in.gov/dwd/about-dwd/ghwc/community-health-worker-workgroup/>

6. As adopted by the Council in their August 28, 2018 meeting. <https://www.in.gov/dwd/files/AdoptedCHWRecommendations.pdf>

7. Competencies for CHWs in Indiana Office of Medicaid Policy & Planning Frequently Asked Questions memo to Managed Health Care Plans, page 5 at: <https://scholarworks.iupui.edu/bitstream/handle/1805/26114/OMPP%20Community%20Health%20Worker%20FAQs%20-%20Updated%20Rates%20%26%20Responses.pdf?sequence=1&isAllowed=y>

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>> Defining the level of regulation for CHWs

Historically, CHWs had served under various titles without any requirement for governmental regulation. In order to determine the appropriate level of regulation, the workgroup considered a number of perspectives: 1) requirements that may be associated with accessing Medicaid reimbursement, 2) some employer's preferences to defer to an external body to assess and accredit an individual's competencies, 3) national experts in occupational regulation presented on the various regulatory options at the 4/19/18 meeting¹, and 4) the perspective of practicing CHWs that participated in a "Reactor Panel" for the 6/5/18 and 7/10/18 meetings. The workgroup ultimately determined that a state certification should be available to protect the title of "Certified Community Health Worker". This certification and title may open up reimbursement possibilities for CHWs that wish to pursue certification, but it was determined that certification would not be required to practice as a community health worker. Therefore, state certification would not preclude current community health workers from continuing to provide their CHW services.

Recommendation 3: Certification

State certification shall be required in order for an individual to use the title Certified Community Health Worker (CCHW); however, this does not preclude an individual from being employed as a community health worker in settings in which certification is not required by an employer.



Department of Health Established the Perinatal/OB Navigator Program (CHWs)

Certification recommendations were adopted by the Council.² In order to access reimbursement, OMPP recognized CHW certifications from CHW training vendors, including Mental Health America of Indiana, Affiliated Service Providers of Indiana, and HealthVisions Midwest.³

>> Determining Education and Training Requirements for State-CHW Certification

Education and training requirements for CHWs varies widely. The workgroup reviewed training requirements imposed in other states as well as requirements for Indiana occupations regulated at a similar level (certified nurse aide). A number of considerations were taken when discussing CHW education/training requirements, including: flexibility to address emerging health issues or targeted special populations, remote/virtual and on-demand training availability for those individuals that cannot travel or whose schedule does not permit access training at regular hours, and who and how would training programs be reviewed to meet competency and skill requirements.

Recommendation 4: Education and Training

Develop flexible education/training model which supports the development of customized curriculum, aligning with state-recognized competencies to certify community health workers. Develop a state-approved, standardized assessment and publicly publish aggregated assessment pass rates by vendor. Implement a curriculum review and approval process for training vendors to ensure alignment with identified competencies.

A state process for CHW training and education review and assessment has not been created or implemented by the state.

1. Minutes from this meeting available at: <https://www.in.gov/dwd/files/CHW-Meeting-Minutes-4-19-18.pdf>

2. As adopted by the Council in their August 28, 2018 meeting. <https://www.in.gov/dwd/files/AdoptedCHWRecommendations.pdf>

3. Certifying bodies for CHWs recognized by Medicaid released in Indiana Office of Medicaid Policy & Planning Frequently Asked Questions memo to Managed Health Care Plans, page 5 at: <https://scholarworks.iupui.edu/bitstream/handle/1805/26114/OMPP%20Community%20Health%20Worker%20FAQs%20-%20Updated%20Rates%20%26%20Responses.pdf?sequence=1&isAllowed=y>

>> Ensuring CHW formalization does not inhibit current CHW workforce: Grandfathering

As the workgroup was considering the process for formalizing the CCHW (certified CHW) workforce, special care was taken to ensure no recommendations would inhibit the delivery of CHW services by current CHWs. As such, the workgroup reviewed grandfathering provisions that were developed for other recent emerging Indiana occupations (addiction counselors) and put forth recommendations that facilitates access to certification based on previous training and work experience.

Recommendation 5: Grandfathering

Develop grandfathering provisions which facilitate certification for individuals who have previously completed training and experience. Grandfathering provisions shall include but may not be limited to: requiring the following: 1) demonstration of formal training as a community health worker, 2) employer-/organization-documented experience working as a community health worker, and 3) a period of time when grandfathering will be permitted.



Community Health Worker services approved for Medicaid reimbursement

A provision was included in the Indiana Medicaid bulletin¹ that recognizes employer-based training around health promotion and community health integration that meets the adopted CHW competencies. This provision enables CHWs that had not completed the formal training programs to access certification and reimbursement.

>> Creating a registry for CCHWs

The workgroup discussed how the public or employers might be able to verify credentials of a certified CHW (CCHW). Ultimately, the workgroup recommended the state host a registry of CHWs that received state-recognized certification.

Recommendation 6: Registry

Maintain a registry of state-recognized Certified Community Health Workers. Information maintained on Certified Community Health Workers may include but not be limited to: Name, Date of Birth, Social Security Number or evidence of work authorization, address, qualifying education/training provider information [name, address, date of completion, director's signature], and examination information. Information made publicly available for verification of certification: Name, Certification Number, Occupation Title, Certification Status, Certification Issue Date, Certification Expiration.



Recommendation adopted by the Council & Community Health Worker services approved for Medicaid reimbursement

This recommendation was adopted by the Council.² A statewide registry for all CHWs was explored but was determined to be cost prohibitive (initial estimates were ~\$125,000). According to the Medicaid bulletin, employers were to review the individual's credentials (training) and supervising providers were to bill as the rendering provider of CHW services.



Department of Health Established the Perinatal/OB Navigator Program (CHWs)

Although the state did not move forward with a statewide CHW registry, the Indiana Department of Health did create a strategy for monitoring a sub-section of CHWs that provide maternal and child health services under the state OB Navigator program. 2019 House Enrolled Act 1007³ established the Perinatal/OB Navigator Program "for the purposes of engaging pregnant women in early prenatal care and providing referrals to pregnant women for wraparound services and home visiting programs in the local community." The OB Navigator program is an initiative of several state agencies: IDOH, Indiana Family and Social Services Administration (FSSA) and the Indiana Department of Child Services (DCS). As a part of implementation of the OB navigator program, IDOH has maintained an internal database of OB Navigator providers in certain counties, including CHWs. This database (or registry) assists IDOH in facilitating referrals to providers in the community.⁴

1. Indiana Medicaid Bulletin BT201826. Available at: http://provider.indianamedicaid.com/ihcp/Bulletins/BT201826_PF.pdf

2. As adopted by the Council in their August 28, 2018 meeting. <https://www.in.gov/dwd/files/AdoptedCHWRecommendations.pdf>

3. House Enrolled Act 1007-2019. Available at: <http://iga.in.gov/legislative/2019/bills/house/1007>

4. More information about the OB Navigator Program, now known as My Health Baby, can be found at: <https://www.in.gov/myhealthybaby/>

>> Determining regulatory oversight

The workgroup discussed who and how the CCHW workforce should be regulated. Consideration was taken as to the role of state government versus external groups. Ultimately, it was determined that IDOH was the best-positioned agency to oversee CHW regulatory activities.

Recommendation 7: Regulatory Oversight

The Indiana State Department of Health shall provide regulatory oversight for Certified Community Health Workers. As the certifying authority, ISDH shall oversee the following functions:

- Establish an advisory body to provide counsel and guidance, in a frequency to be determined, on aspects of Certified Community Health Worker regulation. The advisory body shall be limited to 8-10 members and shall include representatives from the following:
 - Stakeholder agencies: FSSA (OMPP/DMHA), ISDH, DWD
 - Employer of Certified Community Health Worker
 - Certified Community Health Worker
 - Rural Health Association
 - Primary Care Association
 - Hospital Association
 - Education
 - Consumer
 - Representative of Community Health Worker Association
- Adopt Competencies and Skills for Certified Community Health Worker (CCHW)
- Establish baseline criterion (hour, modes of delivery, etc.) for CCHW training
- Establish review criterion for CCHW curriculum
- Review CCHW curriculum to ensure alignment
- Generate assessment for CCHWs
- Develop strategy for implementation of electronic assessment required for Certified Community Health Workers
- Develop strategy to report pass rates for assessment by training program/vendor
- Consider a process for reciprocity
- Develop and oversee application process for Community Health Workers certification
- Maintain a registry of Certified Community Health Workers
- Perform ongoing assessment of regulatory schema for Certified Community Health Workers to ensure alignment with state needs.



