

**STREET MEDICINE PROVIDERS AS GOOD SAMARITANS: A LEGAL EPIDEMIOLOGICAL  
SURVEY OF GOOD SAMARITAN AND CHARITABLE IMMUNITY LAWS IN THE UNITED  
STATES AND TERRITORIES**

by

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**ABSTRACT**

Although homelessness rates have decreased over the last decade, rates of unsheltered homeless, or rough sleepers, have become a greater portion of those experiencing homelessness. These individuals can be geographically so close to the rest of society but can be miles away from accessing the same resources and services.

With a significant number of individuals experiencing homelessness due to mental health issues or other comorbidities, health care providers must be creative in reaching this population to provide the care they need, want, and deserve. To address the disconnect between this population and the health care system, physicians have taken to the street to provide care. When providing care outside of their usual work setting, additional concerns arise, specifically, are these providers legally responsible for any sustained injuries or other issues that arise while providing care in unconventional environments? Are the providers covered under Good Samaritan or charitable immunity statutes? Is there a variance between protections provided by each jurisdiction?

Through a survey of Good Samaritan and charitable immunity laws in 50 states, 6 U.S. territories, the District of Columbia, and the Federal government, an analysis determined how these laws protect and fail to protect providers practicing Street Medicine. The laws were coded using a Google Form and were broken down into specific sections which allowed a consistent review of laws enacted by different jurisdictions. Despite the intention of Good Samaritan and charitable immunity laws to increase physician involvement in providing care in unconventional situations for vulnerable populations, these laws overwhelmingly do not provide liability protection

for Street Medicine providers. Model statutory language has been written to provide this necessary liability protection for Street Medicine providers. Protecting Street Medicine providers while they provide care to one of the most disenfranchised populations is of the utmost public health importance since the care people experiencing homelessness need and want is the basic care most Americans take as granted.

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## 1. Background

### 1.1. Homelessness

On any given night in the United States, approximately 550,000 people are homeless, or 17 out of every 10,000 people.<sup>1</sup> The actual definition of homelessness varies by organization and governmental program and can include those who are in temporary or transitional housing<sup>2</sup> or those who cannot “live in a safe environment with a relative and who has no other safe alternative living arrangement.”<sup>3</sup> Due to the variance in the definition, estimates and counts of those experiencing homelessness vary. For example, the federal Departments of Housing and Urban Development (HUD), Veterans Affairs (VA), Homeland Security (DHS), and Labor (DOL) use the language used in the McKinney-Vento Homeless Assistance Act which focuses on individuals in shelters or living in a place not intended to be used for sleeping accommodations.<sup>4</sup> However, the Department of Education uses a more liberal definition than used by the other departments by incorporating individuals in precarious or temporary housing in their definition.<sup>5</sup> Between 2016 and 2017, the number of people experiencing homelessness in the U.S. increased despite an overall decrease over the previous ten years.<sup>6</sup> Two-thirds of individuals experiencing homelessness stay in emergency or transitional housing whereas the other third stays at an unsheltered location<sup>7</sup>, or “a public or private place not designated for, or ordinarily used as, a regular sleeping accommodation for people”<sup>8</sup> These unsheltered individuals are sometimes referred to as “rough sleepers” or “pavement dwellers.”<sup>9</sup> Using the Department of Housing and

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<sup>1</sup> Dep’t of Hous. & Urban Dev., *Annual Homeless Assessment Report (AHAR) to Congress (2017)*, at 5.

<sup>2</sup> 42 U.S.C. § 254b(h)(5)(A) (2018).

<sup>3</sup> 34 U.S.C. § 11279(3) (2018).

<sup>4</sup> Dep’t of Hous., *supra* note 1, at 1.

<sup>5</sup> Dep’t of Hous., *supra* note 1, at 1.

<sup>6</sup> Dep’t of Hous., *supra* note 1, at 5.

<sup>7</sup> Dep’t of Hous., *supra* note 1, at 8.

<sup>8</sup> Dep’t of Hous., *supra* note 1, at 2.

<sup>9</sup> Interview with Jim Withers, M.D., Founder, Operation Safety Net & Street Medicine Institute, in Pittsburgh, Pa. (Jan. 15,2019).

