



June 11, 2025

VIA Email

The Honorable Todd Rokita
Office of the Attorney General
302 W. Washington St., 5th Floor
Indianapolis, IN 46204

Request for Investigation into Discriminatory DEI Practices at Indiana University Health in Violation of Federal and Indiana Law

Dear Attorney General Rokita:

America First Legal Foundation (“AFL”) is a national nonprofit organization committed to upholding the rule of law and the principle of equal protection under the law for all Americans.

We request that your office investigate¹ Indiana-based healthcare system Indiana University Health (“IU Health”) for violating Indiana’s statutory prohibitions on discrimination. IU Health has implemented race-, sex-, and identity-based preferences across core operations through a sweeping “Diversity, Equity, and Inclusion” (“DEI”) regime—one that has subordinated merit to ideology and equal treatment to demographic quotas.

IU Health receives substantial federal funding, some of which is administered by the State, and has taken in more than \$2 million of taxpayer money every year since 2020.² IU Health has a close relationship with Indiana University School of Medicine and has partnered extensively with Indiana’s public universities to operate taxpayer-funded residency and training programs.³ The result is a sprawling system in which

¹ See IND. CODE § 22-9-1, *et seq.* (Indiana Civil Rights Law) (This provision empowers your office to investigate and enforce civil rights laws against discriminatory practices).

² *Recipient Profile: Indiana University Health, Inc.* (UEI No. SN26MRT2DNJ5), USASPENDING, <https://perma.cc/4FBX-7SST>.

³ See, e.g., *IU Health, Facing Profit Questions, Gives Med School \$416M*, WFYI, <https://perma.cc/2KUP-T5TU>; see also *Administrative Fellowships*, IU HEALTH, <https://perma.cc/SRP9-HLDF> (“A unique partnership with Indiana University School of Medicine

patients, employees, students, and vendors are treated not as individuals but as representatives of identity groups. IU Health has implemented these discriminatory practices throughout hiring, promotion, contracting, medical education, and “tak[ing] the work of inclusion and equity-building and weav[ing] it into every single thing that we do.”⁴ Accordingly, your office not only has a civil rights enforcement duty, but an affirmative obligation to investigate discriminatory practices and take action to vindicate the rights of affected Hoosiers.⁵

I. Violations of Indiana Law

A. *Violations of the Indiana Civil Rights Law*

In 1965, Indiana enacted the Indiana Civil Rights Law, IND. CODE § 22-9-1, *et seq.*, making it unlawful for private employers to discriminate on the basis of race in all aspects of employment.⁶ IU Health has violated this statute by implementing a “workforce equity” program which aims to build a workforce, “representative of the Indiana marketplace as noted in the 2020 census.”⁷ As part of that program, IU Health is “prioritizing workforce diversity at all levels” with an explicit focus on “leadership roles.”⁸ It has launched a race-based hiring strategy, tracked publicly through race demographic reports broken out by “Management,” “Leadership,” and “Provider” positions.”⁹

This race-conscious hiring and promotion scheme also violates federal civil rights laws. Under Title VII of the Civil Rights Act of 1964, 42 U.S.C. § 2000e, *et seq.*, employers may not make employment decisions based on race—whether through quotas, targets, or preferences. While framed as “equity,” IU Health’s program explicitly seeks racial balancing in leadership and provider roles.¹⁰ This is not a lawful diversity effort—it is a race-based classification system that denies individuals

(IUSM), the nation's largest medical school, gives patients access to innovative treatments and therapies.”).

⁴ IU HEALTH ARNETT HOSP., *infra* note 21.

⁵ See *Ind. State Highway Comm’n v. Ind. Civ. Rts. Comm’n*, 424 N.E.2d 1024, 1031 (Ind. 1981) (“The State has thus undertaken not merely to enforce, but affirmatively to provide equal employment opportunity for all citizens of Indiana.”); see also IND. CODE § 22-9-1-3(e) (“‘Commission attorney’ means the deputy attorney general, such assistants of the attorney general as may be assigned to the commission...”).

⁶ See also *Roman Marblene Co., Inc. v. Baker*, 88 N.E.3d 1090, 1096 (Ind. 2017) (“Every discriminatory practice relating to ... employment ... shall be considered unlawful unless it is specifically exempted by [IND. CODE § 22-9-1].”).