Recommendation adopted by the Council & Department of Health Established the Perinatal/OB Navigator Program (CHWs)

This recommendation was adopted by the Council.¹

Currently, no statewide regulatory framework for CHWs has been created. However, CHWs do have a mechanism for certification for reimbursement purposes, and a registry of CHWs exists for certain sub-sectors of the CHW workforce (under the OB Navigator/My Healthy Baby program). However, to date, many of these recommendations have not been fulfilled.

1. As adopted by the Council in their August 28, 2018 meeting. <https://www.in.gov/dwd/files/AdoptedCHWRecommendations.pdf>

>> Implementing CHW Workforce Development Initiatives

Following the work of the workgroup, the Indiana Department of Workforce Development (DWD) explored workforce development opportunities for CHWs. In 2019, Indiana was continuing to experience workforce challenges in the substance use disorder workforce arena. Indiana was beginning to scale-up the use of CHWs through the recent CHW reimbursement provisions under Medicaid. The State saw these initiatives as an opportunity to explore workforce development opportunities for CHWs that provide mental health or substance use disorder-related services, including peer support/recovery workers. DWD submitted a proposal to the federal Department of Labor to obtain a “Dislocated Worker Grant” to enhance workforce opportunities for high-demand occupations, including community health workers and recovery coaches.



Awarded Department of Labor grant for CHW and peer recovery workforce

Indiana was awarded \$4,739,794 in July 2019 to provide ~450 individuals with community health workers, recovery coaches, and peer navigators training in the Indiana counties hardest hit by the opioid crisis.¹

1. News Release for grant award is available on Department of Labor website at: <https://www.dol.gov/newsroom/releases/eta/eta20190715-0>

STATE LOAN REPAYMENT PROGRAM WORKGROUP

Link: <https://www.in.gov/dwd/about-dwd/ghwc/state-loan-repayment-program-workgroup/>

Time Period: November 2017-November 2018

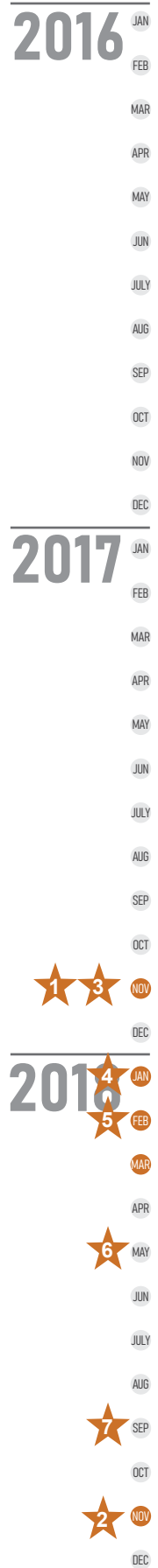
Membership:

- Allison Taylor, Chair, Director of Indiana Medicaid
- Grant Achenbach, Indiana State Medical Association
- Ann Alley, Indiana State Department of Health
- Leila Alter, Indiana Dental Association
- Matt Brooks, Indiana Council of Community Mental Health Centers, Inc.
- Michael Cook, Office of Medicaid Policy & Planning
- Tina Darling, Indiana Primary Health Care Association
- Blayne Miley, Indiana State Nurses Association
- Kevin Moore, Division of Mental Health & Addiction
- Joseph Habig, Indiana State Budget Agency
- Jason Kolkmeier, Indiana Academy of Physician Assistants (IAPA)
- Colby Shank, Indiana Commission for Higher Education
- Brian Tabor, Indiana Hospital Association
- Angela Thompson, Coalition of Advanced Practice Nurses of Indiana (CAPNI)

What's the Issue and Why Was It a Priority for the Council?

Enhanced availability of health workforce in Indiana has enabled the state Primary Care Office (at the Indiana Department of Health) to expedite the submission of applications for federal health professional shortage area (HPSA) designations to the Health Resources & Services Administration. After receiving a number of additional HPSA designations for Indiana geographies experiencing shortage of health professionals, the State realized that data and shortage designations alone would not be sufficient to fill the provider access gap.

The Governor's Health Workforce Council created a State Loan Repayment Program (SLRP) Workgroup in 2017 to explore opportunities to create incentive programming for health professionals. The workgroup's charge was to explore various loan repayment (or incentive options) developed in other states; determine appropriate strategies for Indiana given the political, financial, and administrative contexts; and to make recommendations to the Council for a loan repayment strategy for the State of Indiana. The timing of the workgroup coincided with the application cycle for the National Health Service Corps SLRP program under the Health Resources and Services Administration.

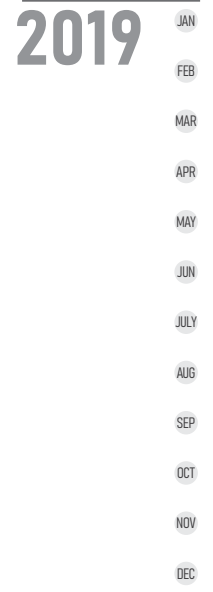


Calendar Key
 ★# = Taskforce Outcome
 ● = Taskforce Meeting

Overview of Workgroup's Work:

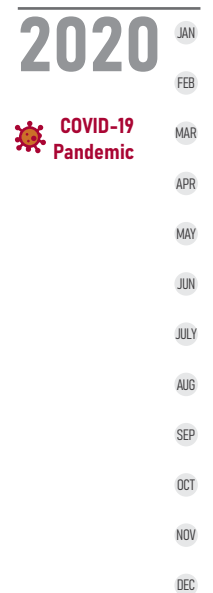
>> Review Indiana Health Workforce Incentive Programs and Initiatives

Before discussing what type of program should be created for the state, the workgroup reviewed the programs that already exist to support health professionals, including a Primary Care Physician Loan Forgiveness Program¹ operated out of the Commission for Higher Education and a Mental Health Loan Repayment Assistance Program² operated out of the Commission for Higher Education but supported by funding provided by the Division of Mental Health and Addiction

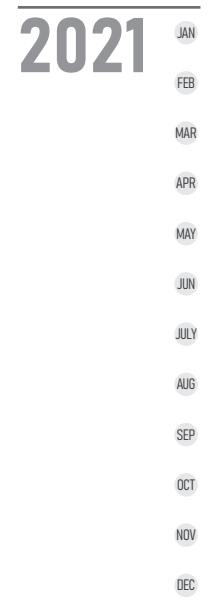
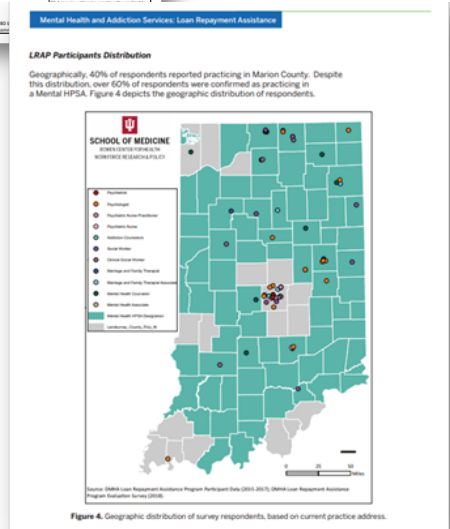
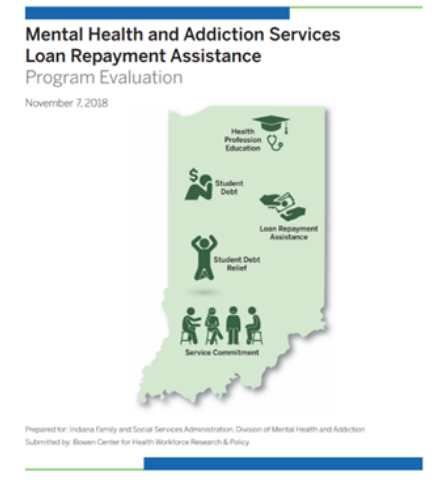


1 Conducted current and historical review of Indiana's health workforce incentive initiatives
 Minimizing Duplication of Efforts and Identifying Opportunities for Synergy: The workgroup produced a document that summarized incentive programs and related legislative initiatives from the past 5 years.³

2 Evaluation of Mental Health Loan Repayment Assistance Program
 Learning from Previous Initiatives: The workgroup commissioned the Bowen Center to conduct an evaluation of the Mental Health Loan Repayment Assistance Program to inform future program development. The evaluation included an assessment of the participants' perspectives on the program, including: program awareness, reasons for staying or leaving their service site, application and loan repayment administrative processes, and perceived value of the program overall. Loan repayment program participants were matched to Indiana license and supplemental data to describe the practice characteristics and assess HPSA retention status. This evaluation was completed in late 2018.