Urban Development (HUD) definition, 192,875 individuals were considered unsheltered homeless in 2017.<sup>10</sup> Overall, the number of individuals experiencing homelessness increased between 2016 and 2017 which encompasses the increase in the number of people who are unsheltered.<sup>11</sup>

Homelessness has always been an issue in the United States despite little acknowledgment of the population for most of history. During colonialism, “vagrants” as they were called at the time, were hiding in forests and continually moving as a result of King Philip’s War Of 1675 - 1676.<sup>12</sup> By the 1870s, homelessness was seen as a moral failing of the individual<sup>13</sup> and were called “tramps” due to their “tramping about” the country in search of work.<sup>14</sup> The Industrial Revolution, another era of increased homelessness, resulted in large migrations into the cities where an individual’s income and living situations depended on employment by wealthy business owners.<sup>15</sup> Many times this dependence resulted in unstable housing.<sup>16</sup> Homelessness started to become more visible to the general population in the 1970s when the population began to grow and moved from hotels and single-room occupancies to living on the streets.<sup>17</sup> During the increase in homelessness in the 1970s, the population broadened from the previous demographic of single men and began to include more women, children, and became more racially diverse.<sup>18</sup>

Although the homeless population is diverse, there are specific demographics more likely to experience homelessness than others. For examples, veterans are overrepresented. Although they represent 7.3 percent of the general population in the U.S.<sup>19</sup>, they comprise 9.1 percent of

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<sup>10</sup> Dep’t of Hous., *supra* note 1, at 9.

<sup>11</sup> Dep’t of Hous., *supra* note 1, at 22.

<sup>12</sup> Kenneth Kusmer, *Down and Out on the Road: The Homeless in the American History* (2002), <https://depts.washington.edu/triolive/quest/2007/TTQ07033/origins.html>.

<sup>13</sup> #TBT – *Hoboes, Bums, Tramps: How Our Terminology of Homelessness has Changed*, Nat’l Coalition for the Homeless (Feb.26, 2019), <https://nationalhomeless.org/tag/history/>.

<sup>14</sup> Nat’l Acad. of Sci., Engineering, & Medic., *Permanent Supportive Housing: Evaluating the Evidence for Improving Health Outcomes Among People Experiencing Chronic Homelessness* (2018).

<sup>15</sup> *id.*

<sup>16</sup> *id.*

<sup>17</sup> Cong. Research Serv., RL30442, *Homelessness: Targeted Federal Programs* (2016), at 1.

<sup>18</sup> *Id.* at 1.

<sup>19</sup> U.S. Census Bureau, S2101, *2017 American Community Survey 1-Year Estimates: Veteran Status* (2017).

the homeless population.<sup>20</sup> In 2017, veteran homelessness increased despite a 45 percent overall drop in homelessness in the general population since 2009.<sup>21</sup>

Those identifying as men represent more of the population experiencing homelessness (71.0 percent) compared to those identifying as women (28.3 percent), transgender (0.5 percent), or those who identify as another gender (0.2 percent).<sup>22</sup> Best estimates state individuals who identify as transgender or as another gender account for 0.6 percent of the U.S. population<sup>23</sup> yet account for 0.7 percent of the homeless population.

Between 2016 and 2017, individuals identifying as Hispanic or Latino experiencing homelessness increased by 14 percent overall and account for 14.7 percent (28,452 individuals) of sheltered individuals but account for 23.1 percent (40,669 individuals) of unsheltered individuals.<sup>24</sup>

Unaccompanied homeless youth and young adults (under the age of 25) were more likely than the general population of the homeless to be unsheltered - 55 percent compared to 35 percent.<sup>25</sup>

In Pennsylvania, the rate of homelessness is lower than the national average with 11 Pennsylvanians experiencing homelessness per 10,000 people.<sup>26</sup> In addition, there is a higher percentage of those who are sheltered homeless (87.3 percent) to unsheltered homeless (12.7 percent) compared to other jurisdictions.<sup>27</sup> Pennsylvania saw the third largest decline in veterans experiencing homelessness between 2016 and 2017.<sup>28</sup> In addition, among smaller city, county,

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<sup>20</sup> Dep't of Hous., *supra* note 1, at 52.

<sup>21</sup> Dep't of Hous., *supra* note 1, at 5.

<sup>22</sup> Dep't of Hous., *supra* note 1, at 20.

<sup>23</sup> Esther L. Meerwijk & Jae M. Sevelius, *Transgender Population Size in the United States: a Meta-Regression of Population-Based Probability Samples*, 107(2) *Am J Public Health* e1, e2 (2017).

<sup>24</sup> Dep't of Hous., *supra* note 1, at 21.

<sup>25</sup> Dep't of Hous., *supra* note 1, at 44.

<sup>26</sup> Dep't of Hous., *supra* note 1, at 90.

<sup>27</sup> Dep't of Hous., *supra* note 1, at 90.