⁷ *Workforce Equity*, IND. UNIV. HEALTH, <https://perma.cc/5FLE-JM6H>.

⁸ *Id.*

⁹ *Gender, Race, & Ethnicity Representation*, IND. UNIV. HEALTH, <https://perma.cc/E2RF-W6J6>.

¹⁰ *Workforce Equity*, *supra* note 7.

equal opportunity based on skin color, in direct violation of established civil rights protections.¹¹

IU Health has openly acknowledged this intent. In a public statement posted on the INDY Racial Equity Pledge website, IU Health declared that it had “identified the baseline demographics of its 2,000+ leaders vs. the population of Indiana” and that it would “improve racial/ethnic representation among leadership roles.” IU Health further stated that it is “requiring diverse slates of candidates for senior leadership positions” and has “increased opportunities for tuition reimbursement to promote career advancement” to help improve “racial/ethnic representation.”¹² IU Health’s admissions confirm that it is not pursuing equal opportunity but rather using race as a basis for employment decisions.

IU Health’s commitment to achieving “racial/ethnic representation” is reaffirmed through explicitly racial employment and procurement practices. For example, in April 2025, IU Health posted a job listing for an “experienced, BIPOC Doula,” saying that “BIPOC doulas are individuals who identify as Black, Indigenous, or other Person of Color.”¹³ This is a textbook violation of Title VII. Similarly, IU Health maintains a supplier diversity program that actively classifies and evaluates vendors based on race, gender, and other protected characteristics.¹⁴ The program seeks to “promote the inclusion” of minority- and women-owned businesses and requires vendors to disclose the racial, ethnic, and gender identity of their ownership.¹⁵ Specifically, IU Health committed that 25% of all contracts for “major capital construction projects” go to diverse contractors.¹⁶ IU Health’s race- and sex-conscious contracting preference, embedded into its procurement system, wastes state assets and resources. It further confirms that its commitment to race-based decision-making extends beyond hiring and into its business operations.

¹¹ Because IU Health receives substantial federal funding, these practices also implicate Title VI of the Civil Rights Act, which prohibits recipients of federal funds from engaging in race discrimination. Although Title VI does not typically govern employment, it applies where race-based employment decisions affect the delivery of federally funded services—such as patient care. IU Health’s prioritization of race in provider and leadership roles directly impacts care access and quality, making this a Title VI violation as well.

¹² IND. UNIV. HEALTH, *Foster a Diverse Workforce and Inclusive Culture*, INDY RACIAL EQUITY PLEDGE, <https://perma.cc/T8FR-7EBX>.

¹³ *Experienced, BIPOC Doula – Inpatient Riley OB (Requisition No. 385333)*, IND. UNIV. HEALTH, <https://perma.cc/C5LD-U3WX>.

¹⁴ *Vendor Relations*, IND. UNIV. HEALTH, <https://perma.cc/AWP7-LJGP>.

¹⁵ *Id.*

¹⁶ IND. UNIV. HEALTH, *Build Partnerships to Reduce Healthcare Disparities, Impact Social Determinants of Health and Create More Inclusive Communities*, INDY RACIAL EQUITY PLEDGE, <https://perma.cc/7YG7-GB9X>.

IU Health has also embedded this ideology into its internal structure, using its diversity, equity, and inclusion program to reshape institutional policy and culture from within. As part of this program, IU Health created the “Office of Health Equity Research and Engagement.”¹⁷ This office conducts “diversity, equity and inclusion-focused trainings,” including sessions titled “Mitigating Cognitive Bias,” “Cultural Humility,” and “Anti-racism.”¹⁸ This office also added “diversity and inclusion-based survey questions” to the annual employee engagement survey and created “Diversity Councils” to support “team members’ racial and ethnic experiences.”¹⁹ While these initiatives may not, on their face, violate state law, they reflect the deeply ideological DEI agenda that President Trump targeted in his executive orders.²⁰

One DEI consultant, Ebony Barrett-Kennedy, was hired as IU Health’s first regional DEI consultant for the West Central Region of Indiana as part of a broader effort to institutionalize DEI “across every single thing that we do.”²¹ A long-time social justice advocate, she was charged with leading policy changes around “race, gender, culture, and identity” and to make DEI “more systematic” and “a lot more intentional.” As she described it, the goal is to ensure DEI influences “every single interaction that our team members have, and the interactions that our patients have.”²²

IU Health’s mission is to provide Hoosiers with quality healthcare, not inject DEI ideology that impacts patient care based on race, sex, or other protected traits into every interaction a patient has with their doctor.

