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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# Acknowledgements

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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. 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. 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.

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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) 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, 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:
  - 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)

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%20Enrolled%20Act%20223.pdf?sequence=1&isAllowed=y

4 // Governor’s Health Workforce Council
Example of Data Report: Behavioral Health and Human Services Professionals

DEMOGRAPHICS

Table A4 provides a summary of the demographic characteristics of Indiana’s Behavioral Health and Human Services Professionals. Overall, this workforce has an average age of 46.7, with the greatest percent age (35.8%) being between ages 35 and 44. Behavioral Health and Human Services Professionals are slightly younger than their male counterparts with an average age of 46.7 versus 51.1 among male BHHS professionals. Regarding race and ethnicity, the majority of BHHS professionals identified as Non-Hispanic White (41%) and Black (30%).

<table>
<thead>
<tr>
<th>Table A4: Demographic characteristics of Indiana’s Behavioral Health and Human Services Professionals (BHHS)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
</tr>
<tr>
<td>-----------</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>
| Age Group:
  | under 25 | 1,626 | 306  | 1,932 |
  | 25-34     | 1,818 | 279  | 2,097 |
  | 35-44     | 3,340 | 375  | 3,715 |
  | 45-54     | 1,121 | 172  | 1,293 |
  | 55-64     | 576   | 106  | 682  |
  | 65 and Older | 879  | 151  | 1,030 |
| Age Unknown | 23   | 4    | 27   |
| Ethnicity:
  | White     | 5,760 | 1,269 | 6,129 |
  | Black or African American | 879  | 73   | 952  |
  | Asian      | 53    | 6    | 60    |
  | American Indian or Alaska Native | 7     | 9    | 16    |
  | Native Hawaiian or Other Pacific Islander | 2     | 0    | 2     |
  | Other Race | 39    | 15   | 54    |
  | Multiracial | 550   | 12   | 562   |
| Education:
  | Bachelor’s or Higher | 6,306 | 666  | 7,042 |
  | Associate or Technical | 520   | 100  | 620   |
  | HS Diploma or GED | 344   | 209  | 553   |
  | Other | 91    | 23   | 114   |

Source: 2020 Indiana Behavioral Health & Human Services Workforce Survey. This is the difference between the respondents’ state of birth and the state in which the survey was conducted.

EDUCATION

Information on educational attainment for BHHS professionals can be found in Table A5. Overall, 86.9% reported having a BHHS, followed by another 4% reporting having a Bachelor’s degree in this field. Additionally, the highest number of BHHS professionals (n=3,520; 26.9%) reporting completing their qualifying education in some other state, followed by 3,020 (21.2%) who completed their qualifying education in another state.

Regarding highest education received, the majority of BHHS professionals reported having a Bachelor’s degree as their highest education, and less than 2% reported having an Associate degree or a Technical degree as their highest education.

Example of Brief: Dental Hygienists

DENTAL HYGIENISTS DEMOGRAPHIC CHARACTERISTICS

| Figure A1: Age Distribution of Dental Hygienists | Figure A2: Dental Hygienists by Gender |

1. Indiana’s Behavioral Health Workforce Report Series: Behavioral Health & Human Services Professionals. 2020. Available at: https://scholar-works.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://scholar-works.iupui.edu/bitstream/handle/1805/25329/2020%20IndianaDentalHygienist%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 2020

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

6 // Governor’s Health Workforce Council
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). 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.” 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, established a meeting schedule (quarterly), agreed upon Standing Council Rules and a Task Force Protocol, 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.).