<sup>28</sup> Dep't of Hous., *supra* note 1, at 57.

and regional continuums of care (CoC),<sup>29</sup> the HUD designated Pittsburgh/McKeesport/Penn Hills/Allegheny County CoC has the third lowest rate of chronic unsheltered individuals at 16.2 percent.<sup>30</sup>

Health issues affect individuals experiencing homelessness at substantial rates while also having less access to the health care system. Generally, individuals who are experiencing homelessness have higher rates of acute and chronic illness.<sup>31</sup> These illnesses include mental health issues and substance use disorder (affecting 50 percent of this population), dental problems (two-thirds of the population), and visual impairments (40 percent).<sup>32</sup> A 2010 homeless health care study found 60 percent of the responding individuals were uninsured and 73 percent of individuals had an unmet health need.<sup>33</sup> This rate of unmet health care needs is 6 to 10 times higher than the general population of the U.S.<sup>34</sup>

Individuals experiencing homelessness have named specific barriers to accessing health care. One identified barrier was the requirement of proof of address or proof of insurance.<sup>35</sup> Other significant barriers to accessing care for homeless populations include fear of the system, judgmental attitudes of service providers, and inadequate awareness of the issues of the population.<sup>36</sup> Despite these barriers, a 2018 engagement workshop with individuals excluded from the health care system, including those experiencing homelessness, showed there are principles

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<sup>29</sup> “A collaborative funding and planning approach that helps communities plan for and provide, as necessary, a full range of emergency, transitional, and permanent housing and other service resources to address the various needs of homeless persons.” (U.S. Dep’t of Hous. & Urban Dev., *Continuum of Care 101* (2017), at 79.)

<sup>30</sup> Dep’t of Hous., *supra* note 1, at 70.

<sup>31</sup> Baggett et al., *The Unmet Health Care Needs of Homeless Adults: A National Study*, 100 *Am. J. Pub. Health* 1326 (2010).

<sup>32</sup> *Id.* at 1326.

<sup>33</sup> *Id.* at 1328.

<sup>34</sup> *Id.* at 1329.

<sup>35</sup> Luchenski et al., *What Works in Inclusion Health: Overview of Effective Intervention for Marginalised and Excluded Population*, 391 *Lancet* 266, 273 (2018).

<sup>36</sup> *Id.* at 273.

valued by those excluded. These principles included providers taking time to listen, developing trust, allowing the patient to have ownership of choices, and accessibility.<sup>37</sup>

Minimal programs are addressing the health needs of the homeless. The Federal government's Health Care for the Homeless (HCH) Program provides grants to "innovative programs that provide outreach and comprehensive primary health services to homeless children and youth, and children and youth at risk of homelessness, homeless veterans, and veterans at risk of homelessness."<sup>38</sup> The HCH Program had nearly 300 program grantees in 2015 and is the only federal program focused on health care for the general homeless population.<sup>39</sup> The grants are provided to outpatient health center who are required to provide primary care and substance abuse prevention and may provide additional services such as emergency shelter, job training, and mobile centers.<sup>40</sup> In 2015, the HCH Program reached 890,283 individuals experiencing homelessness.<sup>41</sup>

The Department of Veterans Affairs operates a health care program for veterans experiencing homeless at VA sites called Health Care for Homeless Veterans (HCHV).<sup>42</sup> HCHV provided services to 138,500 veterans in the fiscal year 2017.<sup>43</sup> HCHV provides outreach services and connects veterans experiencing homelessness with health exams, residential treatment centers for substance use disorders, and transitional housing.<sup>44</sup>

"Inclusion health" is an emerging approach for health care for homelessness. Inclusion health is a "service, research, and policy agenda that aims to prevent and redress health and social inequalities among the most vulnerable and excluded populations."<sup>45</sup> This approach

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<sup>37</sup> *Id.* at 273.

<sup>38</sup> 42 U.S.C. § 254b(h) (2018).

<sup>39</sup> Cong. Research Serv., *supra* note 17, at 9.

<sup>40</sup> Cong. Research Serv., *supra* note 17, at 9.

<sup>41</sup> Cong. Research Serv., *supra* note 17, at 9.

<sup>42</sup> 38 U.S.C. § 2031-2034 (2018).

<sup>43</sup> U.S. Dept. of Veterans Affairs, *VA Programs for Homeless Veterans* 4 (Jan. 21, 2019), <https://www.va.gov/HOMELESS/docs/Homeless-Programs-General-Fact-Sheet-JAN-2018.pdf>.

<sup>44</sup> Cong. Research Serv., *supra* note 17, at 17.

<sup>45</sup> Luchenski et al., *supra* note 35, at 266.

focuses on extreme inequalities and the numerous barriers to accessing the health care system for these populations. A 2018 review of different types of interventions of inclusion health found case management—i.e., consistent monitoring, assessment, and planning of health care—was associated with improved mental health and substance abuse.<sup>46</sup>

## 1.2. *Street Medicine*

Street Medicine is “a fully integrated homeless health-care and advocacy model involving mobile outreach teams.”<sup>47</sup> The concept revolves around the idea of “meet[ing] patients where they are and understand[ing] the forces that challenge and support their well-being.”<sup>48</sup> Although Street Medicine will provide care for the sheltered homeless, the focus is on the unsheltered homeless who tend to be harder to reach and further outside the health care system.<sup>49</sup>

In 1992, Dr. Jim Withers began providing Street Medicine—before he even formulated the term ‘Street Medicine’—under the bridges of Pittsburgh.<sup>50</sup> Through the guidance of a formerly homeless man, Mike, Dr. Withers started to build relationships and provide care to the rough sleepers of Pittsburgh. Mike required Dr. Withers to not “dress like a doctor” to prevent an immediate barrier to the people he was going to see.<sup>51</sup> Eventually, Dr. Withers became familiar with the community and came to understand their health care needs. He would provide care from a backpack, started to take referrals from within the community, and, when necessary, provide referrals to emergency departments and primary care providers.<sup>52</sup>

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<sup>46</sup> Luchenski et al., *supra* note 35, at 268.

