

Homeless Patient Care Plans

SB 1152 (Hernandez) - Homeless Discharge Law

- As you might have heard, SB 1152 (Hernandez) was signed by Governor Brown. When introduced, this bill would have made it nearly impossible to discharge a homeless patient from your emergency department. For example, one of the many requirements was that a homeless patient be “permitted to remain in the facility for the time necessary to ensure that he or she is released during daytime hours where the receiving social services or other agency is open and available to receive the patient.” The bill originally also impacted your ability to discharge homeless patients based on your clinical determination. Neither of those requirements remain. We worked extensively with the author’s office and sponsors to amend the bill and California ACEP was able to obtain a number of amendments to limit the number of requirements on treating physicians, as well as soften the impact on your ED.
- Please read the requirements carefully as the rumors you are hearing from colleagues and others may be from a previous version of the bill, not what in fact became law. Unfortunately, even with the amendments the bill will still impact your ED.
- The bill will become law on January 1, 2019. In the meantime, here’s an overview of the requirements for emergency physicians prior to discharging a homeless patient. You will note these requirements are not substantially different from what you already do:
 - The treating physician has provided a medical screening examination and evaluation. (While not changed by SB 1152, you are of course still obligated to provide necessary stabilizing care.) If the treating physician determines that the results of the medical screening examination and evaluation indicate that follow-up behavioral health care is needed, the homeless patient shall be treated or referred to an appropriate provider.
 - The treating physician has determined the homeless patient’s clinical stability for discharge, including, but not limited to, an assessment as to whether the patient is alert and oriented to person, place, and time, and the physician or designee has communicated post-discharge medical needs to the homeless patient.
 - The homeless patient has been provided with a prescription, if needed
- All other requirements are on the hospital and we will work to prevent the hospitals from putting those requirements onto physicians. They include things such as:
 - Identifying a post-discharge destination for the homeless patient.
 - Offering the homeless patient a meal, unless medically indicated otherwise.
 - If the homeless patient’s clothing is inadequate, offering the homeless patient weather-appropriate clothing.
 - Referring the homeless patient to a source of follow-up care, if medically necessary.

- For a hospital with an onsite pharmacy licensed and staffed to dispense outpatient medication, providing the homeless patient with an appropriate supply of all medication prescribed at the visit.
- Offering or referring the homeless patient for screening for infectious disease common to the region, as determined by the local health department.
- Offering the homeless patient vaccinations appropriate to their presenting medical condition.
- In the case that the treating physician determines follow-up behavioral health care is needed, the hospital shall make a good faith effort to contact one of the following, if applicable:
 - The homeless patient's health plan, if the homeless patient is enrolled in a health plan.
 - The homeless patient's primary care provider, if the patient has identified one.
 - Another appropriate provider, including, but not limited to, the coordinated entry system.
- Screening and providing assistance to enroll in any affordable health insurance coverage for which the homeless patient is eligible.
- Offering the homeless patient transportation after discharge to 1) a social services agency 2) his/her residence 3) an alternative destination of the patients choosing, if that destination is within a maximum travel time of 30 minutes or a maximum travel distance of 30 miles of the hospital.

All of these requirements may take place after discharge and in an area of the hospital where clinical care is not provided, unless medically indicated. We hope this will help you protect your ED for clinical care. Also keep in mind that all of these requirements apply to discharge of homeless patients from the hospital whether from the ED or from an inpatient unit.

The bill had many iterations as it moved through the Legislature. As mentioned, in one version, a homeless patient could not be discharged at night, in inclement weather, or unless a social services agency agreed in writing to accept them. In another version of the bill, all of the above hospital requirements had to occur before you could discharge the patient from your care. There were many requirements that, while well-intended, could simply not be accomplished given the lack of social and mental health services in the community, ultimately leaving these persons stuck in your ED, because the earlier version of the bill prevented discharge. We worked very hard to remove these requirements. While it may not appear at first glance, your obligations under this new law are substantially less than what had been proposed.

As always, we welcome your questions about our legislative advocacy.