



March 26, 2021

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# ENGROSSED HOUSE BILL No. 1118

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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 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.

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## Schaibley, Torr, Ledbetter

(SENATE SPONSORS — BALDWIN, CRIDER)

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

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 Services.

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

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EH 1118—LS 6833/DI 131





March 26, 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.

## 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  
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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- 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 at
- 21 which the patient is receiving care to obtain the patient's consent
- 22 to disclose the patient's individualized mental health safety plan
- 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, if  
 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 the rules of the division of mental health and addiction, the rules  
 22 of the division of disability and rehabilitative services, the rules  
 23 of the provider, or the rules of the Indiana archives and records  
 24 administration and the oversight committee on public records.

25 (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 **the licensed paramedic, the representative of the mobile integrated**  
 25 **healthcare program (as described in IC 16-31-12), or the**  
 26 **representative of the mental health community paramedicine**  
 27 **program** may request a patient's individualized mental health safety  
 28 plan from a psychiatric crisis center, psychiatric inpatient unit, or  
 29 psychiatric residential treatment provider. Each psychiatric crisis  
 30 center, psychiatric inpatient unit, and psychiatric residential treatment  
 31 provider shall, upon request and without the consent of the patient,  
 32 share a patient's individualized mental health safety plan that is in the  
 33 standard format established by the division of mental health and  
 34 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.**



- 1 An individualized mental health safety plan disclosed under this  
2 subsection may be used only to support a patient's welfare and safety  
3 and is considered otherwise confidential information under applicable  
4 state and federal laws.
- 5 (c) After information is disclosed under subsection (a)(15) and if the  
6 patient is evaluated to be dangerous, the records shall be interpreted in  
7 consultation with a licensed mental health professional on the staff of  
8 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.

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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.

Re-number 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.