Program Name	Year Enacted	Code Citation	Profession Affected	Where in program located?	Funded (Y/N)	Amount funded per year	Any additional information (i.e., if statute, are qualifications set in statute or by regulation?)
Primary Care Physician Loan Forgiveness Program	2013	IC 21-13-6	Primary Care Physicians	Statewide	Yes	\$2000 per participant \$1,000,000 annual	(1) Is for a resident of Indiana. (2) Is an holder of a professional license (IC 21-13-6) (3) Is practice as a primary care physician. (4) Is within the history of the profession. (5) Is a resident of Indiana. (6) Is an existing practice within the history of the beginning of the calendar year, and (7) Is approved by the commission.
Indiana Mental Health Loan Repayment Assistance Program	2018	IC 21-44-6	Psychiatrists, Psychologists, Psychiatric nurses, psychiatric counselors, mental health professionals	Statewide	Yes	\$25,000 per student for 3 years of practice	Must be from Indiana accepting new position (includes all new resident Indiana, not currently practicing in Indiana for 3 years and establishing a new practice in Indiana. (1) Apply on a form prescribed by the commission. (2) Practice a profession that is licensed by a board. (3) Hold an outstanding student loan balance. (4) Provide essential services to Indiana residents.



1. Information about the primary care physician loan forgiveness program can be found at IC 21-13-6. Available at: <http://iga.in.gov/legislative/laws/2020/ic/titles/021#21-13-6>
 2. Information about the Mental Health Loan Repayment Assistance Program (also known as the Mental Health Services Development Program) can be found at IC 21-44-6 at <http://iga.in.gov/legislative/laws/2020/ic/titles/021#21-44-6>
 3. Summary of Health Professional Recruitment and Retention Programs in Indiana may be found at: <https://scholarworks.iupui.edu/bitstream/handle/1805/26117/Recruitment%20Retention%20Programs%20in%20Indiana%208-30-2019.pdf?sequence=1&isAllowed=y> (NOTE: this document has been updated since the workgroup's conclusion)

>> Review Other States' Health Workforce Incentive Programs and Initiatives

After reviewing Indiana's engagement in health workforce incentive programs, the workgroup requested a review of other states' programming. A national review of all health workforce loan repayment programs was conducted to inform workgroup planning. This review included both National Health Service Corps (NHSC) programs as well as non-NHSC state-based programs.

3 Conducted 50 state review of loan repayment program structures

Learning from Other States: A full 50-state review of state programming for health workforce loan repayment was conducted.¹ This comprehensive analysis positioned the workgroup to learn from innovative strategies and inform discussion on the best course of action for Indiana. After learning about the research being conducted in Indiana, many other states have requested access to this document to inform their own planning.

Descriptions of NHSC SLRP Programs for Active States

State	State	Program Name	Regulator	Eligible Practitioner	Program Type	Starting Year/End	State & Branch Source	Where the Program is Based in the State	Observations
Alaska	https://www.alaska.gov/health/health-workforce/loan-repayment-program	Alaska Health Workforce Loan Repayment Program	Alaska State Board of Nursing	Registered Nurses, Licensed Practical Nurses, and Licensed Vocational Nurses	Repayment	2015-2020	State of Alaska, Department of Health and Social Services	Juneau	Observation: contribution of 3 states in other responses for completion of the program/health workforce.
Arizona	https://www.azdhs.gov/dhsd/health-workforce/loan-repayment-program	Arizona Health Workforce Loan Repayment Program	Arizona State Board of Nursing	Registered Nurses, Licensed Practical Nurses, and Licensed Vocational Nurses	Repayment	2015-2020	State of Arizona, Department of Health and Social Services	Tucson	The Practitioner will provide one point of contact for all program-related questions and a list of all program-related staff.
Arkansas	https://www.ark.gov/health-workforce/loan-repayment-program	Arkansas Health Workforce Loan Repayment Program	Arkansas State Board of Nursing	Registered Nurses, Licensed Practical Nurses, and Licensed Vocational Nurses	Repayment	2015-2020	State of Arkansas, Department of Health and Social Services	Fayetteville	The Practitioner is responsible for leading or overseeing the program in their state. They must work with the state board of nursing to ensure the program is compliant with all applicable laws and regulations.
California	https://www.cdph.ca.gov/Programs/OPA/Pages/NR15-0001.aspx	California Health Workforce Loan Repayment Program	California State Board of Nursing	Registered Nurses, Licensed Practical Nurses, and Licensed Vocational Nurses	Repayment	2015-2020	State of California, Department of Health and Social Services	Sacramento	The Practitioner is responsible for leading or overseeing the program in their state. They must work with the state board of nursing to ensure the program is compliant with all applicable laws and regulations.

1. The full review of NHSC and Non-NHSC State-based Loan Repayment programs can be found at: <https://www.in.gov/dwd/files/Directory-of-Current-SLRP-Programs-in-United-States.pdf>

>> Developing Recommendations for an Indiana Loan Repayment Program

After reviewing Indiana's historical efforts and initiatives in other states, the workgroup began to discuss recommendations for Indiana. The workgroup determined recommendations in a sequential approach.

Transparent, Organized Discussions Resulting in Formal, Actionable Recommendations: The Bowen Center provided facilitation to determine recommendations in the following areas:

4 Determined Indiana professions for loan repayment prioritization

What professions should be eligible for reimbursement and how should applications be scored or prioritized? (January 2018 meeting)¹

5 Recommended loan repayment program funding and administration

How should the loan repayment program be funded and administered?² (February 2018 meeting)

SLRP Workgroup Response Results from 1/11/18 Meeting

D A T A // ELIGIBLE PROFESSIONS

Organized by Profession Type	Count
Physicians (MD or DO)	10
psychiatry	2
family medicine	2
pediatrics	
geriatrics	
internal medicine	
obstetrics and gynecology	
Nurse practitioners (specializing in adult, family, geriatric, pediatric, psychiatry/mental health, women's health, and certified nurse midwives)	7 (2 of which had APN written in)
Psychologists	6
Mid-level mental health professionals (licensed clinical social workers, marriage and family therapists, and licensed professional counselors)	5
Physician assistants (primary care, specializing in adult, family, geriatric, pediatric, psychiatry/mental health, women's health)	3
Registered Nurses	3
Dentists	2

Organized by Specialty	Count
Primary Care	7
Mental Health	7
WRITE IN: Substance Abuse	1

Organized by Education Level	Count
Doctorate level	10
Master's level	9
Baccalaureate level	1
Associates level	0

State Line Item	State Line Item			
	General Appropriations	Tax	Licensing Fees	Under Existing Funding
Financially Sustainable				
Positive	1	3	11	0
Neutral	3	4	1	0
Negative	8	5	0	11
Notes			This would have a relatively small impact to each provider	
			Increase in licensing fee vs. re-appropriation of current fees	
Politically Feasible				
Positive	0	0	7	2
Neutral	3	2	4	9
Negative	9	10	1	1
Administratively Feasible				
Positive	7	1	6	3
Neutral	4	8	1	6
Negative	0	3	5	2
Potential Adverse Effects	Administrative turnover/buy in	Where does the tax money currently go?	Expectation for transparency	Administrative turnover
	Challenges between healthcare	Potential defunding	Need to ensure that fees aren't taken out of RN	Potentially defunding other programs

>> Pursuing Development of a Loan Repayment Program

The timing of the workgroup coincided with the four-year application cycle of the NHSC State Loan Repayment Program application. Using the knowledge and recommendations generated by the workgroup, the Indiana Department of Health prepared an application for submission in May of 2018.

6 Submitted application for National Health Service Corps state loan repayment program (SLRP) funding

The Indiana Department of Health submitted an application to HRSA for SLRP funding in May 2018.

