



## Memorandum

**TO: RULES COMMITTEE****FROM: Councilmember Tam Nguyen****SUBJECT: SB 1152 (HERNANDEZ)****DATE: March 15, 2018**

Approved:

Date:

3/15/2018

**SUBJECT: SB 1152 HOSPITAL PATIENT DISCHARGE PROCESS:  
HOMELESS PATIENTS****RECOMMENDATION:**

That the Rules Committee agendize Council consideration of a support position on SB 1152 (Hernandez)

**BILL SYNOPSIS**

SB 1152 would provide a clear protocol for discharging homeless patients after their hospital stay. Addressing a practice known as “patient dumping,” this bill responds to recent stories documenting homeless patients being discharged in unsafe conditions, such as being dropped off at homeless shelters without warning and without available beds. The bill would require the health facilities to develop a written plan for coordinating services and referrals for homeless patients including procedures for homeless patient discharge referrals, designated liaisons at each participating entity, and coordination protocols. Because violation of these requirements would be a crime, this bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

(see attached for full bill text.)

**REASON TO SUPPORT**

For years, hospitals have been accused of “patient dumping”, removing patients who are poor, uninsured, and unlikely able to pay for their healthcare, from their facilities and leaving them on the streets. Those unsheltered in our community are often most in need of health care, and when fortunate enough to be treated, many times return to living in conditions that led to hospitalization. Updating and modernizing discharge procedures to ensure homeless individuals will receive support after hospital visits is not only the right thing to do, but will help prevent further increases in need for medical, social, and housing services these patients require.

The homeless community often has significant medical and social service needs. As a result, many cycle in and out of hospitals. The Sacramento Bee reported a story recently detailing a Sacramento woman who was turned away from a local shelter after having undergone a double-mastectomy for breast cancer, who was dropped off at a homeless shelter that was not expecting her with drainage tubes still attached to her chest.

In San Jose, we have over 3,000 unsheltered individuals living in the street on any given night. Shelters are full, and permanent housing is scarce. This has resulted in hundreds of illegal campsites and individuals taking refuge not just in streets, but in our creeks, vacant parcels, underpasses, train tracks, and even on private business and residential property. This has created health issues, and has led to a number of deaths in our community due to unsafe living conditions. It has harmed the quality of life for everyone in San Jose, and every step we can take to ensure those most vulnerable receive the care they need will help improve the public health and safety of our residents.

District 7 residents have witnessed various incidents of patient dumping at the shelter via taxi service from nearby cities and local hospitals to shelters in the district. Conversations with homeless advocates confirm the fact that dumping has been ongoing here for quite some time.

Having protocols in place, like those called for in SB 1152, will ensure the focus remains on health and housing so that individuals do not continue to be lost to the streets. I urge my colleagues to support this legislation and share the benefits of this policy with health care providers in our community. This may be a small step, but it would keep people from returning to the streets, and provide them with the care they need, hence improving the quality of life for everyone in our community.

**Introduced by Senator Hernandez**

February 14, 2018

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An act to amend Section 1262.4 of the Health and Safety Code, relating to public health.

**LEGISLATIVE COUNSEL'S DIGEST**

SB 1152, as introduced, Hernandez. Hospital patient discharge process: homeless patients.

Existing law establishes the State Department of Public Health and sets forth its powers and duties, including the licensure and regulation of health facilities. A violation of those provisions is a crime.

Existing law prohibits specified health facilities from causing the transfer of homeless patients from one county to another county for the purpose of receiving supportive services from a social service agency, health care service provider, or nonprofit social service agency within the other county, without prior notice and authorization.

