



February 2, 2021

HOUSE BILL No. 1118

DIGEST OF HB 1118 (Updated February 2, 2021 10:22 am - DI 119)

Citations Affected: IC 12-21; IC 16-31; IC 16-39.

Synopsis: Mobile integrated healthcare programs and safety plans. Provides that an individualized mental health safety plan includes information concerning a patient's physical health. Provides that an emergency medical services provider agency with an approved mobile integrated healthcare program shall be operated by a city, town, or township in accordance with the rules and under the guidance of the Indiana emergency medical services commission. Provides that upon disclosure of a patient's individualized mental health safety plan, a mobile integrated healthcare program or a mental health community paramedicine program may provide certain services to help facilitate the patient's safe transition back into the community. Provides that a representative of a mobile integrated healthcare program or a representative of a mental health community paramedicine program may 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

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

February 2, 2021, amended, reported — Do Pass.

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February 2, 2021

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.

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
10 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 that
16 may provide distraction for the patient.
17 (E) Contact information for persons from whom the patient

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can ask for help.

(F) Contact information for professionals or agencies that the patient can contact at the onset of or during a crisis.

(G) A plan for making the environment safe for the patient.

(H) The one (1) thing that matters most to the patient and for which the patient considers life worth living.

(I) Other information identified by the division, **including issues concerning the patient's physical health.**

SECTION 2. IC 16-31-12-1, AS ADDED BY P.L.100-2019, SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 1. **(a)** As used in this chapter, "mobile integrated healthcare" means community based health care in which paramedics and emergency medical technicians employed by an emergency medical services provider agency function outside of customary emergency response and transport to do the following:

(1) Facilitate more appropriate use of emergency care services.

(2) Enhance access to:

(A) primary care for medically underserved populations; or

(B) underutilized and appropriate health care services.

(b) The emergency medical services provider agency described in subsection (a) shall be operated by a city, town, or township in accordance with this chapter and under the guidance of the commission.

SECTION 3. IC 16-39-2-5.5, AS ADDED BY P.L.225-2019, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 5.5. **(a)** Each psychiatric crisis center, psychiatric inpatient unit, and psychiatric residential treatment provider shall do the following:

(1) Collaboratively develop an individualized mental health safety plan with each patient.

(2) Explain the benefits of coordinating care and sharing individualized mental health safety plans with mental health providers in the community that can help with the patient's safe transition back into the community.

(3) Make a good faith effort before a patient leaves the 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, **mobile integrated healthcare programs (as described in IC 16-31-12)**, and mental health community paramedicine programs that will be supporting the patient's safe transition back into the community and, if applicable, school.



(b) Upon disclosure of the patient's individualized mental health safety plan described in subsection (a), a mobile integrated healthcare program (as described in IC 16-31-12) or a mental health community paramedicine program may do the following:

(1) Help facilitate services that are determined to be necessary for a patient.

(2) Coordinate, cooperate, and communicate with other licensed mental health professionals, health care professionals, and service providers in the community to implement or continue the individualized mental health safety plan.

(3) Monitor the services to determine the effectiveness of the services.

(4) Adapt the patient's mental health safety plan as needed for the patient's welfare and safety.

SECTION 4. IC 16-39-2-6, AS AMENDED BY P.L.45-2020, SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 6. (a) Without the consent of the patient, the patient's mental health record may only be disclosed as follows:

(1) To individuals who meet the following conditions:

(A) Are employed by:

(i) the provider at the same facility or agency;

(ii) a managed care provider (as defined in IC 12-7-2-127); or

(iii) a health care provider or mental health care provider, if the mental health records are needed to provide health care or mental health services to the patient.

(B) Are involved in the planning, provision, and monitoring of services.

(2) To the extent necessary to obtain payment for services rendered or other benefits to which the patient may be entitled, as provided in IC 16-39-5-3.

(3) To the patient's court appointed counsel and to the Indiana protection and advocacy services commission.

(4) For research conducted in accordance with IC 16-39-5-3 and the rules of the division of mental health and addiction, the rules of the division of disability and rehabilitative services, the rules of the provider, or the rules of the Indiana archives and records administration and the oversight committee on public records.

(5) To the division of mental health and addiction for the purpose of data collection, research, and monitoring managed care providers (as defined in IC 12-7-2-127) who are operating under



a contract with the division of mental health and addiction.

(6) To the extent necessary to make reports or give testimony required by the statutes pertaining to admissions, transfers, discharges, and guardianship proceedings.

(7) To a law enforcement agency if any of the following conditions are met:

(A) A patient escapes from a facility to which the patient is committed under IC 12-26.

(B) The superintendent of the facility determines that failure to provide the information may result in bodily harm to the patient or another individual.