7 Awarded \$300,000 for National Health Service Corps SLRP funding

In September 2018, Indiana was notified of successful award of \$300,000 (to be matched with \$300,000 of state funds for a total of \$600,000 available for loan repayment).³ Following the SLRP workgroup's recommendations, IDOH prioritized behavioral health and primary care professionals. Geographically, the state prioritized counties with high numbers of opioid deaths.⁴

1. Results from the January 2018 facilitated discussion for profession determination and prioritization can be found in the voting score sheet (<https://www.in.gov/dwd/files/Votes-for-Repayment-Eligible-Professions-Prioritization.pdf>) and meeting minutes (https://www.in.gov/dwd/files/SLRP-Workgroup-Minutes-1_11_18.pdf).

2. Results from the February 2018 facilitated discussion for funding and administration can be found in the voting score sheet (<https://www.in.gov/dwd/files/Results-of-Prioritization-for-SLRP-Funding-Feasibility.pdf>) and meeting minutes (<https://www.in.gov/dwd/files/SLRP-Meeting-Minutes-2-19-18-Final.pdf>).

3. State Loan Repayment Program Grantee Awards Map. Available at: <https://nhsc.hrsa.gov/loan-repayment/state-loan-repayment-program/map>

4. Information about Indiana's State Loan Repayment Program is available on the IDOH website at <https://www.in.gov/isdh/28090.htm>

OCCUPATIONAL LICENSING POLICY LEARNING CONSORTIUM

Link: <https://www.in.gov/dwd/about-dwd/ghwc/occupational-licensing-policy-learning-consortium/>

Time Period: September 2017-December 2019

Membership:

- Michael Barnes, Indiana Department of Workforce Development
- Senator Ed Charbonneau, Indiana Senate
- Deborah Frye, Indiana Professional Licensing Agency
- Michael Kaufmann, Indiana Department of Homeland Security
- Representative Cindy Kirchofer, Indiana House of Representatives
- Hannah Maxey, Bowen Center for Health Workforce Research and Policy
- Ken Sauer, Indiana Commission for Higher Education
- Jennifer Sullivan (Walthall), Indiana Family & Social Services Administration

What's the Issue and Why Was It a Priority for the Council?

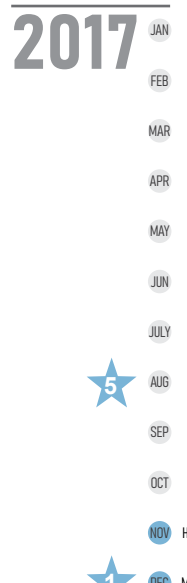
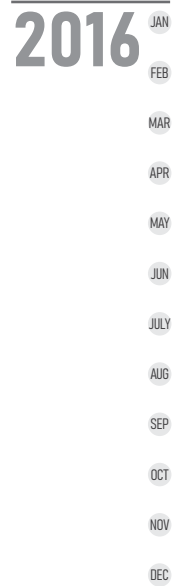
In late 2017, an opportunity became available through a project funded by the U.S. Department of Labor's Employment and Training Administration to improve a state's understanding of occupational licensure issues and best practices; identify current policies that create unnecessary barriers to labor market entry; and create an action plan that focuses on removing barriers to labor market entry and improves portability and reciprocity for select occupations. This project, the Occupational Licensing Policy Learning Consortium,¹ was supported by three partner organizations: the National Conference of State Legislatures (NCSL), the National Governors Center for Best Practices (NGA Center), and the Council of State Government (CSG). Indiana was one of 11 states selected to participate in the first cohort of the Consortium; additional states were added in subsequent years.

This project allowed the Council an opportunity to look at the health workforce through a different lens: that of occupational regulation and its impact on the labor market for health care professionals. The project asked states to focus efforts on specific occupations (occupations licensed in at least 30 states and those that require less than a bachelor's degree) and special populations (including: military veterans and their spouses, people with a criminal record, foreign-trained workers, and low-income and dislocated workers). Indiana was the only occupation to focus solely on health care occupations.² Indiana initially focused on military veterans and spouses as well as low-income and dislocated workers.

As a part of Consortium participation, Indiana designated a "Core Team" that was tasked with leading and executing activities within the project, as well as a "Home Team" that included a larger stakeholder group to provide guidance and input on the Core Team activities. Indiana's Core Team met regularly to discuss state priorities and advance identified initiatives. Many Council members were represented on the Core Team. Additionally, the larger Council served as members of the Home Team. Throughout the duration of the project, the Consortium remained a standing agenda item for quarterly Council meetings.

1. Additional information about the Occupational Licensing Policy Learning Consortium can be found at: <https://www.ncsl.org/research/labor-and-employment/occupational-licensing-final-report-resources-and-references.aspx>

2. A full list of the occupations and additional information regarding special populations may be found at: <https://www.ncsl.org/research/labor-and-employment/occupational-licensing-final-report-resources-and-references.aspx>



Calendar Key	
★	= Taskforce Outcome
●	= Taskforce Meeting
C	= Core Team Meetings
H	= Home Team Meetings (Council)
M	= Multi-state meetings

Options available in the Consortium	Indiana's focus
<p>Occupations</p> <ul style="list-style-type: none"> • General Contractors • Teacher Assistants • Respiratory Therapists • Dental Hygienists • Radiologic Technologists • Emergency Medical Technicians • Pharmacy Technicians • Veterinary Technicians • Licensed Practical and Licensed Vocational Nurses • Certified Nursing Assistants • Occupational Therapy Assistants • Physical Therapy Assistants • Massage Therapists • Private Detectives and Investigators • Security Guards • Barbers • Hairdressers, Hairstylists and Cosmetologists • Manicurists and Pedicurists • Skin Care Specialists (Estheticians) • Insurance Sales Agents • Electricians • Pipefitters and Steamfitters • Plumbers (Journeyman) • Construction and Building Inspectors • Security and Fire Alarm Systems Installers • Heating, Air Conditioning, and Refrigeration Mechanics and Installers • Drinking Water Treatment Plant and System Operators • Bus Driver (City/Transit) • Bus Drivers (School) • Heavy and Tractor-Trailer Truck Drivers • Real Estate Sales Agents 	<ul style="list-style-type: none"> • Dental Hygienists • Certified Nursing Assistants • Licensed Practical and Licensed Vocational Nurses • Emergency Medical Technicians
<p>Special Populations</p> <ul style="list-style-type: none"> • Military veterans and their spouses • People with a criminal record • Foreign-trained workers • Low-income and dislocated workers 	<ul style="list-style-type: none"> • Military veterans and their spouses • Low-income and dislocated workers



Indiana's Action Plan for Participation in the Consortium:

- Generate policy recommendations for the General Assembly aimed at 1) removing unnecessary barriers to labor market entry and 2) enhancing portability of licensure for targeted professions.
- Establish or identify infrastructure to support ongoing review and analysis of licensing policy for all occupations in Indiana.

Overview of Consortium's Work:

>> Review Current State of Indiana's Targeted Occupations and Populations

Prior to the Core Team generating a work plan or targeting activities to advance the action plan, the Core Team (with the assistance of the Bowen Center) conducted research on the current state of policies for these occupations and populations. The following variables were researched in Indiana and its contiguous states (Kentucky, Illinois, Ohio, Michigan):

- Employment characteristics (mean wage, base employment, projections)
- Licensing requirements (minimum education, education/training required, exam source, exam cost, continuing education requirements, licensing fees)
- License administration (regulatory body, required time of license renewal, license portability)
- Special populations considerations

1 Identified relevant statutory language, rules, or administrative implementation details for CNA, LPN, EMT, Paramedics, and dental hygienist

Identified relevant statutory language, rules, or administrative implementation details for targeted occupations.¹ The Bowen Center worked with various state officials responsible for regulating the targeted occupations (including: Professional Licensing Agency, Indiana Department of Health, and Department of Homeland Security) to identify applicable regulatory policies or initiatives for targeted occupations.

2 Created a framework for occupation-specific regulatory policy review.²

3 Applied framework to conducted a regulatory review for targeted occupations in Indiana and contiguous states.³

This document allows for a quick comparison between current policies in Indiana and neighboring states.

