

Submitter: David Watson
On Behalf Of: Houseless people and hospitals
Committee: Senate Committee On Health Care
Measure: SB1076

I wish to offer my support, and one caveat, for Oregon SB 1076 requiring hospitals to adopt discharge procedures tailored to houseless patient needs.

For the past 20+ years, I have served as a hospital chaplain, following 20+ years as a parish pastor. In both settings, I have sat with individuals from all walks of life in crisis. When presenting to the doors of a church or the doors of a hospital, regardless of the how and why of homelessness, houseless people need help to survive and need our help.

Regarding the medical needs of the houseless individual, every hospital today understands the 1986 federal Emergency Medical Treatment and Active Labor Act (EMTALA) intended to prevent inappropriate transfer and denial of treatment and care, regardless of ability to pay, and legal or social status. In the big picture, on the front end, when a human being presents to an emergency department (ED), EMTALA has proven to be very successful legislation. On the back end, however, when the outpatient service of most every ED in America does not or cannot admit the patient overnight, EMTALA is less directive, much less specific, and much less effective in helping the houseless person who is going back to the streets.

Today, given today's housing crisis, and given today's mental health and drug-use crisis, SB 1076 is needed at the state level where EMTALA seems to stop. EMTALA is not enough. Local and state intervention is needed to work with our broken American healthcare system, SB 1076 goes to this need.

My one caveat: Within our broken American healthcare system, hospitals can provide only so much. Yes, hospitals must do a better job linking and supporting the "what comes next" when leaving the hospital. Adequate clothing and an adequate meal are two such possible needs when leaving the hospital, yet hospitals are not clothing closets, nor are they food services. I do not have the answers. As a community, and as a society, I believe we can do better, and we must.

I suspect SB 1076 may benefit from an amendment or two providing reasonable expectations for hospitals and the community.

Rev. David R Watson
Part-time hospital chaplain/semi-retired