(C) A patient commits or threatens to commit a crime on facility premises or against facility personnel.

(D) A patient is in the custody of a law enforcement officer or agency for any reason and:

(i) the information to be released is limited to medications currently prescribed for the patient or to the patient's history of adverse medication reactions; and

(ii) the provider determines that the release of the medication information will assist in protecting the health, safety, or welfare of the patient.

Mental health records released under this clause must be maintained in confidence by the law enforcement agency receiving them.

(8) To a coroner or medical examiner, in the performance of the individual's duties.

(9) To a school in which the patient is enrolled if the superintendent of the facility determines that the information will assist the school in meeting educational needs of the patient.

(10) To the extent necessary to satisfy reporting requirements under the following statutes:

(A) IC 12-10-3-10.

(B) IC 12-24-17-5.

(C) IC 16-41-2-3.

(D) IC 31-25-3-2.

(E) IC 31-33-5-4.

(F) IC 34-30-16-2.

(G) IC 35-46-1-13.

(11) To the extent necessary to satisfy release of information requirements under the following statutes:

(A) IC 12-24-11-2.

(B) IC 12-24-12-3, IC 12-24-12-4, and IC 12-24-12-6.



- 1 (C) IC 12-26-11.
- 2 (12) To another health care provider in a health care emergency.
- 3 (13) For legitimate business purposes as described in
- 4 IC 16-39-5-3.
- 5 (14) Under a court order under IC 16-39-3.
- 6 (15) With respect to records from a mental health or
- 7 developmental disability facility, to the United States Secret
- 8 Service if the following conditions are met:
- 9 (A) The request does not apply to alcohol or drug abuse
- 10 records described in 42 U.S.C. 290dd-2 unless authorized by
- 11 a court order under 42 U.S.C. 290dd-2(b)(2)(c).
- 12 (B) The request relates to the United States Secret Service's
- 13 protective responsibility and investigative authority under 18
- 14 U.S.C. 3056, 18 U.S.C. 871, or 18 U.S.C. 879.
- 15 (C) The request specifies an individual patient.
- 16 (D) The director or superintendent of the facility determines
- 17 that disclosure of the mental health record may be necessary
- 18 to protect a person under the protection of the United States
- 19 Secret Service from serious bodily injury or death.
- 20 (E) The United States Secret Service agrees to only use the
- 21 mental health record information for investigative purposes
- 22 and not disclose the information publicly.
- 23 (F) The mental health record information disclosed to the
- 24 United States Secret Service includes only:
- 25 (i) the patient's name, age, and address;
- 26 (ii) the date of the patient's admission to or discharge from
- 27 the facility; and
- 28 (iii) any information that indicates whether or not the patient
- 29 has a history of violence or presents a danger to the person
- 30 under protection.
- 31 (16) To the statewide waiver ombudsman established under
- 32 IC 12-11-13, in the performance of the ombudsman's duties.
- 33 (b) If a licensed mental health professional, ~~or a licensed paramedic,~~
- 34 **a representative of a mobile integrated healthcare program (as**
- 35 **described in IC 16-31-12), or a representative of a mental health**
- 36 **community paramedicine program** in the course of rendering a
- 37 treatment intervention, determines that a patient may be a harm to
- 38 himself or herself or others, the licensed mental health professional, ~~or~~
- 39 **the licensed paramedic, the representative of the mobile integrated**
- 40 **healthcare program (as described in IC 16-31-12), or the**
- 41 **representative of the mental health community paramedicine**
- 42 **program** may request a patient's individualized mental health safety



1 plan from a psychiatric crisis center, psychiatric inpatient unit, or
 2 psychiatric residential treatment provider. Each psychiatric crisis
 3 center, psychiatric inpatient unit, and psychiatric residential treatment
 4 provider shall, upon request and without the consent of the patient,
 5 share a patient's individualized mental health safety plan that is in the
 6 standard format established by the division of mental health and
 7 addiction under IC 12-21-5-6 with the following individuals who
 8 demonstrate proof of licensure and commit to protecting the
 9 information in compliance with state and federal privacy laws:

10 (1) A licensed mental health professional.

11 (2) A licensed paramedic.

12 **(3) A representative of a mobile integrated healthcare**
 13 **program (as described in IC 16-31-12).**

14 **(4) A representative of a mental health community**
 15 **paramedicine program.**

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

20 (c) After information is disclosed under subsection (a)(15) and if the
 21 patient is evaluated to be dangerous, the records shall be interpreted in
 22 consultation with a licensed mental health professional on the staff of
 23 the United States Secret Service.

24 (d) A person who discloses information under subsection (a)(7),
 25 (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.

