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California Hospitals Strive To Comply With New Homeless Patient Laws, But Say Lack Of Resources Makes It Tough

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Andrew Nixon / Capital Public Radio

Earlier this month, Dr. Aimee Moulin at the UC Davis emergency department treated a homeless man who was experiencing some foot pain. It was raining, and the waiting room was crowded with car crash patients and flu cases.

She did the usual exam and prescribed Ibuprofen. But with California's [SB 1152](#) in effect as of Jan. 1 she had to take extra steps, including teaming up with another staffer to check in with local shelters about available beds. It took a couple of hours.

"It was just sort of hard finding all the resources to make the calls to all the shelters, then we couldn't find a bed, and then figuring out transportation," she said. "It just took a couple hours to finish up with all that, which would have been an otherwise very simple visit. We just don't quite have the systems in place."

Physicians across the state are grappling with the new law, which requires hospitals to offer homeless patients a meal, clothing and other services before sending them to a residence or a social services provider that has agreed to take them. It was designed to address "patient dumping," a phrase homeless advocates use to describe hospitals discharging patients to the streets without adequate planning.

But hospitals say there's been confusion about how to interpret and implement the law. Peggy Wheeler, Vice President of Rural Health and Governance for the California Hospital Association, which originally opposed the policy, said she's been receiving "any number of questions" from members trying to comply.

California requires hospitals to make arrangements for all departing patients, but most go home with a family member. Wheeler said emergency department staff already

screen for homeless patients, and now it's just a matter of documenting that resources were offered.

Under the new law, hospital staff must offer a ride to a desired location less than 30 miles or 30 minutes away. If the patient wants to return to a tent, a car or another location they call a residence, the hospital can send them there with a bus ticket or a ride-share service. If they have nowhere to go, the hospital must confirm a bed for them.

This comes after media reports about patients who said they were sent to shelters that couldn't take them. In a survey from the Sacramento Regional Coalition to End Homelessness, service organizations reported patients arriving in hospital gowns, without wheelchairs or other supplies needed for recovery.

There are other requirements, such as asking about vaccinations, infectious disease screenings, health insurance enrollment information and a follow-up care referrals.

At UC Davis, Moulin said these extra tasks can increase waiting times, or result in hospitals holding patients longer than usual to avoid an unlawful discharge.

"You would like to find a bed," she said. "I'd love for people not to be homeless. We all want to provide the services, and it's just hard when they're not there."

Noel Kammermann, executive director of Sacramento homeless services agency Loaves and Fishes, said patients with ongoing medical needs present a challenge for shelters, which aren't often equipped to treat these conditions.

Since the law took effect, he's gotten a few calls from hospitals asking how to best coordinate a patient drop-off. But he said in an ideal world, homeless people recovering from illness or injury wouldn't end up at the day program at all.

"The best way to go about this is that you get people into housing and then you wrap services around them so they start going to a primary care physician instead of the emergency room," Kammermann said. "This senate bill, it's a step in the right direction for sure, because now hospitals are trying to do a much warmer handoff to wherever it is the patients are going ... but it's going to require a lot of coordination."

A separate part of the law, which kicks in July 1, requires hospitals to develop a written plan for homeless patients with the county behavioral health department and homeless service organizations, and to keep a homeless patient log. Some counties have addressed the problem by expanding "whole person care" programs, which give homeless people a warm, safe place to recover after a hospital visit.