

ENGROSSED HOUSE BILL No. 1118

DIGEST OF HB 1118 (Updated March 24, 2021 12:19 pm - DI 104)

Citations Affected: IC 12-21; IC 16-39.

Synopsis: Mobile integrated healthcare programs and safety plans. Specifies that an individualized mental health safety plan includes information concerning a patient's physical health. Allows a mobile integrated healthcare program or a mental health community paramedicine program to provide certain services to help facilitate the parameterine program to provide certain services to help facilitate the patient's safe transition back into the community upon disclosure of a patient's individualized mental health safety plan. Allows a representative of a mobile integrated healthcare program or a representative of a mental health community paramedicine program to request a patient's individualized mental health safety plan from a psychiatric crisis center, psychiatric inpatient unit, or psychiatric residential treatment provider if certain conditions are met.

Effective: July 1, 2021.

Schaibley, Torr, Ledbetter

January 7, 2021, read first time and referred to Committee on Family, Children and Human

February 2, 2021, amended, reported — Do Pass.
February 4, 2021, read second time, ordered engrossed. Engrossed.
February 8, 2021, read third time, passed. Yeas 98, nays 0.

SENATE ACTION
February 23, 2021, read first time and referred to Committee on Health and Provider

March 25, 2021, amended, reported favorably — Do Pass.



First Regular Session of the 122nd General Assembly (2021)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in this style type, and deletions will appear in this style type.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or *this style type* reconciles conflicts between statutes enacted by the 2020 Regular Session of the General Assembly.

ENGROSSED HOUSE BILL No. 1118

A BILL FOR AN ACT to amend the Indiana Code concerning public safety.

Be it enacted by the General Assembly of the State of Indiana:

1	SECTION 1. IC 12-21-5-6, AS ADDED BY P.L.225-2019.
2	SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3	JULY 1, 2021]: Sec. 6. (a) The division shall establish a standard
4	format for an individualized mental health safety plan that may be
5	disclosed without a patient's consent under IC 16-39-2-6(b).
6	(b) An individualized mental health safety plan format approved by
7	the division under this section must:
8	(1) provide that a mental health provider develop the
9	individualized mental health safety plan collaboratively with the
0	patient; and
1	(2) include the following:
2	(A) The patient's name, address, and contact information.
3	(B) Early warning signs that a crisis may be developing.
4	(C) Internal coping strategies.
5	(D) Contact information for individuals and social settings that
6	may provide distraction for the patient.
7	(E) Contact information for persons from whom the patient



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1	can ask for help.
2	(F) Contact information for professionals or agencies that the
3	patient can contact at the onset of or during a crisis.
4	(G) A plan for making the environment safe for the patient.
5	(H) The one (1) thing that matters most to the patient and for
6	which the patient considers life worth living.
7	(I) Other information identified by the division, including
8	issues concerning the patient's physical health.
9	SECTION 2. IC 16-39-2-5.5, AS ADDED BY P.L.225-2019
10	SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
11	JULY 1, 2021]: Sec. 5.5. (a) Each psychiatric crisis center, psychiatric
12	inpatient unit, and psychiatric residential treatment provider shall do
13	the following:
14	(1) Collaboratively develop an individualized mental health safety
15	plan with each patient.
16	(2) Explain the benefits of coordinating care and sharing
17	individualized mental health safety plans with mental health
18	providers in the community that can help with the patient's safe
19	transition back into the community.
20	(3) Make a good faith effort before a patient leaves the facility a
21	which the patient is receiving care to obtain the patient's consen
22	to disclose the patient's individualized mental health safety plar
23	with mental health providers, integrated school based mental
24	health providers, mobile integrated healthcare programs (as
25	described in IC 16-31-12), and mental health community
26	paramedicine programs that will be supporting the patient's safe
27	transition back into the community and, if applicable, school.
28	(b) Upon disclosure of the patient's individualized mental health
29	safety plan described in subsection (a), a mobile integrated
30	healthcare program (as described in IC 16-31-12) or a mental
31	health community paramedicine program may do the following:
32	(1) Help facilitate services that are determined to be necessary
33	for a patient.
34	(2) Coordinate, cooperate, and communicate with other
35	licensed mental health professionals, health care
36	professionals, and service providers in the community to
37	implement or continue the individualized mental health safety
38	plan.
39	(3) Monitor the services to determine the effectiveness of the
40	services.
41	(4) Adapt the patient's mental health safety plan as needed for
42	the patient's welfare and safety.