<sup>47</sup> Luchenski et al., *supra* note 35, at 275.

<sup>48</sup> Jim Withers, *Street Medicine: An Example of Reality-based Health Care*, 22 *J. Health Care for the Poor & Underserved* 1 (2011).

<sup>49</sup> Interview with Jim Withers, M.D., *supra* note 9.

<sup>50</sup> Jim Withers, M.D., Founder, Operation Safety Net & Street Medicine Institute, Presentation to University of Pittsburgh School of Law Current Issues in Health Law Class (Sept. 4, 2018).

<sup>51</sup> *id.*

<sup>52</sup> *id.*

During the outset of Street Medicine, Dr. Withers visited Dr. Jack Preger who had been working on the streets of India since the 1970s.<sup>53</sup> During this visit, Dr. Withers came to believe this type of care could become a field of medicine. Eventually, with the addition of volunteers and students, Dr. Withers created Operation Safety Net, a nonprofit organization under the Pittsburgh Mercy Health System.<sup>54</sup> The program continued to grow which allowed Dr. Withers to dedicate himself full time to Street Medicine. Operation Safety Net includes social workers, providers, and staff who have been able to expand services to a mobile unit, a winter shelter, a health clinic, and a legal clinic.<sup>55</sup> Operation Safety Net has gone through multiple stages of growth. At one point it had federally qualified health center (FQHC) status, meaning it had access to additional federal grants. When Operation Safety Net's host organization, Mercy Health System, merged with other hospital systems, it no longer qualified for FQHC status.<sup>56</sup> Another major change for the non-profit included the growth of an all-volunteer team to having providers on staff.<sup>57</sup>

Dr. Withers has also been instrumental in expanding Street Medicine beyond Pittsburgh through the Street Medicine Institute. He credits students with being the force behind the grassroots movement.<sup>58</sup> There are now programs in more than 20 states and 45 cities.<sup>59</sup> Despite different startups for each program, many of them began through already established primary care or homeless service programs.<sup>60</sup> These programs continue Dr. Withers' initial goal to break barriers for communities who are geographically so close to the health care system but are still miles away from accessing it.<sup>61</sup>

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<sup>53</sup> *id.*

<sup>54</sup> *id.*

<sup>55</sup> Pittsburgh Mercy, *About Pittsburgh Mercy's Operation Safety Net* (Jan. 21, 2019), <https://www.pittsburghmercy.org/homeless-services/pittsburgh-mercys-operation-safety-net/>.

<sup>56</sup> Interview with Jim Withers, M.D., *supra* note 9.

<sup>57</sup> Interview with Jim Withers, M.D., *supra* note 9.

<sup>58</sup> Interview with Jim Withers, M.D., *supra* note 9.

<sup>59</sup> David Montgomery, *The Homeless Get Sick; 'Street Medicine' Is There for Them*, Pew Trust (Jan. 21, 2019), <https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2018/09/18/the-homeless-get-sick-street-medicine-is-there-for-them>.

<sup>60</sup> Interview with Jim Withers, M.D., *supra* note 9.

<sup>61</sup> Interview with Jim Withers, M.D., *supra* note 9.

### 1.3. Good Samaritan Laws

The term Good Samaritan comes from a Christian parable discussing the importance of loving thy neighbor. The parable examines a man who was robbed and left for dead. Both a priest and a Levite saw the man but ignored him. Finally, a Samaritan—a member of a disregarded and shunned class of people<sup>62</sup>—walked by, cared for the man, and paid for an innkeeper to continue to watch him.<sup>63</sup>

Legally, a Good Samaritan is “a person who assists a person in need of assistance, especially when there is no legal duty to do so.”<sup>64</sup> At common law, a doctrine exists which states “it is ancient learning that one who assumes to act, even though gratuitously, may thereby become subject to the duty of acting carefully, if he acts at all.”<sup>65</sup> Generally, this doctrine protects individuals from liability who chooses to provide care to an injured person they happen upon but will vary based on jurisdiction. An example of this protection would be a health care provider who is walking down the street and sees someone on the ground in distress. They do not have a duty, or legal obligation, to provide care to this person; however, should they choose to provide aid to the distressed person and it results in an injury, the Good Samaritan laws would protect them from being sued. Despite this common law protection, states decided to codify the protection to encourage rendering aid and to relieve physician concerns of medical liability.<sup>66</sup> In 1959, California was the first state to enact a Good Samaritan law, and all U.S. jurisdictions have adopted their own version of the law.<sup>67</sup>

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<sup>62</sup> *Joshua* 20:6–7 (New International Version); *Joshua* 10:21 (New International Version); *John* 8:48 (New International Version).

