

Chair Patterson, Vice-Chair Hayden, and Members of the Senate Committee on Health Care:

I am a resident of Independence, OR. I am writing to express my strong support of Senate Bill 1076.

I also am a member of Salem First Presbyterian Church, on the corner of Chemeketa and Winter Streets, host of the largest, low-barrier, homeless warming shelter in Salem. The shelter is operated in partnership with the ARCHES Project. On cold nights, we average more than seventy guests; this winter we hosted more than 1,500 overnight stays. While serving hot drinks and food to our guests, many of their medical challenges become evident.

Recently, medically fragile homeless were dropped off at our church when the warming shelter wasn't open. On several occasions, we were told that they had been sent to our church by the Hospital. We are certain the full explanation is more complex than this and, by telling of this experience, we mean no criticism of any of the caring institutions in Salem, however; it is evident that, as a community, we must do better.

In addition to being one of the many volunteers that work in the shelter, I serve on the church's board of directors and currently serve as its corporate president.

Our experience tells us that Senate Bill 1076 will help. We think it will lead to more efficient, more compassionate, and more effective care of the homeless. We believe that a so-called warm handoff (conversation between hospital and on-gong care provider) is essential to the wellbeing of medically fragile homeless persons; this warm hand-off is particularly important when it is cold or the weather is bad.

Senate Bill 1076, would make hospitals unequivocally responsible for ensuring homeless persons are discharged in a safe, compassionate manner. When seen in the context of existing rules governing hospital discharges (OHA, Public Health Division, Rule 333-505-0055, Discharge Planning Requirements), SB 1076, makes relatively modest but vital, life-saving, improvements. As to additional hospital costs to cover the new requirements that would be imposed by SB 1076, it would seem that relief will be found in recent changes to Medicare coverage in Oregon and the 2022-2027 Medicaid 1115 Demonstration Waiver.

While fully supporting SB 1076, the sponsors of SB 1076, are asked to address the need for improved medical care resources for the chronically homeless population. While Portland and Eugene have medical respite care for the homeless (Blackburn Center: Recuperative Care, in Portland and ShelterCare in Eugene), Salem does not. Everyone should be asking themselves how it is that Portland and Eugene have Medical Respite Care and Salem, our State's Capitol, does not?

Respectfully,
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