B. Use of ‘Increasing Organ Transplant Access’ Model to Advance Discriminatory Practices

IU Health is also an official participant in the Centers for Medicare & Medicaid Services’ (“CMS”) Increasing Organ Transplant Access (“IOTA”) Model, which ties federal reimbursement to equity benchmarks and requires institutions to implement

¹⁷ *Health Equity Research & Engagement*, IND. UNIV. HEALTH, <https://perma.cc/S2AH-GYUG>.

¹⁸ OFF. OF HEALTH EQUITY RSCH. & ENGAGEMENT, *Diversity, Equity and Inclusion Learning Curriculum*, IND. UNIV. HEALTH, <https://perma.cc/M8LG-G6QA>.

¹⁹ IND. UNIV. HEALTH, *Enhance a Culture of Inclusion at IU Health*, INDY RACIAL EQUITY PLEDGE, <https://perma.cc/8ZBS-7ZRS>.

²⁰ See, e.g., Ending Illegal Discrimination and Restoring Merit-Based Opportunity, Exec. Order No. 14173, 90 Fed. Reg. 8633 (Jan. 31, 2025), <https://perma.cc/8ASH-GVED>.

²¹ IU HEALTH ARNETT HOSP., *A New Role Brings Renewed Commitment to Diversity, Equity and Inclusion in the West Central Region of IU Health*, IND. UNIV. HEALTH (Mar. 25, 2022), <https://perma.cc/424M-F69W>.

²² *Id.*

formal “health equity plans.”²³ As part of that participation, IU Health is required to identify race-based disparities, develop targeted interventions, conduct resource gap analyses, and track progress toward race-conscious performance metrics and long-term equity goals.²⁴ Studies conducted by Indiana University School of Medicine researchers “were repeatedly cited throughout the CMS Final Rule.”²⁵

As a participant of IOTA, IU Health’s organ transplant program embraces IOTA’s framework, incorporating race and social vulnerability into eligibility metrics. These life-and-death decisions are no longer governed solely by clinical need, but by a bureaucratic equity model designed to engineer outcomes by demographic category.

Federal mandates are not a license to violate state civil rights laws. No federal model can authorize an Indiana healthcare system to embed race-, sex-, or identity-based discrimination into clinical decision-making. If IU Health is weaponizing IOTA to prioritize patients based on demographic traits rather than medical need, that conduct is not just unlawful—it is morally indefensible. Your office must investigate and stop any misuse of federal programs that erodes the guarantees of equal protection under the laws of Indiana.²⁶

II. Requested Investigatory and Enforcement Actions

These practices are incompatible with the statutory protections afforded to Hoosiers. To the extent that individual practitioners or administrators have enforced or abided

²³ *IOTA Participant and DSA Final List*, CTRS. FOR MEDICARE & MEDICAID SERVS., <https://perma.cc/W895-5YQS>; *see also* Medicare Program; Alternative Payment Model Updates and the Increasing Organ Transplant Access (IOTA) Model, 89 Fed. Reg. 84128 (Dec. 4, 2024), <https://perma.cc/L4YP-6PGF>; *Increasing Organ Transplant Access (IOTA) Model*, CTRS. FOR MEDICARE & MEDICAID SERVS., <https://perma.cc/L3E4-GTZZ>.

²⁴ Henry Ford Health, Comment Letter on Proposed Rule Alternative Payment Model Updates and the Increasing Organ Transplant Access (IOTA) Model at 6–7 (July 3, 2024), <https://perma.cc/6XKW-7NCF>.