CERTIFIED NURSE AIDES (CNAs)

Median National Salary: \$27,650
 Median Indiana Salary: \$23,530
 Minimum Education: Certificate
 Education/Training: 205 hours, must complete a state approved program
 Regulatory Body: Indiana State Department of Health
 Licensing (Certification) Fees Every Two Years: \$0
 Exam Source: Indiana State Department of Health
 Exam Cost: \$75 for written and skills test

DECEMBER 2017 Occupational Licensing Policy Learning Consortium
 TARGET OCCUPATION: CERTIFIED NURSE AIDES

Frequently Asked Questions

1. Are there any provisions that specify reciprocity of certification with other states?

There are no regulations discussing reciprocity of nurse aide certification between states. CMS has regulations concerning the certification and maintaining of a nurse aide registry. States then have state laws and rules implementing those regulations. CMS has discussed developing a national registry but has not pursued that concept.

In Indiana, state statute or rules do not address reciprocity. The ISDH is the certification agency for aides and approves educational programs. By policy, the ISDH allows reciprocity for aides. The ISDH does not require an aide to complete an Indiana training course and skills requirements. The ISDH requires the aide to successfully pass Indiana's CNA examination.

2. Are there any provisions that specify transferability of certification for veterans, military spouses or military experience accepted in lieu of training and/or examination?

There are no provisions concerning transferability of certification for veterans or military spouses. Most of the military training is highly more comparable with DHD training rather than aide training. We have not received requests from veterans or military spouses for aide certification. If we did, we would review their training on an individual basis to determine whether they meet aide requirements. Most veterans or spouses are employed at higher pay than what an aide pays. It is therefore unlikely that there will be requests for nurse aide certification from this group.

3. Are there any provisions that provide assistance (example: reduced cost) to displaced/low-income workers?

The ISDH does not provide assistance. There are other agencies that do.

CMS regulations require a facility to pay cost of aide training. If an individual enrolls in a facility-based training program, the facility pays for the training of the individual as employed by the facility. If an individual enrolls in a non-facility-based program, the aide pays and may then request reimbursement from the facility upon hire. The facility is not required to provide training. Some training programs receive funding from an agency or grant in support of the program or specific individuals.

DECEMBER 2017 Occupational Licensing Policy Learning Consortium
 TARGET OCCUPATION: CERTIFIED NURSE AIDES

Occupation-specific Regulatory Policy Review			
		Indiana	Other State and/or National Average
Employment	Mean Wage		
	2012 Base Employment		
	2022 Projections		
Licensing Requirements	Minimum Education		
	Education/ Training Required		
	Exam Source		
	Exam Cost		
	Continuing Education Requirement (CEUs)		
License Administration	Licensing Fees		
	Regulatory Body		
Special Populations	Required Time of License Renewal		
	License Portability		
	Veterans/ Military Spouses		
	Displaced/ Low-income Workers		
	Good Moral Character Requirement		
	Blanket Ban for Ex-Offenders		
	Rehabilitation Requirement		
	Relationship between Offense and Occupation		
	Limitations on Scope of Inquiry		
	Individuals with Work Authorization		

Certified Nurse Aide						
	Indiana	Kentucky	Illinois	Ohio	Michigan	
Salary	Mean Wage: \$25,000	\$25,160	\$24,830	\$25,450	\$26,750	
Employment	2012 Base Employment: 31,965					
	2022 Projections: 37,483					
Minimum Education	Certificate	Certificate	Certificate	Certificate	Certificate	
Education/Training Required	105 hours (20 hours classroom/75 hours clinical training)	75 hours of instruction, including a minimum 16 hours of supervised practical training	120 hours (of which 40 minimum clinical)	75 hours of instruction, including a minimum 16 hours of supervised practical training	75 hours of instruction, including a minimum 16 hours of supervised practical training	
Continuing Education Requirement (CEA)	12 ("in-service education and training hours")	12	0	12	0	
Exam Source	by Tech Community College admission exam created by Indiana State Department of Health	Kentucky Community and Technical College System (KCTCS) is responsible for the final selection examination from the skill demonstration	Southern Illinois University at Carbondale (SIUC) administers the written portion of the competency exam at various sites throughout the state	D&S Diversified Technologies has been approved through the Department of Veterans Affairs (VA) as an approved testing vendor for the Ohio CNA exam	The Bureau which oversees the registry contracts with Prometric to administer the test and maintains the Michigan CNA Registry	
Exam Cost	\$75 for both written and skills test	\$67	\$67	\$134 http://hdmaster.com/testing/certifications/cna_cna.html	\$115	
Licensing Fees	\$0	Unable to find	Unable to find	Unable to find	\$30 license renewal	
Regulatory Body	Indiana State Department of Health	Central for Inspector General of the Commonwealth of Kentucky Kentucky Board of	Illinois Department of Public Health	Ohio Department of Health	Michigan's Department of Licensing and Regulatory Affairs	
Required Time of License Renewal	2 years	2 years	2 years	2 years	2 years	
License Portability	Licensure by Exam: Training from other states is recognized, but applicants must take Indiana exam	Licensure by Endorsement/Reciprocity	Licensure by Endorsement/Reciprocity	Licensure by Endorsement/Reciprocity	Licensure by Endorsement/Reciprocity	
		Licensure by Exam: Veterans must		Licensure and Test Fees Waived:		

1. Summary of statute, rules, or administration of regulation for targeted occupations can be found under the resources for the Consortium at: <https://www.in.gov/dwd/about-dwd/ghwc/occupational-licensing-policy-learning-consortium/>
2. Framework for occupation-specific regulatory policy review can be found at: <https://www.in.gov/dwd/files/Template-for-Occupational-Review.pdf>
3. Findings of regulatory policy review for Certified Nurse Aide, Licensed Practical Nurses, Emergency Medical Technicians/Paramedics, and Dental Hygienists can be found at: <https://www.in.gov/dwd/files/Updated-Contiguous-States-Review-of-Target-Professions-potential-opportunities.pdf>

>> Application of Policy Review Findings to Identify Priority Strategies

After completing the regulatory policy review for Indiana and contiguous states, the Core Team discussed opportunities to meet or surpass the policies in contiguous states to promote practice accessibility. Stand-out difference were indicated on the policy review using a star. An example for EMTs/Paramedics can be found below.

4 Establishment of scholarship for public safety students (including EMTs - target occupation for Consortium)

Establishment of Scholarship for Public Safety Students¹ When the policy review was conducted in early 2018, no grant opportunities were available to support training of EMTs/paramedics. Since then, the Indiana Department of Homeland Security established the Indiana Homeland Security Foundation Scholarship Program to provide up to \$2,000 in scholarship to support students who are pursuing careers in public safety and first responder agencies. This scholarship is supported by funds collected by First Responders license plates.