1	SECTION 3. IC 16-39-2-6, AS AMENDED BY P.L.45-2020.
2	SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3	JULY 1, 2021]: Sec. 6. (a) Without the consent of the patient, the
4	patient's mental health record may only be disclosed as follows:
5	(1) To individuals who meet the following conditions:
6	(A) Are employed by:
7	(i) the provider at the same facility or agency;
8	(ii) a managed care provider (as defined in IC 12-7-2-127);
9	or
10	(iii) a health care provider or mental health care provider, it
11	the mental health records are needed to provide health care
12	or mental health services to the patient.
13	(B) Are involved in the planning, provision, and monitoring of
14	services.
15	(2) To the extent necessary to obtain payment for services
16	rendered or other benefits to which the patient may be entitled, as
17	provided in IC 16-39-5-3.
18	(3) To the patient's court appointed counsel and to the Indiana
19	protection and advocacy services commission.
20	(4) For research conducted in accordance with IC 16-39-5-3 and
21 22	the rules of the division of mental health and addiction, the rules
22	of the division of disability and rehabilitative services, the rules
23 24	of the provider, or the rules of the Indiana archives and records
24	administration and the oversight committee on public records.
25 26	(5) To the division of mental health and addiction for the purpose
26	of data collection, research, and monitoring managed care
27	providers (as defined in IC 12-7-2-127) who are operating under
28	a contract with the division of mental health and addiction.
29	(6) To the extent necessary to make reports or give testimony
30	required by the statutes pertaining to admissions, transfers,
31	discharges, and guardianship proceedings.
32	(7) To a law enforcement agency if any of the following
33	conditions are met:
34	(A) A patient escapes from a facility to which the patient is
35	committed under IC 12-26.
36	(B) The superintendent of the facility determines that failure
37	to provide the information may result in bodily harm to the
38	patient or another individual.
39	(C) A patient commits or threatens to commit a crime on
40	facility premises or against facility personnel.
41	(D) A patient is in the custody of a law enforcement officer or
42	agency for any reason and:



1	(i) the information to be released is limited to medications
2	currently prescribed for the patient or to the patient's history
3	of adverse medication reactions; and
4	(ii) the provider determines that the release of the
5	medication information will assist in protecting the health,
6	safety, or welfare of the patient.
7	Mental health records released under this clause must be
8	maintained in confidence by the law enforcement agency
9	receiving them.
10	(8) To a coroner or medical examiner, in the performance of the
11	individual's duties.
12	(9) To a school in which the patient is enrolled if the
13	superintendent of the facility determines that the information will
14	assist the school in meeting educational needs of the patient.
15	(10) To the extent necessary to satisfy reporting requirements
16	under the following statutes:
17	(A) IC 12-10-3-10.
18	(B) IC 12-24-17-5.
19	(C) IC 16-41-2-3.
20	(D) IC 31-25-3-2.
21	(E) IC 31-33-5-4.
22	(F) IC 34-30-16-2.
23	(G) IC 35-46-1-13.
24	(11) To the extent necessary to satisfy release of information
25	requirements under the following statutes:
26	(A) IC 12-24-11-2.
27	(B) IC 12-24-12-3, IC 12-24-12-4, and IC 12-24-12-6.
28	(C) IC 12-26-11.
29	(12) To another health care provider in a health care emergency.
30	(13) For legitimate business purposes as described in
31	IC 16-39-5-3.
32	(14) Under a court order under IC 16-39-3.
33	(15) With respect to records from a mental health or
34	developmental disability facility, to the United States Secret
35	Service if the following conditions are met:
36	(A) The request does not apply to alcohol or drug abuse
37	records described in 42 U.S.C. 290dd-2 unless authorized by
38	a court order under 42 U.S.C. 290dd-2(b)(2)(c).
39	(B) The request relates to the United States Secret Service's
40	protective responsibility and investigative authority under 18
41	U.S.C. 3056, 18 U.S.C. 871, or 18 U.S.C. 879.
42	(C) The request specifies an individual patient.