²⁵ REGENSTRIEF INST., *CMS Launches New Mandatory Kidney Transplant Payment Model*, EUREKALERT! (Dec. 2, 2024), <https://perma.cc/9V3Q-Q55W>; *see also* 89 Fed. Reg. at 96297 (citing R.E. Patzer, *et al.*, *The Role of Race and Poverty on Steps to Kidney Transplantation in the Southeastern United States*, 12 AM. J. OF TRANSPLANTATION 358 (2012)) (IUSM Author); 89 Fed. Reg. at 92690 (citing Briana L. Doby, *et al.*, *Public Discourse and Policy Change: Absence of Harm from Increased Oversight and Transparency in OPO Performance*, 21 AM. J. OF TRANSPLANTATION 2646 (2021)) (IUSM Author).

²⁶ IND. CODE § 22-9-1, *et seq.*; *see also* IND. CODE § 4-6-8-1, *et seq.* (Attorney General’s “duty to study federal legislation”).

by such standards, their conduct may also warrant professional discipline under 910 IND. ADMIN. CODE § 1-14-1.²⁷

IU Health has attempted to conceal these policies by removing DEI-related content from its public-facing website; however, internal job postings and policy statements confirm that race- and sex-based discrimination remain embedded across the organization.²⁸ Failure to investigate and remedy these practices could expose the State of Indiana to legal and reputational risk, particularly if federal funding is shown to have supported discriminatory programs operated in partnership with public institutions under state authority.

These are not isolated initiatives—they are embedded into the system’s long-term governance, staffing, training, and care delivery. IU Health’s policy is to “weave” DEI into every facet of its operations.²⁹

Accordingly, AFL urges your office to investigate IU Health’s discriminatory conduct. Specifically, we request that you:

- I. Conduct a thorough review of all IU Health programs, departments, and policies that incorporate race-, sex-, or identity-based criteria—including those operating under the banners of DEI, “health equity,” “social determinants of health,” or any other euphemism for unlawful discrimination—and take all necessary legal and administrative action to eliminate any practice that violates state or federal civil rights laws.
- II. Require IU Health to rescind any policy or initiative that conditions access to care, education, employment, or advancement on an individual’s race, sex, or political ideology, and to implement institution-wide corrective measures to bring its healthcare system into full compliance with Indiana’s statutory nondiscrimination mandates.
- III. Although CMS mandates participation in the IOTA Model for selected hospitals, federal compulsion does not excuse state-sanctioned discrimination. Your office retains full constitutional and statutory authority to investigate whether its implementation violates Indiana civil rights laws—and to publicly oppose continued participation in any federally imposed model that incentivizes unlawful discrimination.

²⁷ (“Any licensee of the State of Indiana who is found to have committed a Discriminatory Practice shall be put on notice ... that failure to comply with its final order will subject said licensee to the possible suspension or revocation of such license.”).

²⁸ See, e.g., *Experienced, BIPOC Doula*, *supra* note 13.

²⁹ IU HEALTH ARNETT HOSP., *supra* note 21.

AFL has enclosed documentation supporting this request, including a copy of our federal civil rights complaint and accompanying exhibits.

We trust you will give all due attention to this matter and appropriately act to vindicate the rights of Hoosiers. Thank you for your consideration.

Sincerely,

/s/ Megan D. Redshaw

America First Legal Foundation

Appendix

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Exhibit 1

Transactions Over Time

This graph shows trends over time for all transactions to this recipient. Hover over the bars for more detailed information.



Top 5

Exhibit 2



Indiana University Health

Workforce Equity

One of IU Health's goals is to be representative of the Indiana marketplace as noted in the 2020 census. We serve a diverse patient population, and research shows that prioritizing workforce diversity at all levels of an organization supports higher racial and ethnic minority trust and patient choice and satisfaction; reduces disparities within healthcare settings and contributes to overall better health outcomes. Diverse teams are also said to make better decisions.

While the entire organizational footprint currently aligns with the 2020 census, we want to also ensure our leadership roles represent Indiana demographics. Indiana University health has launched a strategy to **diversify our VP and above leadership representation** by improving candidate sourcing and candidate pools. Recent research indicates that having a minimum of two diverse candidates in the final selection pool increases the outcome of hiring diverse talent.