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/2016_GHWC_Powerpoint_2_29.pdf
## Organization of Governor’s Health Workforce Council

Meetings, Initiatives, and Workgroups

<table>
<thead>
<tr>
<th>CHAIR: Department of Workforce Development</th>
<th>Department of Health</th>
<th>Commission for Higher Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governor’s Office</td>
<td>Department of Education</td>
<td>Senate Health and Provider Services Committee</td>
</tr>
<tr>
<td>Professional Licensing Agency</td>
<td>Family &amp; Social Services Administration</td>
<td>House Public Health Committee</td>
</tr>
<tr>
<td>Anthem</td>
<td>Indiana Hospital Association</td>
<td>Bowen Center for Health Workforce Research and Policy</td>
</tr>
<tr>
<td>Indiana Rural Health Association</td>
<td>Indiana Primary Healthcare Association</td>
<td></td>
</tr>
</tbody>
</table>

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

### Professional Licensing Agency

- Provides Raw Data Collected by Boards

### Bowen Center for Health Workforce Research and Policy

- Advises health workforce analyses
- Provides health workforce data to support policy coordination discussions
- 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

2016
- Education, Pipeline & Training Taskforce
- Mental and Behavioral Health Workforce Taskforce

2017
- Occupational Licensing Policy Learning Consortium
- Community Health Worker Workgroup
- State Loan Repayment Program Workgroup

2018

2019
- COVID Pandemic
- COVID State Support

2020

2021

: Governor's Health Workforce Meeting
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

2016

2017

1: Ivy Tech Community College CNA bridge program established
2: Medicaid reimbursement made available for services delivered over telehealth services.
3: Conducted current and historical review of Indiana’s health workforce incentive initiatives
4: Determined Indiana professions for loan repayment prioritization
5: Conducted 50 state review of loan repayment program structures
6: Indiana Commission for Higher Education launched Credential Engine
7: Identified relevant statutory language or rules for CNA, LPN, EMT, Paramedics, & dental hygienists
8: Passed continuing education requirements for opioid prescribing/abuse
9: Streamlined data collection for all Indiana BHHS professionals.

2018

1: Create a vision for the future of the CHW occupation in Indiana
2: CHW recommendations were adopted by the Council.
3: Community Health Worker services approved for Medicaid reimbursement
4: Medicaid reimbursement made available for services delivered over telehealth services.
5: NextLevel Jobs created: Provides financial support for training of high-demand health occupations
6: Identified national data source to prioritize health workforce development initiatives for veterans
7: Enhanced transparency on disqualifying crimes for occupational licensure
8: Comprehensive data and policy analysis of Indiana addiction counselors
9: Awarded $300,000 for National Health Service Corps SLRP funding
10: Historical initiatives on occupational regulation review in Indiana were reviewed and summarized
11: Streamlined data collection for all Indiana BHHS professionals.
12: Hosted Licensure Compacts Learning Lab
1: Indiana’s First COVID-19 Case
2: Call to Action for licensed health care professionals to sign up to Indiana COVID-19 Reserve
3: Call to Action for health professions students to sign up to Indiana COVID-19 Reserve
4: Establishment of scholarship for public safety students (including EMTs - target occupation for Consortium)
5: Awarded Department of Labor grant for CHW and peer recovery workforce development
6: Enhanced data reporting for BHHS professional with multiple licenses
7: Enhanced state ability to identify & track veterans/military spouses seeking licensure
8: Department of Health Established the Perinatal/OB Navigator Program (CHWs)
9: Enhanced Transparency on Disqualifying Crimes
10: Nurse Licensure Compact signed into law
11: Stakeholder convened to learn from national experts and leading states on occupational regulation
12: Learning from all states with sunrise processes
13: Enabled psychologists to practice telepsychology
14: Expanded telehealth provisions and permitted professionals for telehealth delivery
15: Nurse Licensure Compact Brief released
16: Psychology Interjurisdictional Licensure Compact (PSYPACT) Brief released
17: Physical Therapy Compact Brief released
18: Audiology and Speech-Language Pathology Interstate Compact (ASLP-IC) Brief released
19: Emergency Medical Services Compact Brief released
20: Nurse Licensure Compact in effect
21: EMS Compact signed into law
22: PSYPACT, ASLP-IC, PT Compact bills introduced
6: Rapid Recovery Program: Funding for health workforce careers displaced by COVID-19
4: First COVID-19 vaccine administered in Indiana
2019
2020
2021
COVID-19 Pandemic
COVID-19 State Support
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.
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.

