

**LEGISLATIVE SERVICES AGENCY  
OFFICE OF FISCAL AND MANAGEMENT ANALYSIS**

200 W. Washington St., Suite 301  
Indianapolis, IN 46204  
(317) 233-0696  
iga.in.gov

**FISCAL IMPACT STATEMENT**

**LS 7070**

**BILL NUMBER: SB 4**

**NOTE PREPARED: Feb 2, 2023**

**BILL AMENDED: Feb 2, 2023**

**SUBJECT:** Public Health Commission.

**FIRST AUTHOR:** Sen. Charbonneau

**FIRST SPONSOR:**

**BILL STATUS:** CR Adopted - 1<sup>st</sup> House

**FUNDS AFFECTED:**    **GENERAL**  
                          **X DEDICATED**  
                          **FEDERAL**

**IMPACT:** State & Local

**Summary of Legislation:** (Amended) *Indiana Department of Health:* This bill defines "core public health services" for purposes of public health laws. It adds members to the executive board of the Indiana Department of Health (IDOH). It requires the IDOH to provide district or regional services to local health departments. It allows the IDOH to issue guidance to local health departments. It requires the IDOH to make annual local health department reports available to the public. It requires the IDOH to identify state level metrics and county level metrics and requires certain local health departments to report to the IDOH activities and metrics on the delivery of core public health services. It also requires the IDOH to annually report on the metrics to the budget committee and publish information concerning the metrics on the Internet.

*Local Health Departments and Boards:* This bill changes the qualification requirements for a local health officer and requires certain training. It sets political affiliation limitations on local boards of health and adds two members to local boards of health. It requires a multiple county health department to maintain at least one physical office in each represented county. It provides that a new city health department cannot be created after December 31, 2022, but allows current city health departments to continue to operate.

*Indiana Trauma Care Commission:* This bill creates the Indiana Trauma Care Commission and sets forth the commission's duties.

*Vision Screenings:* This bill specifies that certain vision screenings in schools for students may be performed by an ophthalmologist or an optometrist. It requires vision screening in kindergarten and first grade (current law allows for the screening in either grade). It modifies the list of vision tests that may be used. It requires the school to send to the parent of a student any recommendation for further testing by the vision screener.

*Emergency Stock Medication:* This bill allows for standing orders to be used for emergency stock medication in schools. It allows the State Health Commissioner or designee to issue a statewide standing order, prescription, or protocol for emergency stock medication for schools.

*Distance Requirement:* This bill also removes the distance requirement for an access practice dentist to provide communication with a dental hygienist.

**Effective Date:** Upon passage; July 1, 2023.

**Explanation of State Expenditures:** (Revised) *Summary:* This bill establishes the Indiana Trauma Care Commission (Commission). Annual per diem expenditures for Commission members is estimated at \$4,000. It also adds two members to the Indiana Department of Health (IDOH) executive board, adding an estimated \$900 each year in per diem expenditures.

The IDOH may provide funding to local health departments to defray the costs of accreditation. Also, the IDOH may experience a reduction in expenditures by replacing branch offices with district or regional services to assist local health departments. Any change in overall expenditures for the agency will depend on administrative action. [*The IDOH receives administrative funding from the Tobacco Master Settlement Fund, a dedicated fund.*]

This bill will result in an increase in workload for the IDOH, the Professional Licensing Agency (PLA), and the Governor's Office. The bill's requirements are within the routine administrative functions for each and should be able to be implemented with no additional appropriations, assuming near customary staffing and resource levels.

*Additional Information:*

(Revised) *Trauma Care Commission:* This bill establishes the Commission, staffed by the IDOH, to: develop and promote a statewide program for the provision of trauma care, develop a comprehensive state trauma plan, develop and implement a trauma system performance improvement plan, develop criteria for awarding trauma grant funds, and support specific state and regional initiatives and planning efforts. The Commission must also make recommendations each year to the Governor and the Legislative Council regarding the Commission's work.

The Department of Trauma and Injury Prevention within the IDOH has nine full-time positions, one of which is currently vacant. The total base salary for existing department employees is \$638,000. The increase in workload for the IDOH will be mitigated to the extent that these personnel are able to support the work of the Commission.

The Commission will have 13 members (three of which are state employees), appointed by the Governor, and must hold at least four meetings per year. Members who are state employees will receive reimbursement for travel expenses for each meeting attended. Members who are not state employees will receive \$100 per diem and travel expenses for each board meeting attended. Per diem expenses per year are estimated at \$4,000.