		Emergency Medical Technicians/Paramedics				
		Indiana	Kentucky	Illinois	Ohio	Michigan
Salary	Mean Wage	\$33,140	\$32,847	\$41,840	\$31,070	\$31,200
Licensing	2021 Base Employment	5886				
	2022 Projections	7125				
	Minimum Education	Certification	Certification	Certification	Certification	Certification
	Education Training Required	EMT: 160 minimum course hours Paramedic: 1000-1200 minimum course hours https://www.in.gov/dhs/3736.htm	EMT: min 118-hour training program Paramedic: 1000-2000-hour instruction	Unable to find	Unable to find	Unable to find
Licensing	Exam Source	EMT: 2 exams, written and practical skills exams set forth and approved by commission (ISM AC 4.4-1). Paramedic: 2 exams, written and practical skills examinations as approved by the commission (ISM AC 4-9-3)	National Registry of Emergency Medical Technicians (NREMT)	Candidates who successfully pass initial licensure courses are qualified to take licensure exams. EMTs/EMTs through NREMT OR through Illinois State Licensing Exam.	NREMT	NREMT
	Exam Cost	EMT: written exam \$80 Paramedic: written exam \$125	EMT: NREMT Cognitive Exam fee \$80 Paramedic: NREMT Cognitive Exam Fee \$125	For Illinois State Licensing exam: EMT: \$80 Paramedic: \$40 EMT: \$80 Paramedic: \$125	EMT: NREMT Cognitive Exam fee \$80 Paramedic: NREMT Cognitive Exam Fee \$125	EMT: NREMT Cognitive Exam fee \$80 Paramedic: NREMT Cognitive Exam Fee \$125
Licensing	Continuing Education Requirement (CE/R)	EMT: 40 hours (ISM AC 4-4-2). A-EMT: 56 hours (ISM AC 4-7-3). EMT: 72 hours (ISM AC 4-7-10). Paramedic: 72 hours (ISM AC 4-9-5)	EMT: 24 hours A-EMT: 48 hours Paramedic: 60 hours	EMT: 60 hours; A-EMT: 80 hours Paramedic: 100 hours	*The 18-hour requirement is calculated based on how long the certificate was active during certification cycle (the number of months between the effective date and the expiration date). EMT: Between 12 and 40 hours Paramedic: Between 26 and 86 hours	EMT (Basic): 30 credits total Paramedic: 45 credits total
	Licensing Fees	Indiana has no cost for certification.	EMT: \$40 Fee \$20 certification fee + \$10 application fee + \$15 renewal fee Paramedic: \$125 Fee \$85 licensure	EMT: \$40 license fee / \$20 renewal fee Paramedic: \$60 license fee / \$40 renewal fee	Cost unknown	EMT: \$40 A-EMT: \$60 Paramedic: \$80 Renewal fee: \$15
Licensing	Regulatory Body	Indiana Department of Homeland Security	Kentucky Board of Emergency Medical Services	Illinois Department of Public Health, Division of Emergency Medical Systems (EMS) & Highway Safety	State Board of Emergency Medical, Fire, and Transportation Services	Michigan Department of Community Health-Emergency Medical Services
	Required Time of License Renewal	2 years	2 years	2 years	2 years	2 years
Licensing	License Portability	*All EMS personnel coming into Indiana with a certification from another state need to complete our application process and testing. If they have a National Registry certification it is a matter of paperwork with us and one online test that takes about 10-20 minutes.	Licensure by Endorsement/Reciprocity (Reciprocity granted for individuals on the National Registry + certification in another state)	Licensure by Endorsement/Reciprocity (Reciprocity granted for those with license in other state or if they are on NREMT registry)	Licensure by Endorsement/Reciprocity (Reciprocity granted where training standards are "substantially similar" including National Registry)	Licensure by Endorsement/Reciprocity (Reciprocity granted for those on NREMT registry AND licensed in another state)
	Veterans/Military Spouses	Indiana Department of Homeland Security allows the 60-hour/40-hour course through the military as an approved training. Personnel would still need to pass if they do not have a national registry certification.	If a licensed EMT/Paramedic is on active duty, their certification will remain in good standing without payment of fee or continuing education credits.	Licensure by Endorsement for Military Personnel Licensure fees waived for members of National Guard, State Troopers, or those that volunteer for service areas with population of less than 5,000	Unable to find	Unable to find
Special Populations	Displaced/Low-Income Workers	N/A	Unable to find	EMS agencies may be awarded "EMS Assistance Grants" to "train personnel or acquisition/modification/maintenance of necessary supplies and equipment" (enacted by the Illinois General Assembly, 210 ILCS, section 3.209(c))	EMS agency grant program funding available for "the training of personnel, for the purchase of equipment and vehicles, and to improve the availability, accessibility, and quality of emergency medical services in the state. In this category, the board shall give priority to projects that fund training and supporting emergency medical service personnel" funded by seatbelt violations.	Unable to find

>> Addressing Occupational Licensing Barriers for Special Populations: Low-income and Displaced Workers

One of Indiana's special populations of focus for Consortium-related activities was low-income and displaced workers. This focus was in alignment with Governor Holcomb's Next Level Agendas for 2018-2021² and funding allocation for workforce support services. Alignment with Governor Holcomb's workforce priorities created opportunities for synergy between the Consortium and executive branch activities.

5 NextLevel Jobs created: Provides financial support for training of high-demand health occupations³

To address cost barriers that may inhibit displaced or low-income workers from accessing these careers, the Department of Workforce Development, to advance Governor Holcomb's NextLevel Agenda, established NextLevel Jobs. This initiative provides tuition support to individuals for training (Workforce Ready Grant) and to employers for training or skilling-up their employees (Employer Training Grant).

1. More information about the Secure Indiana Scholarship Program can be found at: <https://www.in.gov/dhs/grants-management/indiana-homeland-security-foundation-scholarship-program/>
2. Governor Holcomb's NextLevel agenda can be found at: <https://www.in.gov/gov/files/Final%20Agenda%20Handout.pdf>, <https://www.in.gov/gov/files/2019-Next-Level-Agenda-Handout-Final.pdf>, https://www.in.gov/gov/files/Agenda_Handout.pdf, <https://www.in.gov/gov/files/2021-Next-Level-Agenda-Handout.pdf>
3. More information about NextLevel Jobs can be found at: <https://nextleveljobs.org/about/>



Rapid Recovery Program: Funding for health workforce careers displaced by COVID-19

CNA, EMT, CHW, Dental Assisting, and QMA all qualify for Rapid Recovery Program Enhancement funded by the federal CARES Act. This initiative funds a temporary expansion of training programs to assist Hoosiers displaced by COVID-19 to secure a high-demand job.

>> Addressing Occupational Licensing Barriers for Special Populations: Veterans and Military Spouses

One of Indiana's special populations of focus for Consortium-related activities was veterans and military spouses. This focus was in alignment with Governor Holcomb's Next Level Agendas for 2018 and 2021¹. Specifically, Governor Holcomb intended to "Work with community partners to expand veteran recruitment efforts to attract and relocate more veterans to Indiana when they transition out of service" (2018) and "recruit service members and veterans to become public safety officers and first responders in Indiana" (2021). Alignment with Governor Holcomb's administration priorities created opportunities for synergy between the Consortium and executive branch activities.



Enhanced state ability to identify and track veterans and military spouses seeking licensure

Indiana began to include two standard questions on licensure applications (by examination or endorsement) to support tracking of military and/or military spouses seeking licensure. These questions are optional on the applications, but completion of these questions will enable state-level quantification and tracking of military licensees.



Identified national data source to prioritize health workforce development initiatives for veterans

The Core Team reviewed data from the Multi-State Collaborative on Military Credit² (an initiative of the Midwestern Higher Education Compact). These data contained summary counts of separating military service members and their associated military occupation codes (MOC) alongside corresponding civilian jobs (O*NET codes). EMTs were determined to be the most frequent civilian healthcare occupation sought by separating service members. A review of Indiana rules and consultation with the Indiana Department of Homeland Security determined that military service members that completed the military training equivalent would qualify for EMT certification. No additional action was determined to be necessary to support veterans seeking EMT careers. Additionally, the Professional Licensing Agency³ has a robust process in place to review military training as a "substantially equivalent" experience/training as required for professional licensing.

>> Addressing Occupational Licensing Barriers for Special Populations: Individuals with Criminal Histories

One of Indiana's special populations of focus for Consortium-related activities was Individuals with Criminal Histories.



Enhanced transparency on disqualifying crimes for occupational licensure

Enhanced Transparency on Disqualifying Crimes: House Enrolled Act 1245-2018⁴ required licensing boards or committees to revise licensing or certification requirements to explicitly list the disqualifying crimes that would prevent an individual from receiving that license. Additionally, in the case that an individual has a disqualifying crime, the board should consider a number of variables before denying a license to the applicant (including: nature/seriousness of the crime, passage of time since the crime's commission, relationship of the crime to the duties of the occupation, etc.). (Note: This language was revised in 2019 through House Enrolled Act 1569-2019⁵.)

1. Governor Holcomb's NextLevel agenda can be found at: <https://www.in.gov/gov/files/Final%20Agenda%20Handout.pdf> (2018), <https://www.in.gov/gov/files/2021-Next-Level-Agenda-Handout.pdf> (2021).

2. More information about the Collaborative can be found at: <https://www.mhec.org/policy-research/multi-state-collaborative-military-credit>

3. Military Service & Military Spouse Professional Licensing Alternative. Available at: <https://www.in.gov/pla/professions/military-experience/>

4. House Enrolled Act 1245-2018. Available at: <http://iga.in.gov/legislative/2018/bills/house/1245#document-fcb695e>

5. House Enrolled Act 1569-2019. Available at: <http://iga.in.gov/legislative/2019/bills/house/1569#document-aefc1997>

>> Exploring Sunrise and Sunset Processes

Indiana's participation in the Consortium built upon a recommendation from the Council's Education, Pipeline & Training Taskforce to **“Perform periodic systematic review of statutes relating to health professions practice to assess appropriateness and ensure alignment with the state’s evolving needs (including scopes of practice reviews, reciprocity examination, etc.); and Facilitate feasibility assessments (pilots) of new and emerging workforce innovation, including whether and to what extent regulation is required to ensure public safety.”** The Consortium provided the Council and the Core Team with access to national experts in sunrise and sunset processes. Indiana learned from other states including Vermont (sunrise) and Colorado (sunset).