<sup>63</sup> *Luke* 10:25-37 (New International Version).

<sup>64</sup> *Good Samaritan Statute*, *Bouvier Law Dictionary* (2012).

<sup>65</sup> *Glanzer v. Shepard*, 233 NY 236, 239 (1922).

<sup>66</sup> Eric A. Brandt, *Good Samaritan Laws - the Legal Placebo: A Current Analysis*, 17 Akron L. Rev. 303, 305 (1983).

<sup>67</sup> *Id.* at 303, 305.

Fundamentally, Good Samaritan laws protect individuals from liability for negligent acts while providing care but the exact language varies by jurisdiction. Good Samaritan laws can contain up to five elements but usually includes only two.<sup>68</sup>

### **Elements of Good Samaritan Laws**

1. Class of individuals protected
2. Acting in good faith
3. Care provided gratuitously
4. Location
5. Minimum standard of conduct

The first possible element discusses the class of individuals protected from liability. This can range from “any individual” to “any licensed health care provider.” The second element requires good faith in providing care. Good faith is defined as an “absence of any intent to defraud, act maliciously, or take unfair advantage.”<sup>69</sup> The third element requires the aid to be provided gratuitously, or “not involving a return benefit, compensation, or consideration.”<sup>70</sup> The fourth element focuses on where the care is provided—usually requiring it to be at the scene of an accident or emergency. Finally, Good Samaritan laws set a minimum standard of conduct. This standard tends to go beyond the common law reasonable man standard which is an objective standard requiring a person to act “with ordinary degree of reason, prudence, care, foresight, or intelligence.”<sup>71</sup>

Under the same guise of Good Samaritan laws exists charitable immunity laws which protect health care providers who are attempting to do good but have a risk of liability. At the federal level is the Volunteer Protection Act (VPA) of 1997.<sup>72</sup> The VPA intended to increase the

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<sup>68</sup> *Id.* at 308.

<sup>69</sup> *Good Faith*, Merriam-Webster’s Dictionary of Law (2011).

<sup>70</sup> *Gratuitous*, Merriam-Webster’s Dictionary of Law (2011).

<sup>71</sup> *Reasonable Person*, Merriam-Webster’s Dictionary of Law (2011).

<sup>72</sup> 42 U.S.C. § 14501 (2018).

willingness of individuals to volunteer by limiting “the potential for liability actions against them.”<sup>73</sup> The VPA protects individuals who voluntarily provide their service, health care or otherwise, to a nonprofit or governmental agency without compensation. Another law more specific to health care providers is the Free Clinic Federal Tort Claims Act (FTCA) Medical Malpractice Program.<sup>74</sup> The FTCA provides medical malpractice protection with the Federal government acting as the insurer for health care providers who are working at federally designated free health clinics.<sup>75</sup> This law has additional requirements and hoops for providers to jump through to ensure the protection.

States have also enacted charitable immunity laws. These laws usually take one of two paths; either increasing the standard of care required or by indemnifying the provider as a state employee.<sup>76</sup> The increase in standard of care usually goes from negligence to gross negligence before a patient may hold them civilly liable.<sup>77</sup> When the state chooses to indemnify a provider, they create a legal defense fund to cover any liability, similar to FTCA.<sup>78</sup>

Although there are minimal threats of lawsuits from the patients receiving care during street rounds of Street Medicine, this does not remove the fear from the minds of health care providers.<sup>79</sup> For this reason, providers need to have reassurance they will be covered should a situation arise. The interjurisdictional variance of Good Samaritan and charitable immunity laws and the fact these laws were not intended for Street Medicine result in these providers almost fitting into the liability protection but missing out due to small technicalities.

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<sup>73</sup> 42 U.S.C. § 14501(a)(1) (2018).

<sup>74</sup> 42 U.S.C. § 233(g)-(n) (2018).

<sup>75</sup> 42 U.S.C. § 233(g)-(n) (2018).

<sup>76</sup> Howard B. Shapiro, *Providing Charity Care: A Primer on Liability Risk*, 10 *Fam. Pract. Manag.* 52 (2013), <https://www.aafp.org/fpm/2003/0100/p52.html>.

<sup>77</sup> *Id.* at 53.

<sup>78</sup> *Id.* at 53.

<sup>79</sup> Interview with Jim Withers, M.D., *supra* note 9.

## 2. Legal Epidemiological Survey

### 2.1. Methodology

To gather the relevant laws, a publically available informatics tool, the Emergency Law Inventory (ELI),<sup>80</sup> was utilized. ELI is a tool created to allow easy access to laws impacting emergency response volunteers by identifying, cataloging, and summarizing more than 1300 statutory and regulatory provisions.<sup>81</sup> The statutory and regulatory provisions are cataloged by role (i.e. physician, nurse, or all roles), jurisdiction (50 states, 8 U.S. territories, the District of Columbia, and the federal government), whether a state of emergency has been declared, and area of law (i.e. liability, license reciprocity, scope of practice, and workers' benefits).<sup>82</sup> This tool allowed efficient and structured research regarding Good Samaritan and charitable immunity laws.