*IDOH Executive Board:* This bill adds two members to the IDOH executive board, adding an estimated \$900 each year in per diem expenditures. Both new members will receive \$75 per diem and travel expenses for each board meeting attended. The board is required to meet at least once every two months, and held a total

of six meetings in 2022 and seven meetings in 2021.

The executive board must also approve any request from a local health board, city health board, or a multiple county health board to employ a local health officer who is not a physician, advanced practice registered nurse, or physician assistant. This should be able to be accomplished within the board's regularly scheduled meetings.

*(Revised) Indiana Department of Health:* This bill replaces the existing requirement that the IDOH establish branch offices to assist local health agencies with the requirement that the IDOH provide district or regional services to assist local health departments. There are currently three vacant Regional Local Health Officer and Administrator positions noted on the IDOH organizational chart. If the IDOH is able to replace physical branch office locations with district or regional service offerings, expenditures for the IDOH could decrease.

The IDOH will experience an increase in workload to: staff the Commission, issue guidance to local health departments, publish annual reports from local health boards, analyze report from local health departments, submit an annual report on local health departments to the Legislative Council, identify state and county level metrics for measuring the delivery of the core public health services, annually present core public health services metrics to the Budget Committee, develop and approve a public health foundation training course for local and city health officers, and to issue standing orders regarding emergency stock medication for schools and school corporations, as prescribed in the bill.

*Professional Licensing Agency:* The PLA may need to update practitioners provided the bill's proposed changes regarding removal of the distance requirement for an access practice dentist to provide communication with a dental hygienist.

*Indiana Department of Education:* This bill eliminates the option for school corporations to request a waiver from vision screenings. The Indiana Department of Education may experience a slight decrease in workload for processing and approving waiver requests.

### **Explanation of State Revenues:**

**Explanation of Local Expenditures:** *Summary:* Counties and municipalities with health departments will have increased costs and an indeterminate change in workload based on the requirements of this bill regarding local health boards and local health departments. Also, school corporations may experience additional workload and expenditures for vision screening requirements.

### **Additional Information:**

*Vision Screenings:* The bill requires school corporations to conduct vision screenings for students in kindergarten and first grade (current law requires vision screenings for students in either kindergarten or first grade, but not both). Also, schools will no longer be able to request a waiver from screening requirements from the Secretary of Education. School corporations may experience additional expenditures to conduct additional vision screenings under this bill.

This bill modifies the tests to be used for vision screenings conducted in schools and allows vision screenings to be conducted by a properly licensed ophthalmologist or optometrist, which may impact the cost for vision screenings paid by a school corporation.

Also, school corporations may experience an increase in workload to provide a written notice of the recommendation to a student's parent if a student does not meet specific requirements during a vision screening.

*Local Health Departments:* The bill defines core public health services and requires that local health departments providing core services must submit reports regarding their activities and metrics to the IDOH twice per year (current law requires the reports be submitted as determined by the IDOH). All new local health officers and city health officers will be required to complete specific training requirements as outlined in the bill. Also, all multiple county health departments must maintain at least one physical office in each represented county.

*Local Health Boards and County/City Executives:* The bill increases the number of members on a local health board from seven to nine for counties with a population of 200,000 or more. Compensation to members is determined by the county fiscal body.

If a new local health officer is not a physician, an advanced practice registered nurse, or a physician assistant, then additional steps must be taken by a local health board to seek approval from the county or city executive and the executive board of the IDOH. This bill removes the requirement that local health boards create and publish pamphlets relating to their annual report. These requirements should be able to be accomplished within a board's regularly scheduled meetings.

The county or city executive must appoint members to local, city, or multiple county health boards, as prescribed in the bill, and provide approval of local health officer hiring when applicable.

**Explanation of Local Revenues:**

**State Agencies Affected:** Indiana Department of Health; Indiana Department of Education; Professional Licensing Agency; Governor's Office.

**Local Agencies Affected:** Local health departments; local health boards; county and city executives; school corporations.

**Information Sources:** [in.gov/health/files/IDOH-Organizational-Chart-Nov10-2022.pdf](https://www.in.gov/health/files/IDOH-Organizational-Chart-Nov10-2022.pdf); State Staffing Table, December 2022; IC: 16-20-2-9.

**Fiscal Analyst:** Jason Barrett, 317-232-9809.