

Submitter: Robert Evans
On Behalf Of: The Community
Committee: Senate Committee On Health Care
Measure: SB1076

Members of the Committee,

I have served as a Registered Nurse in a local community hospital emergency department for the past 14 years. I am currently the nurse manager of my hospital emergency department. I am strongly opposed to this bill.

I ask that the members of this committee consider the next time they visit the emergency department, in the winter, in the evening. Consider what you expect to find there when you arrive: Clean spaces, somewhere to sit while you wait, excellent medical care, good customer service, timely treatment... etc

Now imagine that that emergency department is unable to discharge homeless patients until daylight hours.... That emergency department is within easy reach of the Max, it has dozens, or in some cases hundreds of homeless individuals living within a 30min walk, and none of them like the rules in place at the homeless shelters, the shelter was too far away/inconvenient to reach, and the food there isn't as nice. Imagine a 20 bed emergency department which is already boarding 10 patients who need inpatient care (the hospitals have been full/over capacity for months to years as you know) being inundated with as many homeless individuals as wish to arrive, with no required medical complaints. The Emergency Department is obligated by EMTALA to provide each of these a Medical Screening Exam. There is no legal way to prevent any person with any medical complaint from arriving.

These homeless individuals are going to be in our lobby, possibly dozens of them when the weather turns cold. They are going to be in the corridors, they are going to be taking up ED beds, ED Social worker time, ED nursing time and physician attention. In short: They are going to greatly cut into the limited resources of the Emergency Departments which are already struggling to meet the Emergency needs of our community.

There isn't going to be a clean nice place to wait for care, there isn't going to be space between you and the other ED patients. The system is going to be log-jammed with non-medical patients who KNOW that they cannot be asked to leave. What you are going to find in appearance is a homeless shelter in the lobby of your emergency department when you arrive. You are going to wait longer to be checked in. You are going to wait longer for a nurse. You are going to wait longer for a physician. There will be bad outcomes for patients waiting unnecessarily.

Furthermore, the OREGON HEALTH PLAN is going to be billed for all of these unnecessary visits to the Emergency Department. Most homeless patients I've encountered are either enrolled in OHP already or are given the resources by the hospital to become enrolled which will include their current visit. This is possibly the least cost-effective way to fund the homeless crisis imaginable. The Emergency Department is certainly the most expensive overnight stay available. For the cost of even ONE visit to the ED, OHP could house overnight dozens in a shelter.

I absolutely agree that there is a homeless crisis. I absolutely agree that homeless patients should not be put out into the cold and except in extreme cases of disruptive behavior, I can attest that your local community ED (mine at least) doesn't send people out into the cold night without appropriate destination or resources. I absolutely agree that something needs to be done to provide these patients a safe place to stay.

I absolutely disagree that the Emergency Department is the correct avenue to solve this problem. It is a critical part of healthcare safety-net for immediate medical care which is currently struggling to meet the needs of our community and would be further buried by this legislature. This solution isn't designed to be a plan for overnight homeless shelter but it will absolutely be treated as such and will provide the absolutely most expensive solution by the state and taxpayers.