10

Historical initiatives on occupational regulation review in Indiana were reviewed and summarized ¹

A historical analysis of occupational regulatory review in Indiana was conducted. This effort assisted the Core Team in learning from best practices and considerations for previous initiatives.

11

Stakeholder convened to learn from national experts and leading states on occupational regulation

In May 2019, the Bowen Center convened stakeholders at the 2019 Indiana Health Workforce Summit. At this conference, national experts (including the Council on Licensure, Enforcement & Regulation and the National Governors Association) as well as state leaders (Colorado and Vermont) visited Indiana to present on occupational regulation, sunrise, and sunset models.²

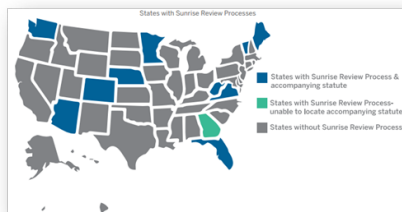
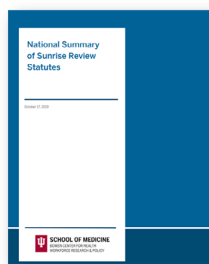
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Learning from all states with sunrise processes

A full review of all states with sunrise processes was conducted. As a part of this review, state statute and rules for 11 states with sunrise processes was reviewed and compiled.³

Using Research to Facilitate Discussion on Sunrise Process Options for Indiana

Additionally, a synthesis of all states' sunrise processes was prepared to facilitate discussion of policy options for sunrise processes in Indiana.⁴



1. History of Occupational Regulation in Indiana. Available at: https://www.in.gov/dwd/files/History-of-Occupational-Regulation-Review-in-Indiana_Brief-3.pdf

2. Information presented at the 2019 Indiana Health Workforce Summit can be found at: https://scholarworks.iupui.edu/bitstream/handle/1805/19424/WorkforceRegulationRoomC_%202019HealthWorkforceSummit.pdf?sequence=4&isAllowed=y

3. National Summary of Sunrise Review Statutes. 2019. Available at: <https://scholarworks.iupui.edu/bitstream/handle/1805/21237/National%20Summary%20of%20Sunrise%20Review%20Statutes.pdf?sequence=4&isAllowed=y>

4. Summary of Policy Review on Sunrise Processes: How are Sunrise Processes Implemented in Other States? Available at: <https://scholarworks.iupui.edu/bitstream/handle/1805/21191/Summary%20of%20Policy%20Review%20on%20Sunrise%20Processes.pdf?sequence=1&isAllowed=y>

>> Consideration of Strategies to Enhance Licensure Portability

At the time of the start of the Consortium, the state of portability for Indiana health licenses was not well known. Anecdotally, Indiana employers reported challenges associated with turnaround time from license application to practice. Additionally, with the expansion of telehealth initiatives, portability of licensure was determined to be a top priority. During participation in the Consortium and multi-state convenings, Core Team members had the opportunity to learn from national experts on licensure compacts and which compacts are available for health professions.

13 Licensure Compacts Learning Lab¹

In December 2018, the Bowen Center hosted an open-invitation stakeholder convening focused on health professions licensure compacts. National experts from the Consortia Partner organizations including the Council of State Governments National Center for Interstate Compacts, the National Governors Association, and representatives of the three active compacts at that time (the Nurse Licensure Compact, the Interstate Medical Licensure Compact, and the Emergency Medical Services/EMS Compact).

Brief Series on Health Professions Licensure Compacts

At the conclusion of the Learning Lab, stakeholders reported that informational briefs on the various licensure compacts would be beneficial to inform future compact discussions. In response, the Bowen Center released a series of briefs on licensure compacts (adding additional briefs as more compacts became active). The following briefs were prepared:

14 Nurse Licensure Compact Brief released²

15 Emergency Medical Services Compact Brief released³

16 Psychology Interjurisdictional Licensure Compact (PSYPACT) Brief released⁴

17 Physical Therapy Compact Brief released⁵

18 Audiology and Speech-Language Pathology Interstate Compact (ASLP-IC) Brief released⁶



1. Materials from the Licensure Compacts Learning Lab can be found at: <https://scholarworks.iupui.edu/handle/1805/17977>

2. Full brief on the Nurse Licensure Compact available at: <https://scholarworks.iupui.edu/bitstream/handle/1805/18211/Compacts%20Brief%20-%20NLC%20updated%201-25-19.pdf?sequence=5&isAllowed=y>

3. Full brief on the EMS Compact (formerly known as REPLICA) available at: <https://scholarworks.iupui.edu/bitstream/handle/1805/18433/Licensure%20Compacts%20Brief%20-%20REPLICA.pdf?sequence=1&isAllowed=y>

4. Full brief on PSYPact available at: <https://scholarworks.iupui.edu/bitstream/handle/1805/25080/PsyPact.pdf?sequence=3&isAllowed=y>

5. Full brief on the Physical Therapy Compact available at: <https://scholarworks.iupui.edu/bitstream/handle/1805/25089/PTCompactBrief.pdf?sequence=3&isAllowed=y>

6. Full brief on the Audiology and Speech-Language Pathology Interstate Compact (ASLP-IC) available at: https://scholarworks.iupui.edu/bitstream/handle/1805/25211/ASLP-IC_CompactBrief.pdf?sequence=1&isAllowed=y

Legislative Initiatives for Health Professions Licensure Compacts

20 Nurse Licensure Compact signed into law

The Nurse Licensure Compact (NLC) was signed into law in 2019¹ and went into effect in July 2020.² Nearly 10,000 nurses have obtained a multi-state license in Indiana.³ The timing of implementation coincided with the state's need for additional nurses for the COVID-19 response. The NLC undoubtedly enhanced portability of licensure for nurses during a time of great need.

21 EMS Compact signed into law

The EMS Compact was signed into law in 2020⁴ and went into effect in July 2020. Similar to the NLC, it is assumed that the EMS Compact enhanced portability of EMS personnel and facilitated a rapid response during the public health emergency.

22 PSYPACT, ASLP-IC, PT Compact bills introduced

PSYPact was introduced in the 2020 and 2021 legislative sessions but did not succeed.⁵ In 2021, the bill was referred to the Ways & Means Committee.

The PT Compact was introduced in the 2021 legislative session but did not succeed.⁶

The Audiology and Speech-Language Pathology Interstate Compact (ASLP-IC) was introduced in the 2021 legislative session but did not succeed.⁷

Example of Licensure Compact Brief: Physical Therapy Compact Brief

Physical Therapy Compact (PT Compact)

BACKGROUND ON INTERSTATE COMPACTS
Interstate compacts are contracts between two or more states that are in agreement on an issue. States use compacts as a legal relationship to address an issue. Indiana currently participates in 37 interstate compacts.

WHAT ARE THE HEALTH-RELATED COMPACTS
There are a number of health-related compacts, including the EMS Compact and NLC, which Indiana enacted in recent years. Each compact is structured differently. The NLC creates a multi-state license, whereas the EMS compact offers recognition of licensure for professionals holding a license in a participating state. This falls under the concept of "privilege to practice" because it authorizes professionals to practice in participating states. Another health-related compact, the Interstate Medical Licensure Compact (for physicians) serves as an "expedited review process."

WHAT IS THE PT COMPACT AND HOW DOES IT COMPARE TO OTHER HEALTH-RELATED COMPACTS?
The PT Compact is an agreement between states which allows PTs to work in multiple states.¹ The intent of the Compact is to improve access to physical therapy services. The PT Compact is governed by the PT Compact Commission, a governing body comprised of one PT board member from each Compact participating state. The PT Compact is structured under the "privilege to practice" model, as professionals submit a request to the compact (and pay related fees) to receive privilege to practice in other Compact participating states under their singular home state license.

KEY DEFINITIONS
PTCA: Physical Therapist and/or Physical Therapist Assistant
PT: Physical Therapist
Home state: State where PT/CA has permanent residence. This state holds the individual's PT/CA license.
Remote state: A state other than the home state that participates in the PT Compact, and where a PT/CA can apply for and have Compact Privilege to practice.

