

Submitter: Stefanie Griffin
On Behalf Of:
Committee: Senate Committee On Health Care
Measure: SB1076

I am writing in opposition of Senate Bill 1076. I am dually employed in both a social service agency and a major hospital emergency department. While Senate Bill 1076 has good intention, it is evident that the authors and sponsors of the bill have not spent significant observation time in a hospital facility. Hospitals are intended to treat medical needs for people. While some hospitals have funding or ancillary services in place to meet the social service needs for patients, not all hospitals do and I can assure you that no hospital currently has enough social workers in place. People in support of this are trending in social service agencies that have business hours and provide pop-up clinics that are convenient to them and their business models/budgets/staffing ratios. Hospitals are open 24/7 because humans have medical emergencies at all times of the day. They are not intended to be drop-in site for a meal, clothing, or other resources outside of their scope. I can tell you that this Bill would not "challenge staff to put effort into finding ways to help a person". Social service agencies are equipped with assisting people in accessing individualized resources - including those that meet ADL and iADLS needs (such as medical care management/follow-up). I've witnessed over and over again people frequently coming into the emergency department not for emergent medical care but rather seeking weather-appropriate clothing, food, and a bed. Those amenities are ones that social service agencies and local-area shelters provide. This is like someone walking into a Burgerville and expecting they provide gasoline for their car and a washing machine to do laundry. By expecting hospital staff to provide services outside of their scope we are grossly endangering our entire community - housed or unhoused. We learned during the Covid pandemic that hospitals DO get maxed out in boarding, which ultimately compromises healthcare needs for those with immediate medical emergencies and ongoing medical needs like progressive or terminal illness needs. That is what is dangerous for all Oregonians. The solution to our housing crisis is not answered by over-stressed and under-staffed medical hospitals becoming a social service safety net. Every person - housed or unhoused - deserves respect, care, and compassion. Perhaps start with prioritizing and adequately staffing/funding permanent and meaningful behavioral and mental health services in all Oregon communities. Additionally, as a citizen who voted for some of you sponsoring this bill, I strongly suggest Senator Patterson, Senator Jama, and Representative Evans - spend 24 hours in each Oregon hospital (specifically emergency departments) to see what our nurses, doctors, hospital social workers, and other staff experience daily. Passing Senate Bill 1076 is irresponsible and would be disastrous for everyone.