Research began by going through ELI by jurisdiction for all roles and reviewing the laws under liability. Law titles which included the words 'Good Samaritan,' 'Liability,' 'Health Care Provider,' 'Volunteer,' or 'Nonprofit' were reviewed further by searching the code in LexisNexis, a subscription-only legal database. The use of LexisNexis, a subscription-only legal research tool, verified the laws were still in effect and the laws were not amended. Finally, a generalized LexisNexis review was completed to gather laws outside the scope of ELI. Boolean operators and keywords such as "free clinic AND health AND liability" and "good w/2 samaritan" were used. In total, 128 laws were deemed relevant and included.

After the laws were gathered, they were entered into a Google Form to break down the law into specific sections. By breaking down the laws by these sections, it allowed a consistent review of laws enacted by different jurisdictions. These sections included:

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<sup>80</sup> *Emergency Law Inventory*, University of Pittsburgh (Jan.21, 2019), [legalinventory.pitt.edu](http://legalinventory.pitt.edu).

<sup>81</sup> Elizabeth Van Nostrand et al., *Interjurisdictional Variance in US Workers' Benefits for Emergency Response Volunteers*, 108 Am. J. Public Health S387, S388 (2018).

<sup>82</sup> *Emergency Law Inventory*, *supra* note 80.

- State
- Citation
- Title of law
- Text of law
- Class of Individuals Protected
- Must be at the scene of accident, emergency, or disaster?
- Can the aid be provided within the scope of work?
- Good faith requirement
- Requirements for the services provided
- Exceptions to liability protection
- Language of the exception

The first few sections relate to the general descriptions of the law: state, citation, the title of the law, and the text of the law. These sections are required to distinguish the laws.

The section, class of individuals protected, discusses who the law protects from liability. These classes range from “any individuals” which is the broadest category to more specific roles such as registered nurse, physician, or physician’s assistant. This section qualifies the entire law and who is protected. For the subsection of the laws discussing specific providers, many of the laws require the provider to be licensed in the state or the U.S. for the protection to be applicable.<sup>83</sup>

The next section coded asked whether the aid must be at the scene of an accident, emergency, or disaster for the law’s liability immunity to be applicable. Since the original intention of Good Samaritan laws was to protect individuals who happen upon an accident, many states still require the care to be provided at an accident for the liability protection of the law to be afforded to the individual. This section required a binary answer; either yes, meaning the law

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<sup>83</sup> Alaska Stat. § 09.65.300 (2018).

specifically requires the care to be at an emergency, or no, meaning the law does not designate a location.

The next section asks whether care can occur within the scope of a provider's work. This question is getting to the voluntary aspect of Good Samaritan laws with some laws distinctly prohibiting a provider from benefiting from the liability protection when they were providing the care while on duty for their job. The responses to this section were yes, no, or not applicable. Yes meant the allowed the provider to be within the scope of the work when providing the care; no meant the specifically prohibited the care to be within the scope of work; and not applicable means the law is unclear regarding providing the care within the scope of the provider's work or the law only referenced any individuals and the scope of work is unclear.

The next section asks whether the law requires the individual or provider to act with good faith, or without fraud or malicious intent. This section also required a binary response: yes, the law requires good faith, or no, the law does not discuss a good faith requirement.

The next section of the law coded discusses the requirements of the care provided. This section has the potential for multiple answers including 'gratuitously,' 'without compensation,' 'without a fee,' 'voluntarily,' 'reasonably,' 'within scope of volunteer role,' 'within scope of license,' and 'with due care.' Some laws do not include any requirements for the care provided; therefore, the space on the chart is blank.

Table 1: Definitions

<b><u>Term</u></b>	<b><u>Definition</u></b>
Gratuitously	Not involving a return benefit, compensation, or consideration <sup>84</sup>
Without compensation	Provider or individual providing aid is not receiving monetary benefits, outside of reasonable expenses
Without a fee	The person receiving care is not billed for the aid provided
Voluntarily	Proceeding from one’s own free choice or consent rather than as the result of duress, coercion, or deception; not compelled by law <sup>85</sup>
Reasonably	With an ordinary degree of reason, prudence, care, foresight, or intelligence <sup>86</sup>
Within scope of [volunteer] role	The individual acts within the scope of the volunteer's responsibilities in the nonprofit organization or governmental entity at the time of the act or omission <sup>87</sup>
With scope of license	The individual acts within the scope of practice authorized by the provider's licensure, certification or registration <sup>88</sup>
With due care	The care an ordinarily reasonable and prudent person would use under the same or similar circumstances <sup>89</sup>

The final section focuses on exceptions or limitations of the liability protection and the text of the exception. Most exceptions draw the line at gross negligence, willful or wanton acts, or bad faith. Gross negligence refers to “negligence<sup>90</sup> that is marked by conduct that presents an unreasonably high degree of risk to others and by a failure to exercise even the slightest care.”<sup>91</sup>

<sup>84</sup> *Gratuitously*, Merriam-Webster’s Dictionary of Law (2011).