1. Information about the Graduate Medical Education Board may be found at: https://www.in.gov/che/boards-and-committees/graduate-medical-education-board/
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&isAllowed=y
4. Information on Ivy Tech’s Certificate in Pre-Nursing Studies can be found at: https://docs.google.com/spreadsheets/d/1eg5kTTtly95GCTh4MhSPE-GVIST7Vf-ORLO7vISvT9o/edit#gid=1689975577
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.

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 1268\(^2\) 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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you the spouse of a member of the military who is assigned to a duty station in Indiana? (Optional)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you an active duty member of the military? (Optional)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\(^{1}\) Presentation available at: [https://www.in.gov/dwd/files/8_22_16_Education-Pipeline,-and-Training-Task-Force_FINAL.pdf](https://www.in.gov/dwd/files/8_22_16_Education-Pipeline,-and-Training-Task-Force_FINAL.pdf)

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 classifications, 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.

1. From the 4/25/16 meeting minutes: https://www.in.gov/dwd/files/Education_Task_Force_Minutes_4_25.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 Morphew, 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.
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 included 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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3. Senate Enrolled Act 3-2021. Available at: [http://iga.in.gov/legislative/2021/bills/senate/3#document-742b0b09](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:

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.

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: “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.

Community Health Worker services approved for Medicaid reimbursement

In 2017, House Enrolled Act 1337 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 Plan and are outlined below alongside a summary of associated outcomes:

3. 2016 Governor’s Health Workforce Council: Strategic Plan. Available at: https://www.in.gov/dwd/files/GHWC-Strategic_Plan.pdf
Excerpts from the 2018 Addiction Counselor Policy Review

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

<table>
<thead>
<tr>
<th>Total BHHS Licenses</th>
<th>Active, Valid for Practice</th>
<th>Active, Currently Practicing</th>
<th>Inactive or Probationary Licenses</th>
<th>Not Practicing in Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>15,293</td>
<td>2,348</td>
<td>2,553</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>15,276 (99.9%)</td>
<td>6.0%</td>
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<tr>
<td>8,860 (57.9%)</td>
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<td>10.8%</td>
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</tr>
<tr>
<td>Licenses</td>
<td>Active, Valid for Practice</td>
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<td>17</td>
<td>0.0%</td>
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<td>17.0%</td>
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</tr>
</tbody>
</table>

**EXAMPLES OF SIMILAR LICENSE ENTRY REQUIREMENTS**

**EDUCATION**
- Master’s Degree or higher
  - Clinical Social Worker (LCSW)
  - Marriage & Family Therapist (LMFT)
  - Licensed Professional Counselor (LPC)
  - Licensed Substance Abuse Counselor (LSAC)
  - Social Worker (LSW)
  - Substance Abuse Counselor (SAC)
  - Alcohol & Drug Abuse Counselor (ADAC)
  - Alcohol and Drug Abuse Counselor (ADAC)
  - Addiction Counselor (LAC)

**EXAMINATION**
- National Examination
  - Clinical Social Worker (LCSW)
  - Marriage & Family Therapist (LMFT)
  - Licensed Professional Counselor (LPC)
  - Licensed Substance Abuse Counselor (LSAC)
  - Social Worker (LSW)
  - Substance Abuse Counselor (SAC)
  - Alcohol & Drug Abuse Counselor (ADAC)
  - Alcohol and Drug Abuse Counselor (ADAC)
  - Addiction Counselor (LAC)