1	(D) The director or superintendent of the facility determines
2	that disclosure of the mental health record may be necessary
3	to protect a person under the protection of the United States
4	Secret Service from serious bodily injury or death.
5	(E) The United States Secret Service agrees to only use the
6	mental health record information for investigative purposes
7	and not disclose the information publicly.
8	(F) The mental health record information disclosed to the
9	United States Secret Service includes only:
10	(i) the patient's name, age, and address;
11	(ii) the date of the patient's admission to or discharge from
12	the facility; and
13	(iii) any information that indicates whether or not the patient
14	has a history of violence or presents a danger to the person
15	under protection.
16	(16) To the statewide waiver ombudsman established under
17	IC 12-11-13, in the performance of the ombudsman's duties.
18	(b) If a licensed mental health professional, or a licensed paramedic,
19	a representative of a mobile integrated healthcare program (as
20	described in IC 16-31-12), or a representative of a mental health
21	community paramedicine program in the course of rendering a
22	treatment intervention, determines that a patient may be a harm to
23	himself or herself or others, the licensed mental health professional, or
24	•
25	the licensed paramedic, the representative of the mobile integrated
26	healthcare program (as described in IC 16-31-12), or the
27	representative of the mental health community paramedicine
28	program may request a patient's individualized mental health safety
29	plan from a psychiatric crisis center, psychiatric inpatient unit, or
30	psychiatric residential treatment provider. Each psychiatric crisis
31	center, psychiatric inpatient unit, and psychiatric residential treatment
32	provider shall, upon request and without the consent of the patient,
33	share a patient's individualized mental health safety plan that is in the
33 34	standard format established by the division of mental health and
	addiction under IC 12-21-5-6 with the following individuals who
35	demonstrate proof of licensure and commit to protecting the
36	information in compliance with state and federal privacy laws:
37	(1) A licensed mental health professional.
38	(2) A licensed paramedic.
39	(3) A representative of a mobile integrated healthcare
40	program (as described in IC 16-31-12).
41	(4) A representative of a mental health community
42	paramedicine program.



An individualized mental health safety plan disclosed under this
subsection may be used only to support a patient's welfare and safety
and is considered otherwise confidential information under applicable
state and federal laws.

- (c) After information is disclosed under subsection (a)(15) and if the patient is evaluated to be dangerous, the records shall be interpreted in consultation with a licensed mental health professional on the staff of the United States Secret Service.
- 9 (d) A person who discloses information under subsection (a)(7), 10 (a)(15), or (b) in good faith is immune from civil and criminal liability.



COMMITTEE REPORT

Mr. Speaker: Your Committee on Family, Children and Human Affairs, to which was referred House Bill 1118, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Delete everything after the enacting clause and insert the following:

(SEE TEXT OF BILL)

and when so amended that said bill do pass.

(Reference is to HB 1118 as introduced.)

DEVON

Committee Vote: yeas 11, nays 0.

COMMITTEE REPORT

Madam President: The Senate Committee on Health and Provider Services, to which was referred House Bill No. 1118, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:

Page 2, delete lines 9 through 23.

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to HB 1118 as printed February 2, 2021.)

CHARBONNEAU, Chairperson

Committee Vote: Yeas 12, Nays 0.