WHAT STATES PARTICIPATE IN THE PT COMPACT?
There are currently 20 states actively issuing and accepting compact privileges. There are 5 states that have enacted legislation but have not yet achieved full implementation and are not yet accepting compact privileges. An additional 5 states have introduced PT Compact legislation (including Indiana).² One of Indiana's contiguous states, Kentucky, is an active Compact member. Two of Indiana's contiguous states, Michigan and Ohio, have also introduced PT Compact legislation in their legislatures.

Active States

Washington	Missouri	Washington D.C.	Michigan
Oregon	Arkansas	Ohio	New Mexico
Arizona	Louisiana	Indiana	
Utah	Mississippi		
Colorado	Tennessee		
Neve	Kentucky		
Oklahoma	West Virginia		
Nebraska	Virginia		
North Dakota	North Carolina		
Iowa	New Hampshire		

Enacted Legislation

Montana	Pennsylvania
South Dakota	Maryland
Wisconsin	Delaware
Georgia	New Jersey
South Carolina	

Introducing Legislation

Alabama	Illinois
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1. House Enrolled Act 1344-2019 enacted the Nurse Licensure Compact. Available at: <http://iga.in.gov/legislative/2019/bills/house/1344>
2. Information on the NLC implementation available in the PLA News Release at: <https://www.in.gov/pla/files/NLC-Press-Release.pdf>
3. Memo from Professional Licensing Agency to the Governor's Health Workforce Council. Available at: <https://scholarworks.iupui.edu/bitstream/handle/1805/25914/NLC%20Report%20to%20Health%20Workforce%20Council.pdf?sequence=1&isAllowed=y>
4. Senate Enrolled Act 61-2020 enacted the EMS Compact. Available at: <http://iga.in.gov/legislative/2020/bills/senate/61>
5. 2021 Senate Bill 36. Available at: <http://iga.in.gov/legislative/2021/bills/senate/36> | 2020 Senate Bill 366. Available at: <http://iga.in.gov/legislative/2020/bills/senate/355>
6. 2021 Senate Bill 305. Available at: <http://iga.in.gov/legislative/2021/bills/senate/305>
7. 2021 Senate Bill 123. Available at: <http://iga.in.gov/legislative/2021/bills/senate/123>

INDIANA'S COVID-19 HEALTH WORKFORCE RESERVE RESPONSE

One of the most valuable outcomes of the Council's investment in data and policy coordination is the ability for the State of Indiana to respond rapidly to emerging workforce issues. In 2020, Indiana, along with most other states and countries around the world, experienced extraordinary demand for a health workforce. The COVID-19 crisis hit Indiana shortly after the first COVID-19 case was identified in the heartland on March 6th, 2020. The State and healthcare employers immediately recognized and began planning for the imminent need for staffing to support a healthcare response to COVID-19. Governor Holcomb issued a number of executive orders which offered regulatory flexibilities to enable a rapid workforce response, including a COVID-19 Temporary Healthcare Provider Registry.¹ A brief summary of health workforce related activities as a part of Indiana's COVID-19 response is provided below. Full details can be found in the forthcoming report entitled "Indiana's Response to COVID-19: Engaging Indiana's Healthcare and Volunteer Reserve."

The Governor's Health Workforce Council and State, in partnership with the Bowen Center, initiated creation and management of an "Indiana COVID-19 Reserve," which included healthcare professionals, students, and general public volunteers interested in serving as a part of the COVID-19 response. As a part of this response, a Call to Action was distributed to licensed health professions (through contact information maintained by the Indiana Professional Licensing Agency), college students (through program deans and directors), and the general public (through a callout made by Indiana State Health Commissioner Dr. Kristina Box during many of Governor Holcomb's weekly briefings). Over 16,000 individuals signed up to be a part of the COVID-19 Reserve.

How did Indiana's investments in health workforce data support the COVID-19 response?

Licensed healthcare professionals were matched to their license file and supplemental information collected during license renewal. This enabled a robust, relational database to be maintained on the Indiana COVID-19 Reserve, and enabled the State to conduct a targeted, rapid response to workforce needs requests.

Simultaneously, the Bowen Center worked with the Indiana Department of Health to create a process to manage COVID-19 related health workforce needs requests. Employers and organizations submitted workforce needs requests through an online form. These requests were matched to available reservists that met the specific profession type, specialty, geography, and shift availability. The healthcare workforce needs were vast, and spanned from registered nurses and physicians to direct care staff including nurse aides and direct support professionals. As time passed, the nature of needs requests changed from an acute need for active COVID-19 healthcare delivery support to a need for vaccinators and support staff. In total, 353 workforce needs requests were submitted through this process; 291 of which were determined to be urgent or emergent requests that were matched to reservists and fulfilled within 24 business hours.

At the time of writing this report, Indiana continues to have a need for vaccinators and support staff, but it seems the worst of the COVID-19 pandemic has passed. The pandemic highlighted the importance of having a comprehensive health workforce data system and a mechanism for health workforce policy and program coordination that can be tapped to rapidly respond to emerging health and workforce crises.

1. Information regarding the COVID-19 Temporary Healthcare Provider Registry can be found at: <https://www.in.gov/pla/covid-19-temporary-healthcare-provider-registry/>

2016

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2018

JAN

FEB

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APR

MAY

JUN

JULY

AUG

SEP

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NOV

DEC

Who Volunteered for the Health Workforce Reserve?

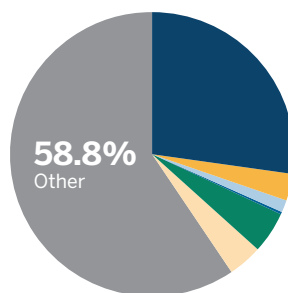
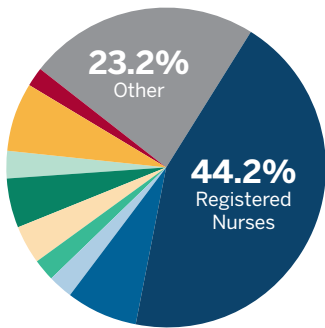


16,500
Health Professionals



1,145
Healthcare Students

- 1.9%**
Dentists (DDS & DMD)
- 7.2%**
Physicians (MD & DO)
- 4.9%**
Direct Care Assistants
- 4.9%**
Behavioral Health Counselors
- 3.9%**
Pharmacist
- 2.1%**
Emergency Medical Technicians and Paramedics
- 2.6%**
Licensed Practical Nurses and Licensed Vocational Nurses
- 7.2%**
Advanced Practice Registered Nurses‡



‡ Includes Certified Nurse Midwives, Clinical Nurse Specialists, Nurse Practitioners and Registered Nurse Anesthetists
 ◊ Includes both associate and baccalaureate programs



What Percent of Volunteers Were Matched?



Healthcare Professionals
12.6% Matched

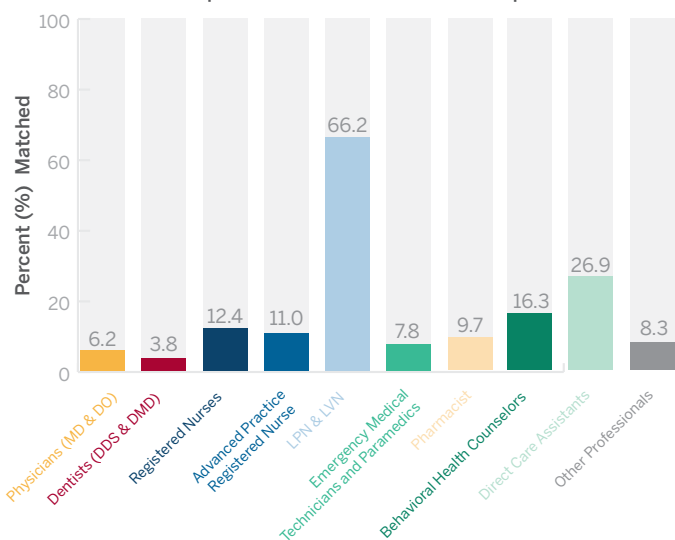
Of the 16,500 health professionals who volunteered, 2,071 were matched to healthcare facilities



Healthcare Students
41.9% Matched

Of the 1,145 healthcare students who volunteered, 480 were matched to healthcare facilities

What percent were matched from each profession?



What percent were matched from each major?