This bill would require those health facilities to include within the hospital discharge policy, a written homeless patient discharge planning policy and process, as specified. The bill would require the health facilities to develop a written plan for coordinating services and referrals for homeless patients including procedures for homeless patient discharge referrals, designated liaisons at each participating entity, and coordination protocols. Because violation of these requirements would be a crime, this bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: yes.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 1262.4 of the Health and Safety Code is  
2 amended to read:  
3 1262.4. (a) No hospital, as defined in subdivisions (a), (b),  
4 and (f) of Section 1250, may cause the transfer of homeless patients  
5 from one county to another county for the purpose of receiving  
6 supportive services from a social services agency, health care  
7 service provider, or nonprofit social services provider within the  
8 other county, without prior notification to, and authorization from,  
9 the social services agency, health care service provider, or nonprofit  
10 social services provider.  
11 (b) (1) *Each hospital, as defined in subdivisions (a), (b), and*  
12 *(f) of Section 1250, shall include within its hospital discharge*  
13 *policy established pursuant to Section 1262.5, a written homeless*  
14 *patient discharge planning policy and process.*  
15 (2) *The policy shall prohibit the discharge of a homeless patient*  
16 *to a location other than any of the following:*  
17 (A) *To the patient's residence. In the case of a homeless patient,*  
18 *"residence" for the purposes of this paragraph means the location*  
19 *identified to the hospital by the patient as his or her principal*  
20 *dwelling place.*  
21 (B) *To another licensed health facility, as appropriate.*  
22 (C) *To a social services agency, or a nonprofit social services*  
23 *provider, that has agreed, in writing, to accept the patient.*  
24 (D) *An alternative destination as indicated, in writing, by the*  
25 *patient.*  
26 (3) *The policy shall require that information regarding*  
27 *discharge or transfer shall be provided to the homeless patient in*  
28 *a culturally competent manner and in a language that is understood*  
29 *by the homeless patient.*  
30 (c) (1) *As part of the homeless patient discharge planning*  
31 *process, the hospital shall ensure that all of the following*  
32 *conditions are met:*  
33 (A) *The patient is properly hydrated at the time of discharge.*  
34 (B) *The patient has received a meal within the two hours prior*  
35 *to discharge, unless medically indicated otherwise.*

1     (C) *The patient is clothed in weather-appropriate attire.*

2     (D) *The patient is permitted to remain in the facility for the time*  
3 *necessary to ensure that he or she is released during daytime hours*  
4 *or during hours where the receiving social services or other agency*  
5 *is open and available to receive the patient.*

6     (E) *The patient has a source of follow-up care, if medically*  
7 *necessary.*

8     (F) *The patient has been provided with an appropriate 30-day*  
9 *supply of all necessary medication.*

10    (G) *The patient has been provided with all necessary durable*  
11 *medical equipment.*

12    (H) *The patient is not discharged into inclement weather,*  
13 *without shelter.*

14    (I) *The patient has been offered screening for infectious disease*  
15 *common to the region.*

16    (J) *The patient has been offered appropriate vaccinations.*

17    (K) *The patient does not show signs of disorientation and is*  
18 *able to consent to discharge, or receives a psychiatric evaluation.*

19    (L) *The patient has been screened for, and provided assistance*  
20 *to enroll in, any affordable health insurance coverage for which*  
21 *he or she is eligible.*

22    (2) *Except as set forth in subparagraph (K) of paragraph (1),*  
23 *the patient may waive any of the conditions set forth in paragraph*  
24 *(1) upon the patient's written request for discharge.*

25    (d) *As part of the homeless patient discharge planning policy*  
26 *and process, the hospital shall develop a written plan for*  
27 *coordinating services and referrals for homeless patients with the*  
28 *county behavioral health agency, health care and social services*  
29 *agencies in the region, health care providers, and nonprofit social*  
30 *services providers to assist with ensuring appropriate homeless*  
31 *patient discharge. The plan shall include procedures for homeless*  
32 *patient discharge referrals, designated liaisons at each*  
33 *participating entity, and coordination protocols.*

34    (b)

35    (e) *For purposes of this section, "homeless patient" means an*  
36 *individual who lacks a fixed and regular nighttime residence, or*  
37 *who has a primary nighttime residence that is a supervised publicly*  
38 *or privately operated shelter designed to provide temporary living*  
39 *accommodations, or who is residing in a public or private place*

1 that was not designed to provide temporary living accommodations  
2 or to be used as a sleeping accommodation for human beings.

3 SEC. 2. No reimbursement is required by this act pursuant to  
4 Section 6 of Article XIII B of the California Constitution because  
5 the only costs that may be incurred by a local agency or school  
6 district will be incurred because this act creates a new crime or  
7 infraction, eliminates a crime or infraction, or changes the penalty  
8 for a crime or infraction, within the meaning of Section 17556 of  
9 the Government Code, or changes the definition of a crime within  
10 the meaning of Section 6 of Article XIII B of the California  
11 Constitution.