Support SB1970 HA 2 (updated May 18)

Access to Mental Health Information Act

Sponsors: Senator Laura Fine, Senator Sara Feigenholtz

What Does SB1970 Do?

SB1970 amends the Mental Health & Developmental Disabilities Code to allow hospitals and families of people hospitalized for serious mental illness to share basic information to support continuity of care and ensure patient safety upon discharge. SB 1970 passed the Senate with bipartisan support by a 49 to 5 vote. Numerous protections have been incorporated into four amendments to address concerns of advocates.

Sponsors and supporters of SB1970 worked with advocates to amend the bill to protect patient privacy and safeguard against misuse. As a result, domestic violence advocates have switched their position to ‘neutral.’ Feedback from multiple advocates was incorporated into House Amendments 1 and 2, addressing concerns and clarifying misconceptions that implied the bill would have a significantly larger scope than was ever proposed.

SB1970 only applies when a serious condition like schizophrenia or other psychotic disorders deprive a patient of their capacity to make informed decisions and no advance directive exists to provide guidance, in which case their doctor is empowered to apply their training and professional judgment to serve the patients best interest. Hospitals are encouraged to accept pertinent health information from families – a best practice most hospitals already follow.

SB1970 is tightly constructed so that hospitals can disclose only the following information:

- Whether the person is in the hospital
- The discharge plan including discharge date, provider information and treatment plans
- Whether there is a pending involuntary commitment petition

This limited information may only be disclosed to close relatives, and only when those relatives are living with the person or paying for their care, and only if the patient is unable to make decisions and their doctor determines disclosure is in the patient’s best interest. Misuse of information is a Class A misdemeanor.

Why is SB1970 Needed?

- Families are left in the dark. Illinois’ statute is more restrictive than the federal HIPAA law. A person with serious mental illness may be admitted to inpatient psychiatric care and close family members may be unable to learn whether their loved one is in the hospital, or even whether s/he is alive.
- Psychiatric treatment teams are deprived of essential health information. When families are prevented from sharing information, clinicians can be unaware of treatments and medications that have successful or unsuccessful in treating that illness.
- Vulnerable patients are often released without decisional capacity, and families have no information about where they are located. Patients are typically discharged after 4 to 5 days, often when they are still experiencing the psychiatric event that caused hospitalization. This flawed policy results in people ending up homeless, lost in unfamiliar communities, and isolated from the loved ones who support their recovery.
- Persons with serious mental illness who have been living with, being financially supported by, and otherwise being cared for by relatives are discharged without notice to relatives, even if the discharge plan specifies that the person will be returning to live with them.

To learn more about SB1970 or to speak to a family member who has lived the issue, please contact Executive Director Andy Wade at andywade@NAMIIllinois.org or Legislative Chair Hugh Brady at bradyhugh@aol.com
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One Family’s Story...

*My son was in a northwest suburban psychiatric hospital. I knew he was there because I had admitted him. He was experiencing extreme paranoia and other symptoms of schizophrenia, and thought I wasn’t really his mom, that I was a robot. He wouldn’t sign a release. So, when I called the hospital, they wouldn’t tell me anything. Other family members tried too. We were in the dark.*

*After about a week, I found out the hospital had released my son. Because I wasn’t involved, he was sent to a homeless shelter, but didn’t stay there. I was frantic because I had no idea where he was. And of course, the doctors at the hospital could not tell us nothing, all because of Illinois’ restrictive legislation.*

- Lorri G. – Arlington Heights

Who Supports SB1970?

Last week, 122 proponents submitted witness slips in favor of SB1970 to the House Mental Health & Addiction Committee, including dozens of individuals and family members affected by the issue.

- Mental Health America, Illinois
- NAMI Illinois and 17 local NAMI affiliates
- Chicago Bar Association
- Illinois Psychological Association
- League of Women Voters of Illinois
- Will County Health Department
- Instituto del Progreso Latino
- Learning Disabilities Association of Illinois
- Mental Health Network of Kankakee County
- Bloomingdale Township Mental Health Auxiliary
- Monahan Law Group
- Bolingbrook High School
- Thomas Jefferson Elementary School
- Southminster Presbyterian Church
- AMITA Health

To learn more about SB1970 or add your organization to the supporter list, contact Executive Director Andy Wade at andywade@NAMIllinois.org or Legislative Chair Hugh Brady at bradyhugh@aol.com

Meet the Public in the Public Conversation About Mental Health....

*NAMI Illinois is the statewide organization of the National Alliance on Mental Illness, the nation’s largest grassroots network working to improve the lives of people and families with lived experience with mental health concerns. Each year, NAMI Illinois works with its 20 local affiliates to provide education, advocacy, and research-based mental health support programs to over 50,000 Illinoisans.*

*All NAMI programs are facilitated by trained volunteers with lived experience with mental health concerns, and are free-of-charge and are open to anyone who needs them. To find a NAMI affiliate near you, visit www.NAMIillinois.org or email NAMI@NAMIillinois.org*