SENATE BILL No. 359

DIGEST OF INTRODUCED BILL

Citations Affected: IC 12-21-5-6; IC 16-39-2.

Synopsis: Individualized mental health safety plans. Requires the division of mental health and addiction to establish a standard format for individualized mental health safety plans. Requires each psychiatric crisis center, psychiatric inpatient unit, and psychiatric residential treatment provider to, upon request and without the consent of the patient, disclose a patient's individualized mental health safety plan to certain licensed physicians and mental health providers. Provides that a psychiatric crisis center, psychiatric inpatient unit, or psychiatric residential treatment provider that discloses an individualized mental health safety plan to certain licensed physicians and mental health providers in good faith is immune from civil and criminal liability. Requires psychiatric crisis centers, psychiatric inpatient units, and psychiatric residential treatment providers to: (1) collaboratively develop a mental health safety plan with each patient; (2) explain the benefits of coordinating care and sharing mental health safety plans with mental health providers in the community that can help with the patient's safe transition back into the community; and (3) make a good faith effort before a patient leaves a facility at which the patient is receiving care to obtain the patient's consent to disclose the patient's individualized mental health safety plan with mental health providers, integrated school based mental health providers, and mental health community paramedicine programs that will be supporting the patient's safe transition back into the community and, if applicable, school.

Effective: July 1, 2019.

Crider

January 10, 2019, read first time and referred to Committee on Health and Provider Services.



First Regular Session of the 121st General Assembly (2019)

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 2018 Regular and Special Session of the General Assembly.

SENATE BILL No. 359

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

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

1	SECTION 1. IC 12-21-5-6 IS ADDED TO THE INDIANA CODE
2	AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
3	1, 2019]: Sec. 6. (a) The division shall establish a standard format
4	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
7	by the division under this section must:
8	(1) provide that a mental health provider develop the
9	individualized mental health safety plan collaboratively with
10	the patient; and
11	(2) include the following:
12	(A) The patient's name, address, and contact information.
13	(B) Early warning signs that a crisis may be developing.
14	(C) Internal coping strategies.
15	(D) Contact information for individuals and social settings
16	that may provide distraction for the patient.
17	(E) Contact information for persons from whom the



1	patient can ask for help.
2	(F) Contact information for professionals or agencies that
3	the patient can contact at the onset of or during a crisis.
4	(G) A plan for making the environment safe for the
5	patient.
6	(H) The one (1) thing that matters most to the patient and
7	for which the patient considers worth living.
8	(I) Other information identified by the division.
9	SECTION 2. IC 16-39-2-5.5 IS ADDED TO THE INDIANA CODE
10	AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
11	1, 2019]: Sec. 5.5. Each psychiatric crisis center, psychiatric
12	inpatient unit, and psychiatric residential treatment provider shall
13	do the following:
14	(1) Collaboratively develop an individualized mental health
15	safety 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
19	safe transition back into the community.
20	(3) Make a good faith effort before a patient leaves the facility
21	at which the patient is receiving care to obtain the patient's
22	consent to disclose the patient's individualized mental health
23	safety plan with mental health providers, integrated school
24	based mental health providers, and mental health community
25	paramedicine programs that will be supporting the patient's
26	safe transition back into the community and, if applicable,
27	school.
28	SECTION 3. IC 16-39-2-6, AS AMENDED BY P.L.233-2015,
29	SECTION 28, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
30	JULY 1, 2019]: Sec. 6. (a) Without the consent of the patient, the
31	patient's mental health record may only be disclosed as follows:
32	(1) To individuals who meet the following conditions:
33	(A) Are employed by:
34	(i) the provider at the same facility or agency;
35	(ii) a managed care provider (as defined in IC 12-7-2-127);
36	or
37	(iii) a health care provider or mental health care provider, if
38	the mental health records are needed to provide health care
39	or mental health services to the patient.
40	(B) Are involved in the planning, provision, and monitoring of
41	services.
12	(2) To the extent necessary to obtain payment for services



1 2	rendered or other benefits to which the patient may be entitled, as
3	provided in IC 16-39-5-3. (3) To the patient's court appointed counsel and to the Indiana
4	protection and advocacy services commission.
5	(4) For research conducted in accordance with IC 16-39-5-3 and
6	the rules of the division of mental health and addiction, the rules
7	of the division of disability and rehabilitative services, or the rules
8	of the provider.
9	(5) To the division of mental health and addiction for the purpose
0	of data collection, research, and monitoring managed care
1	providers (as defined in IC 12-7-2-127) who are operating under
2	a contract with the division of mental health and addiction.
3	(6) To the extent necessary to make reports or give testimony
4	required by the statutes pertaining to admissions, transfers,
5	discharges, and guardianship proceedings.
6	(7) To a law enforcement agency if any of the following
7	conditions are met:
8	(A) A patient escapes from a facility to which the patient is
9	committed under IC 12-26.
20	(B) The superintendent of the facility determines that failure
1	to provide the information may result in bodily harm to the
.2	patient or another individual.
23	(C) A patient commits or threatens to commit a crime on
4	facility premises or against facility personnel.
22 23 24 25	(D) A patient is in the custody of a law enforcement officer or
26	agency for any reason and:
.7	(i) the information to be released is limited to medications
28	currently prescribed for the patient or to the patient's history
.9	of adverse medication reactions; and
0	(ii) the provider determines that the release of the
1	medication information will assist in protecting the health,
2	safety, or welfare of the patient.
3	Mental health records released under this clause must be
4	maintained in confidence by the law enforcement agency
5	receiving them.
6	(8) To a coroner or medical examiner, in the performance of the
57	individual's duties.
8	(9) To a school in which the patient is enrolled if the
9	superintendent of the facility determines that the information will
0	assist the school in meeting educational needs of the patient.
-1	(10) To the extent necessary to satisfy reporting requirements

under the following statutes:



1	(A) IC 12-10-3-10.
2	(B) IC 12-24-17-5.
3	(C) IC 16-41-2-3.
4	(D) IC 31-25-3-2.
5	(E) IC 31-33-5-4.
6	(F) IC 34-30-16-2.
7	(G) IC 35-46-1-13.
8	(11) To the extent necessary to satisfy release of information
9	requirements under the following statutes:
10	(A) IC 12-24-11-2.
11	(B) IC 12-24-12-3, IC 12-24-12-4, and IC 12-24-12-6.
12	(C) IC 12-26-11.
13	(12) To another health care provider in a health care emergency.
14	(13) For legitimate business purposes as described in
15	IC 16-39-5-3.
16	(14) Under a court order under IC 16-39-3.
17	(15) With respect to records from a mental health or
18	developmental disability facility, to the United States Secret
19	Service if the following conditions are met:
20	(A) The request does not apply to alcohol or drug abuse
21	records described in 42 U.S.C. 290dd-2 unless authorized by
22	a court order under 42 U.S.C. 290dd-2(b)(2)(c).
23	(B) The request relates to the United States Secret Service's
24	protective responsibility and investigative authority under 18
25	U.S.C. 3056, 18 U.S.C. 871, or 18 U.S.C. 879.
26	(C) The request specifies an individual patient.
27	(D) The director or superintendent of the facility determines
28	that disclosure of the mental health record may be necessary
29	to protect a person under the protection of the United States
30	Secret Service from serious bodily injury or death.
31	(E) The United States Secret Service agrees to only use the
32	mental health record information for investigative purposes
33	and not disclose the information publicly.
34	(F) The mental health record information disclosed to the
35	United States Secret Service includes only:
36	(i) the patient's name, age, and address;
37	(ii) the date of the patient's admission to or discharge from
38	the facility; and
39	(iii) any information that indicates whether or not the patient
40	has a history of violence or presents a danger to the person
41	under protection.
42	(16) To the statewide waiver ombudsman established under
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1	IC 12-11-13, in the performance of the ombudsman's duties.
2	(b) Each psychiatric crisis center, psychiatric inpatient unit, and
3	psychiatric residential treatment provider shall, upon request and
4	without the consent of the patient, disclose a patient's
5	individualized mental health safety plan that is in the standard
6	format established by the division of mental health and addiction
7	under IC 12-21-5-6 to the following:
8	(1) The medical director of a mental health community
9	paramedicine program, as determined by the Indiana
10	emergency medical services commission, that:
11	(A) is operating in a county in Indiana in which the patient
12	resides; and
13	(B) meets the following conditions:
14	(i) The staff of the mental health community
15	paramedicine program has completed additional
16	research based mental health, suicide prevention, and
17	deescalation technique training.
18	(ii) The mental health community paramedicine
19	program uses physician developed mental health
20	protocols.
21	(iii) The mental health community paramedicine
22	program operates under the supervision of a medical
23	director who is a physician licensed and in good standing
24	in Indiana.
25	(2) A mental health provider (as defined in IC 16-49-1-7) who:
26	(A) has a master's or doctorate degree in mental health;
27	(B) is licensed and in good standing in Indiana; and
28	(C) works in a research based, integrated school based
29	mental health program that:
30	(i) is implemented in the school the patient attends;
31	(ii) requires that mental health records and mental
32	health safety plans be stored in a secure location that is
33	protected under state and federal health information
34	privacy laws and segregated from school records;
35	(iii) requires that a majority of the school's teachers and
36	other employees complete evidence based mental health
37	and suicide prevention training;
38	(iv) has designated personnel to facilitate and ensure the
39	successful integration of social emotional learning and
40	mental health in the school;
41	(v) provides integrated, school based mental health and
42	substance use disorder services that are delivered in a



1	culturally responsive manner and include evidence based
2	practices with a seamless referral and follow-up process:
3	(vi) has a designated evidence based suicide prevention
4	protocol and rapid response team;
5	(vii) has a designated mental health clinical crisis liaison
6	who helps students and parents or guardians of students
7	successfully transition from psychiatric inpatient or
8	residential treatment back to school; and
9	(viii) includes the preparation of an evaluation of the
10	impact of the integrated, school based mental health
11	program on clinical and educational outcomes.
12	An individualized mental health safety plan disclosed under this
13	subsection may only be used to support a patient's welfare and
14	safety and is considered otherwise confidential information under
15	applicable state and federal laws.
16	(b) (c) After information is disclosed under subsection (a)(15) and
17	if the patient is evaluated to be dangerous, the records shall be
18	interpreted in consultation with a licensed mental health professional
19	on the staff of the United States Secret Service.
20	(c) (d) A person who discloses information under subsection (a)(7),
21	or (a)(15), or subsection (b) in good faith is immune from civil and
22	criminal liability.
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