When looking at our **talent acquisition strategy**, we are evaluating and understanding the current state of diversity recruitment initiatives and processes to establish tools and measurements that will increase IU Health's diverse workforce, as well as enhance the diverse candidate experience.

When we address the economic disparities in our community, we can ensure our team members can achieve jobs that pay a livable wage. IU Health acted by **increasing the starting wage** from \$13/hour to \$16/hour in 2020. We also launched the **Pathway to Good Jobs** program that offers support to team members who want to advance their career. An example is providing financial support and time off for a team member to study and take an exam to become a surgical tech.

Exhibit 3



Indiana University Health

Gender, Race & Ethnicity Representation

Gender Representation

	Overall	Management	Leadership	Provider
Female	78.33%	68.33%	46.15%	53.11%
Male	20.97%	31.59%	53.85%	43.94%
Not specified	0.57%	0.08%	0%	2.93%
X/Non-Binary	0.14%	0%	0%	0.02%

Race Representation

	Overall	Management	Leadership	Provider
White	77.04%	87.68%	82.84%	70.08%
Black or African American	12.18%	6.07%	4.14%	3.04%
Asian	3.65%	2.60%	3.55%	12.59%
American Indian or Alaska Native	0.23%	0.21%	0.59%	0.07%
Native Hawaiian or Other Pacific Islander	0.09%	0.04%	0.59%	0.20%
Two or more races	1.81%	1.05%	2.37%	1.41%
Not specified	5.01%	2.35%	5.92%	12.61%

Ethnicity Representation

	Overall	Management	Leadership	Provider
Not Hispanic or Latino	96.22%	97.95%	97.04%	97.91%
Hispanic or Latino	3.78%	2.05%	2.96%	2.09%

Data set as of 12/31/2022

Exhibit 4



Indiana University Health

OUR PLEDGE TO THE COMMUNITY

IU Health is committed to the following broad principles to promote diversity, inclusion and health equity:

- First, we commit to enhancing a culture of inclusion that seeks, welcomes and values all people. We will address and reduce discrimination among team members, patients and guests.
- Second, we will transform our organization through an active review of policies and procedures that are inconsistent with the goal of making IU Health a more diverse, equitable and anti-discriminatory organization.
- Third, we commit to building community partnerships to reduce health disparities, impact social determinants of health and build more inclusive communities throughout the state.

Exhibit 5

Experienced, BIPOC Doula - Inpatient Riley OB (Weekends Only, Day Shift)

Job Description

Overview

A doula is a trained individual who provides informational, emotional and physical support to a pregnant person before, during and after delivery. BIPOC doulas are individuals who identify as Black, Indigenous or other Person of Color.

Guides pregnant person/family through the birthing process to provide emotional, physical and informational support. Works with the family at the hospital during the labor & birth process and postpartum. Administers care to designated patients and provides support to the care team under the direction of the clinical nurse. Serves as a liaison between clinical, medical staff and underserved patients and/or families. Assures care of patients and families is reflective of IU Health's values.

- Part-Time, Weekends Only (Saturday/Sunday)
- Day Shift; 7a-7:30p
- Orientation will be on weekdays; 3, 8 hour shifts/week
- Requires every 4th weekend and a holiday rotation
- Prefer greater than 3 years of Doula experience
- Second language fluency is preferred, specifically looking for Haitian Creole, Burmese Dialect or Spanish

Exhibit 6

Commitment to Supplier Diversity

Supplier diversity reflects the IU Health commitment to our community by creating a level playing field for diverse business owners and promoting good financial stewardship through using a wider pool of qualified, cost-competitive suppliers for goods and services. We are committed to giving fair consideration to all vendors and work to ensure that certified minority-, women- and veteran-owned businesses have an equal opportunity to do business with IU Health. This includes:

- **Women-Owned Business Enterprise (WBE):** A for-profit enterprise at least 51 percent owned by a woman (or women), who is a U.S. citizen(s), and who controls the firm by exercising the power to make policy decisions and operates the business by being actively involved in day-to-day management.
- **Minority-Owned Business enterprise (MBE):** A for-profit enterprise at least 51 percent or more of which is owned by a minority group (i.e. U.S. Citizens who are African-American, Hispanic, Native American, Asian-Pacific American or Asian-Indian Americans) and who control the firm by exercising the power to make policy decisions and operate the business by being actively involved in day-to-day management.
- **Veteran-Owned Business Enterprise (VBE):** A for-profit enterprise at least 51 percent owned by a veteran, who is a U.S. Citizen, and who controls the firm by exercising the power to make policy decisions and operates the business by being actively involved in day-to-day management.