**EXPERIENCE**
- Two Years (or more) of Experience
  - Clinical Social Worker (LCSW)
  - Marriage & Family Therapist (LMFT)
  - Licensed Professional Counselor (LPC)
  - Licensed Substance Abuse Counselor (LSAC)
  - Social Worker (LSW)
  - Substance Abuse Counselor (SAC)
  - Alcohol & Drug Abuse Counselor (ADAC)
  - Alcohol and Drug Abuse Counselor (ADAC)
  - Addiction Counselor (LAC)

**PRACTICE**
- Use of Counselling and Psychotherapeutic Techniques
  - Clinical Social Worker (LCSW)
  - Marriage & Family Therapist (LMFT)
  - Licensed Professional Counselor (LPC)
  - Licensed Substance Abuse Counselor (LSAC)
  - Social Worker (LSW)
  - Substance Abuse Counselor (SAC)
  - Alcohol & Drug Abuse Counselor (ADAC)
  - Alcohol and Drug Abuse Counselor (ADAC)
  - Addiction Counselor (LAC)
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
- 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. This vision statement addressed the perspective of the CHW workforce, employers, and state government.


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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. This definition is in alignment with the definition adopted by the Indiana Department of Health (formerly Indiana State Department of Health) and the Indiana Office of Medicaid Policy & Planning. 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). 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.

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 Council and by Indiana Medicaid.

1. As adopted by the Council in their August 28, 2018 meeting. [Link](https://www.in.gov/dwd/files/AdoptedCHWRecommendations.pdf)
2. Definition of CHWs on Indiana Department of Health website available at: [Link](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: [Link](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: [Link](https://0d6c00fe-eae1-492b-8e7d-80acecb5a3c8.filesusr.com/ugd/7ec423_fad3aaf52fc642e7984da9849d0b10a7.pdf)
5. Minutes from both meetings available on the CHW Workgroup webpage at: [Link](https://www.in.gov/dwd/about-dwd/ghwc/community-health-worker-workgroup/)
6. As adopted by the Council in their August 28, 2018 meeting. [Link](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: [Link](https://scholarworks.iupui.edu/bitstream/handle/1805/26114/OMPP%20Community%20Health%20Worker%20FAQs%20-%20Updated%20Rates%20%26%20Responses.pdf?sequence=1&isAllowed=y)
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 meeting, 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. 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.

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.

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

22 // Governor’s Health Workforce Council
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 bulletin 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. 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 1007 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.

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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](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
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.
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 Program\(^1\) operated out of the Commission for Higher Education and a Mental Health Loan Repayment Assistance Program\(^2\) operated out of the Commission for Higher Education but supported by funding provided by the Division of Mental Health and Addiction.

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.\(^3\)

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.

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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](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](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://scholar-works.iupui.edu/bitstream/handle/1805/26117/Retention%20Programs%20in%20Indiana%208-30-2019.pdf?sequence=1&isAllowed=y](https://scholar-works.iupui.edu/bitstream/handle/1805/26117/Retention%20Programs%20in%20Indiana%208-30-2019.pdf?sequence=1&isAllowed=y) (NOTE: this document has been updated since the workgroup’s conclusion)
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.

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.

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:

- **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)

- **Recommended loan repayment repayment program funding and administration**
  How should the loan repayment program be funded and administered? (February 2018 meeting)

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.

- **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.

- **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). 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.

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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
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, 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. 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.

