Senate Bill 1076

Sponsored by Senators PATTERSON, JAMA, Representative EVANS

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure as introduced.

Requires licensed hospitals to include in hospital’s discharge policy specified procedures for discharge of homeless patients.

A BILL FOR AN ACT

Relating to hospital discharge policies.

Be It Enacted by the People of the State of Oregon:

SECTION 1. (1) As used in this section:
(a) “Homeless patient” means an individual who:
(A) Lacks a fixed and regular nighttime residence;
(B) Has a primary nighttime residence that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations; or
(C) Is residing in a public or private place that was not designed to provide temporary living accommodations or to be used as a sleeping accommodation for human beings.

(b) “Hospital” means a hospital as defined in ORS 442.015 that is licensed under ORS 441.025.

(2) A hospital shall include in the hospital’s discharge policy a written homeless patient discharge planning policy and process that requires that:
(a) Hospital staff inquire about a patient’s housing status during the discharge planning process;
(b) An individual discharge plan be developed for each homeless patient that:
(A) Helps prepare the homeless patient for return to the community by connecting the patient with available community resources, treatment, shelter and other supportive services; and
(B) Is guided by the best interests of the homeless patient, the patient’s physical and mental condition, the patient’s ability to perform activities of daily living and the patient’s preferences for placement after informing the patient of available placement options;
(c) The hospital identify one of the following post-discharge destinations for the patient, unless the homeless patient is being transferred to another licensed health care facility as defined in ORS 442.015, with priority given to identifying a sheltered destination with supportive services:
(A) A social services agency, nonprofit social services provider or government service provider if the agency or provider agrees to accept the patient and the patient agrees to the placement;
(B) The homeless patient’s principal dwelling place; or

NOTE: Matter in boldfaced type in an amended section is new; matter [italic and bracketed] is existing law to be omitted. New sections are in boldfaced type.

LC 4380
(C) An alternative destination as indicated by the homeless patient or the patient’s representa-
tive during the discharge process described in paragraph (b) of this subsection;
(d) Priority be given to discharging homeless patients during the daytime from October
1 through April 30; and
(e) Information regarding discharge or transfer be provided to a homeless patient in a
culturally competent manner and in a language that the patient understands.
(3) A hospital shall document in the patient’s record any destination indicated by the
patient under subsection (2)(c) of this section.
(4) A hospital may not discriminate against a patient or prevent medically necessary care
or hospital admission to the patient based on the patient’s housing status.
(5) A hospital that transfers a patient as provided in subsection (2)(c)(A) of this section
shall provide the receiving entity with written or electronic information about the trans-
ferring patient’s post-hospitalization health and behavioral health care needs and shall doc-
ument the name of the person at the receiving entity that agreed to accept the transfer of
the patient.
(6) Prior to discharging a homeless patient, a hospital shall document that:
(a) The patient’s treating physician has determined that the patient is clinically stable
for discharge, including but not limited to whether the patient is alert and oriented to per-
son, place and time;
(b) The physician or the physician’s designee has communicated to the patient the
patient’s post-discharge medical needs;
(c) The patient was offered a meal unless medically contraindicated;
(d) The patient was offered weather-appropriate clothing if the patient’s clothing was
inadequate;
(e) The patient was referred to a source of follow-up care, if medically necessary;
(f) The patient was provided with:
(A) A prescription, if needed; and
(B) An appropriate supply of all necessary medications, if available at an onsite hospital
pharmacy licensed and staffed to dispense outpatient medication;
(g) The patient was offered or referred to a screening for infectious diseases common in
the region, as determined by the local public health authority;
(h) The patient was offered vaccinations appropriate to the patient’s presenting medical
condition;
(i) The treating physician provided a screening examination and evaluation, and if the
results of the screening examination and evaluation indicate that follow-up behavioral health
care is needed, that the patient was treated or referred to an appropriate provider for
treatment;
(j) The hospital made a good faith effort to contact, if applicable:
(A) The patient’s health insurance plan; and
(B)(i) The patient’s primary care provider if the patient has identified a primary care
provider; or
(ii) Another appropriate provider;
(k) The patient was screened for and provided with assistance in enrolling in medical
assistance, as defined in ORS 414.025, or in any affordable health insurance coverage for
which the patient is eligible; and
(L) The hospital offered the patient transportation following discharge to the destination identified in subsection (2)(c) of this section if the destination is within a maximum travel distance of 30 miles from the hospital.

(7) A hospital shall have a written plan to coordinate services with available local health care providers, county behavioral health agencies, social services agencies and local nonprofit agencies. The plan must be updated annually and must include:

(a) A list of all local homeless shelters organized by type, function, hours of operation, admission procedures and requirements, population served and the general scope of supportive services provided;

(b) Contact information for all local homeless shelters; and

(c) Training protocols for discharge planning staff.

(8) A hospital shall maintain a log of homeless patients that are discharged and their discharge destinations. Documentation of the discharge plan for each homeless patient must be maintained in a log or in the patient’s medical record.