<sup>85</sup> *Voluntarily*, Merriam-Webster’s Dictionary of Law (2011).

<sup>86</sup> *Reasonably*, Merriam-Webster’s Dictionary of Law (2011).

<sup>87</sup> 7 GCA § 16103(a) (2018).

<sup>88</sup> Idaho Code § 39-7703(1) (2018).

<sup>89</sup> *Due Care*, Merriam-Webster’s Dictionary of Law (2011).

<sup>90</sup> “A failure to exercise the degree of care expected of a person of ordinary prudence in like circumstances in protecting others from a foreseeable and unreasonable risk of harm.” *Negligence*, Merriam-Webster’s Dictionary of Law (2011).

<sup>91</sup> *Gross Negligence*, Merriam-Webster’s Dictionary of Law (2011).

Willful acts are “not accidental [but are] done deliberately or knowingly.”<sup>92</sup> Finally, wanton acts are “manifest extreme indifference to a risk of injury to another that is known or should have been known.”<sup>93</sup> Not all states have included an exception in their Good Samaritan or charitable immunity laws but instead choosing to provide comprehensive protection.

## 2.2. *Research Parameters*

Laws limiting or removing liability from individuals is expansive thus there was a need to restrict the laws for this research resulting in certain groups of laws being disregarded. The two significant restrictions were in regards to specific acts protected and the class of individuals protected. The laws related to limiting liability for distinct acts include the use of an automated external defibrillator<sup>94</sup>, cardiopulmonary resuscitation<sup>95</sup>, opioid antagonists<sup>96</sup>, or epinephrine auto-injectors<sup>97</sup>. These laws have additional elements outside of Good Samaritan and charitable immunity laws—such as training and maintenance<sup>98</sup>—which would have required analysis not necessarily related to Street Medicine. Although these laws could be relevant to providing Street Medicine, it is too granular for this research. However, some Good Samaritan laws which were included also discuss these specific acts<sup>99</sup> among their more generalized civil liability protections.

The second parameter of the research involves the class of individuals protected by the laws, only laws discussing medical providers were deemed relevant. Laws limiting liability for non-medical providers—such as design professionals—was beyond the scope of this research.<sup>100</sup> In addition, since the focus of Street Medicine is on general care rather than emergency services, laws referencing emergency medical service providers were excluded.

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<sup>92</sup> *Willful*, Merriam-Webster's Dictionary of Law (2011).

<sup>93</sup> *Wanton*, Merriam-Webster's Dictionary of Law (2011).

<sup>94</sup> Code of Ala. §6-5-332(e) (2018).

<sup>95</sup> 745 ILCS §49/10 (2018).

<sup>96</sup> ORS §689.681 (2018).

<sup>97</sup> Md. Health-General Code Ann. §13-707 (2018).

<sup>98</sup> Tenn. Code Ann. § 68-140-502 (2019).

<sup>99</sup> N.C. Gen. Stat. § 90-21.14 (2018).

<sup>100</sup> D.C. Code § 7-401 (2018).

Another restriction was in regards to the laws which were accessible through either ELI or LexisNexis. Due to this limitation, laws from two U.S. territories, American Samoa and Micronesia, were unavailable.

Finally, medical malpractice laws and insurance were not considered in this analysis. Since medical malpractice insurance can vary significantly between insurance companies and each contract, it is not possible to make assumptions or generalizations about the potential to cover Street Medicine throughout the U.S.

### 3. Analysis

The section of the laws requiring the care to be provided at the scene of an accident or emergency for the law to be applied distinctly removes Street Medicine providers from the liability coverage. Of the 128 laws coded, 58 required the care to be at an emergency. An example of this language can be found in Delaware's Good Samaritan law:

(c) A person licensed as a physician assistant under this chapter who, in good faith and without gross or wanton negligence, **renders emergency care at the scene of an emergency, excluding an emergency which occurs in that person's place of employment or practice**, shall not be liable for civil damages as a result of any acts or omissions in rendering the emergency care.<sup>101</sup> (emphasis added)

This language requires a provider or an individual to happen upon an emergency or accident for the law to be applicable; whereas, Street Medicine providers are seeking out the patients to provide primary care. Street Medicine programs voluntarily or as a provider's

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<sup>101</sup> 24 Del. C. § 1773A(c) (2018).

employment purposely go out to complete street rounds and although they could find an individual in an emergency, this is a limited occurrence. When an emergency does occur, Dr. Withers and other providers have utilized the aid of emergency services and ambulance to provide emergency care.<sup>102</sup> This provision of Good Samaritan laws almost completely removes Street Medicine providers from this liability protection.