Exhibit 7

PROGRESS

IU Health has identified the baseline demographics of its 2,000+ leaders vs. the population of Indiana and will improve racial/ethnic representation among leadership roles. IU Health is requiring diverse slates of candidates for senior leadership positions. It has also increased opportunities for tuition reimbursement to promote career advancement.

Exhibit 8

Where We Are Currently in Our D&I Journey



IU Health serves a diverse patient population—and research shows that prioritizing workforce diversity at all levels of an organization:

- It supports higher racial and ethnic minority trust and patient choice and satisfaction
- It reduces disparities within health care settings
- It contributes to overall better health outcomes

One of IU Health's goals is for its 36,000+ team members to be representative of the Indiana marketplace. [View our demographic data \(PDF\).](#)

Exhibit 9



Indiana University Health

Diversity, Equity and Inclusion Learning Curriculum

Indiana University Health is working to create a healthier organizational culture and looks to our vision, values and promise to guide us. We're making progress, and team members continue to learn and grow while demonstrating our values of purpose, excellence, team and compassion in their everyday interactions with patients and each other.

Part of this transformation is introducing trainings that help us grow further. Here is a snapshot of how we are committing to improving care for the patients we serve and advancing the culture for our team members.

Diversity, equity and inclusion-focused trainings

- **A Civil and Respectful Workplace: Building a Strong Affirmative Culture** – This training provides clarity on behaviors each team member is expected to demonstrate to further the development of a healthier work culture.
- **Mitigating Cognitive Bias** – Team members deserve an enjoyable workplace, and patients and their families deserve the same level of care despite their race, gender, orientation or physical/mental status. This training helps ensure quality and equal care and an inclusive environment.
- **Cultural Humility** – Cultural humility is a dedication to self-reflection, embracing difference in cultural identities and fostering continued learning. This course walks team members through learning what cultural humility is, its impact on experiences at IU Health and how to grow in cultural humility.

Upcoming trainings

- Anti-racism
- Harassment and discrimination
- Stepping in 4 Respect

Exhibit 10

It isn't an easy road. "How do we actually take the work of inclusion and equity-building and weave it into every single thing that we do?" she asked. "Every single interaction that our team members have, and the interactions that our patients have?"

And now, Barrett-Kennedy, a Black woman, a single mother and a long-time proponent of social justice, will apply what she has learned from Du Bois in her new role at Indiana University Health: diversity, equity and inclusion (DEI) consultant for the West Central Region, a first-of-its-kind position that makes good on IU Health's commitment to DEI. Based in Lafayette, Barrett-Kennedy is spearheading the charge to adopt new policies, initiatives and attitudes around race, gender, culture and identity within IU Health.



Ebony Barrett-Kennedy, DEI consultant for the West Central Region of IU Health

Now, Barrett-Kennedy has moved into healthcare, where she is a passionate advocate for diversity, equity and inclusion in the workplace. When she came to the West Central Region, she noticed that while many DEI conversations had been initiated, most were left unfinished. The issue? Full-time employees trying to do as much as they were able to, in addition to their regular job duties. “Part of my role is to take what they've started,” she said, “and to make it a little more systematic, and to make it a lot more intentional. And to really think about how we weave some of these things into our daily actions.”

It isn't an easy road. “How do we actually take the work of inclusion and equity-building and weave it into every single thing that we do?” she asked. “Every single interaction that our team members have, and the interactions that our patients have?”

Exhibit 11

CMS launches new mandatory kidney transplant payment model

Regenstrief Institute research cited as motivation for new federal rule

Business Announcement

REGENSTRIEF INSTITUTE



INDIANAPOLIS -- A new final rule issued by the Centers for Medicare and Medicaid Services and the U.S. Department of Health and Human Services this week for a mandatory alternative payment model called the Increasing Organ Transplant Access (IOTA) Model aimed to improve the number of life-saving kidney transplants for patients whose kidneys have failed. The new rule will test whether performance-based upside or downside risk payments among a selected subset of kidney transplant hospitals increase access to kidney transplants for patients with end-stage kidney disease while maintaining or improving the quality of care and reducing Medicare costs.