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

<table>
<thead>
<tr>
<th>Occupations</th>
<th>Indiana’s focus</th>
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<td>• Dental Hygienists</td>
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<td>• Teacher Assistants</td>
<td>• Certified Nursing Assistants</td>
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<td>• Respiratory Therapists</td>
<td>• Licensed Practical and Licensed Vocational Nurses</td>
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<td>• Dental Hygienists</td>
<td>• Emergency Medical Technicians</td>
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<td>• Radiologic Technologists</td>
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<td>• Emergency Medical Technicians</td>
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<td>• Pharmacy Technicians</td>
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<td>• Veterinary Technicians</td>
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<td>• Licensed Practical and Licensed Vocational Nurses</td>
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<td>• Certified Nursing Assistants</td>
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<td>• Occupational Therapy Assistants</td>
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<td>• Physical Therapy Assistants</td>
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<td>• Massage Therapists</td>
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<td>• Private Detectives and Investigators</td>
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<td>• Security Guards</td>
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<td>• Barbers</td>
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<td>• Hairdressers, Hairstylists and Cosmetologists</td>
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<td>• Manicurists and Pedicurists</td>
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<td>• Skin Care Specialists (Estheticians)</td>
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<td>• Insurance Sales Agents</td>
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<td>• Pipefitters and Steamfitters</td>
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<td>• Construction and Building Inspectors</td>
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<td>• Security and Fire Alarm Systems Installers</td>
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<td>• Heating, Air Conditioning, and Refrigeration Mechanics and Installers</td>
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<td>• Drinking Water Treatment Plant and System Operators</td>
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<td>• Bus Driver (City/Transit)</td>
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<td>• Bus Drivers (School)</td>
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<tr>
<td>• Heavy and Tractor-Trailer Truck Drivers</td>
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<td>• Real Estate Sales Agents</td>
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## Special Populations

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<tbody>
<tr>
<td>• Military veterans and their spouses</td>
<td>• Military veterans and their spouses</td>
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<tr>
<td>• People with a criminal record</td>
<td>• Low-income and dislocated workers</td>
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<td>• Foreign-trained workers</td>
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<tr>
<td>• Low-income and dislocated workers</td>
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## 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

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. 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.

Created a framework for occupation-specific regulatory policy review.

Applied framework to conducted a regulatory review for targeted occupations in Indiana and contiguous states. This document allows for a quick comparison between current policies in Indiana and neighboring states.

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 differences were indicated on the policy review using a star. An example for EMTs/Paramedics can be found below.

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

Establishment of Scholarship for Public Safety Students

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.

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 2018-2021 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.

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

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/
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 2021. 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 Credit (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 Agency 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 1245-2018 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 1569-2019.)

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

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

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.

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.

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.

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.


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


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.

Licensure Compacts Learning Lab

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:

1. Nurse Licensure Compact Brief released
2. Emergency Medical Services Compact Brief released
3. Psychology Interjurisdictional Licensure Compact (PSYPACT) Brief released
4. Physical Therapy Compact Brief released
5. Audiology and Speech-Language Pathology Interstate Compact (ASLP-IC) Brief released

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

**Nurse Licensure Compact signed into law**
The Nurse Licensure Compact (NLC) was signed into law in 2019 and went into effect in July 2020. Nearly 10,000 nurses have obtained a multi-state license in Indiana. 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.

**EMS Compact signed into law**
The EMS Compact was signed into law in 2020 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.

**PSYPACT, ASLP-IC, PT Compact bills introduced**
PSYPact was introduced in the 2020 and 2021 legislative sessions but did not succeed. 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.

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

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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](https://scholarworks.iupui.edu/bitstream/handle/1805/25914/NLC%20Report%20to%20Health%20Workforce%20Council.pdf?sequence=1&isAllowed=y)
5. 2021 Senate Bill 36. Available at: [http://iga.in.gov/legislative/2021/bills/senate/36](http://iga.in.gov/legislative/2021/bills/senate/36)
6. 2021 Senate Bill 305. Available at: [http://iga.in.gov/legislative/2021/bills/senate/305](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](http://iga.in.gov/legislative/2021/bills/senate/123)
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. A brief summary of health workforce related activities as a part of Indiana’s COVID-19 response is provide 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/
Who Volunteered for the Health Workforce Reserve?

16,500 Health Professionals
- 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

1,145 Healthcare Students
- 27.2% Nursing Undergraduate Programs
- 2.9% Medical Students (MD or DO)
- 1.5% Licensed Practical Nurses & Licensed Vocational Nurses
- 0.9% Nursing Graduate Programs
- 4.9% Social Work
- 3.8% Pharmacy

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