Kidney failure affects more than 800,000 individuals in the U.S., and the coverage of care for patients with a diagnosis of kidney failure is covered under the U.S. Medicare End Stage Renal Disease program. Patients can be treated with either kidney transplantation or dialysis, and transplantation is the optimal treatment option for patients and more cost-effective than the alternative treatment option: dialysis. However, there are nearly 100,000 individuals on the kidney transplant waiting list, and about 3,000 new patients are added each month, but only about 25,000 kidney transplants are performed each year. More than 30 percent of deceased donor organs procured for transplantation are not used each year, and an average of 13 patients die per day while waiting for a transplant.

Studies conducted by Regenstrief Institute and Indiana University School of Medicine researchers Rachel Patzer, PhD, MPH; Katie Ross-Driscoll, PhD, MPH; and Adam Wilk, PhD; were repeatedly cited throughout the CMS Final Rule, issued by the Centers for Medicare and Medicaid Services on Nov. 26, 2024, and begins on July 1, 2025.

Exhibit 12

Employee Resource Groups

Minority Affinity Group: The IU Health Minority Affinity Group provides space for ethnic minority team members to connect and share experiences. They represent an underrepresented group or groups protected by federal or international non-discrimination laws in employment and/or business, including but not limited to race, age, sex, sexual orientation, gender, gender identity or ethnicities. They are responsible to aligning with organizational values, diversity and inclusion enterprise statement, civility; practicing inclusion, supporting business needs, sharing information, attendance/engagement, developing guiding principles to support healthy group dynamics among others.

Pride: The IU Health Statewide Pride affinity group provides a forum for lesbian, gay, bisexual, transgender and queer/questioning individuals along with friends and allies, to come together and discuss career-related opportunities and participate in community programs and Pride events.

Veterans and Military Services: The Veteran's and Military Services affinity group serves as a way for military and veteran team members, and their supporters, in the IU Health System to use their voice, unique skills and expertise they bring to the organization in a meaningful way. The group provides opportunities to participate in professional and leadership development and celebrates the contributions of veterans and team members in the military services to IU Health's culture.

Women's Insight Network (WIN): The IU Health Women's Initiative (WIN) affinity group is a community that supports and advocates for women at IU Health. The group is open to IU team members from every region, facility and business unit. Their mission is to:

- Inspire throughout the organization by raising the voice and visibility of women, the unique issues they face and how they are making a difference
- Educate and provide opportunities for women to develop leadership skills
- Influence/advocate for women via a strong and broad network of mentors and sponsors focused on creating a diverse organization as a key criterion to fulfill the organization's goals
- Expand gender partnerships, conversations and collaborations.

Young Professionals: Young Professional of IU Health is open to IU Health team members from every region, facility and business unit. In addition to providing opportunities for young professionals to connect and grow, the group is dedicated to the following:

- Supporting the personal and professional development of team members
- Inspiring and cultivating the next generation of IU Health leaders
- Fostering a community of collaboration through service, education and other charitable activities
- Providing young professionals with tools to achieve physical, mental, emotional and financial wellness
- Assisting in improving employee recruitment, engagement and retention

Exhibit 13

Cultural Humility Resources

There are many opportunities to learn about cultural difference that impacts patient care and the clinical learning environment. The resources and trainings below can help along the learning journey.

RESOURCES

OVPDEMA Diversity Education and Workshops

—

The IU Office of the Vice President for Diversity, Equity, and Multicultural Affairs (OVPDEMA) offers various [educational opportunities](#) that build competencies and understanding among IU community members, celebrating the beauty of cultural and intellectual diversity throughout our institution.

IU School of Medicine Cultural Competency Training and Workshops

—

IU School of Medicine offers cultural competency programs and educational activities.

60 Online Learning Modules from LinkedIn

—

IU HR has partnered with LinkedIn Learning to provide current IU staff, faculty and students with access to an online library of expert-led video tutorials and courses.