The next section asks whether the provider can be within the scope of their work when providing care. Since many Street Medicine programs have providers on staff, in order to be covered by the liability protection, the law must allow the care to be within the scope of their work. Ninety-two of the 128 laws coded will not protect providers if the care is provided within the scope of the provider's work, 27 did not speak to whether coverage was extended while providing care within the scope of the provider's work, and nine allowed the care to be provided within the scope of their work. An example of supporting the work to be done within the scope of work is from Maine's charitable immunity law:

This section shall apply to **members or employees** of nonprofit volunteer or governmental ambulance, rescue or emergency units, whether or not a user or service fee may be charged by the nonprofit unit or the governmental entity and **whether or not the members or employees receive salaries or other compensation from the nonprofit unit or the governmental entity**.<sup>103</sup> (emphasis added)

Despite the language allowing an employee to provide the care, this statute focuses on "ambulance, rescue or emergency units" which would remove Street Medicine providers from protection.

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<sup>102</sup> Withers, *supra* note 48.

<sup>103</sup> 14 M.R.S. § 164 (2018).

Ninety-nine of the coded laws requires care to be delivered either voluntarily, gratuitously, without compensation, or some variance stating the provider cannot be compensated or receive a benefit for providing the care. These are reasonable requirements when considering the original intent of the legislation - to protect volunteer providers. Although some Street Medicine programs are run and operated through the generosity of volunteers, many programs operate with providers on staff receiving compensation. This language would be limiting for many programs. North Dakota's charitable immunity law distinctly requires and defines the voluntary nature required:

A health care provider licensed under title 43 who renders medical care on a **voluntary basis** at a free clinic is not liable in any personal injury civil action for acts or omissions resulting in the rendering of that care unless it is plainly alleged in the complaint and later proven that the health care provider's acts or omissions constituted intentional misconduct or gross negligence. **For purposes of this section, "voluntary" is defined as without receiving remuneration of any sort.**<sup>104</sup> (emphasis added)

Charitable immunity laws dictate where the health services can be provided for the immunity coverage. Some states, such as Montana<sup>105</sup> and Virginia<sup>106</sup>, require the health clinic to be a registered free health clinic which has set requirements the clinic must meet and receive funds from the federal Health Resources and Services Administration (HRSA).<sup>107</sup> By requiring the clinic to fall under HRSA, providers are indemnified under the Federal Torts Act which can mitigate the liability fears of providers. Montana's charitable immunity law links its definition of health clinic directly to the federal health center definition under 42 U.S.C. §254b:

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<sup>104</sup> N.D. Cent. Code, § 32-03.1-02.2 (2017).

<sup>105</sup> 27-1-736, MCA (2017).

<sup>106</sup> Va. Code Ann. § 54.1-106 (2018).

<sup>107</sup> Health Resources & Services Administration, *Federally Qualified Health Centers*, (Jan. 24, 2019), <https://www.hrsa.gov/opa/eligibility-and-registration/health-centers/fqhc/index.html>.

“(2) For purposes of this section:

(a) “clinic” means a place for the provision of health care to patients that is organized for the delivery of health care without compensation or that is operated as a health center under 42 U.S.C. 254b”<sup>108</sup>

Operation Safety Net was considered a federally qualified health center for a few years but lost this status during structural changes.<sup>109</sup> Status as a qualified clinic would be a great route to protect Street Medicine providers under the Federal Torts Act; however, this would require additional administrative work. In addition, this status would be inaccessible if the Street Medicine program is under the umbrella of a large organization or system which does not qualify for the HRSA funding.

Other states, such as Alaska<sup>110</sup> and Arizona<sup>111</sup>, have defined free health clinic in terms outside the federal government’s definition. These statutes focus on whether the patient pays a fee or the provider is compensated. Ignoring the disqualifying language surrounding providers receiving compensation, Alaska’s charitable immunity law potentially covers Street Medicine providers, but there could be issues regarding what it means to be “at a clinic.” The language of this statute is the following:

“A health professional as defined in section 32-3201 or a health professional who meets the requirements of section 32-3217 and who provides medical, optometric or dental treatment, care or screening within the scope of the health professional’s certificate or license **at a nonprofit clinic** where neither the professional nor the

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<sup>108</sup> 27-1-736, MCA (2017).

<sup>109</sup> Interview with Jim Withers, M.D., *supra* note 9.

<sup>110</sup> Alaska Stat. § 09.65.300 (2018).

<sup>111</sup> A.R.S. § 12-571(A) (2018).

nonprofit clinic receives compensation for any treatment, care or screening provided at the nonprofit clinic is not liable in a medical malpractice action, unless the health professional was grossly negligent. For the purposes of this subsection, **“nonprofit clinic” includes a clinic, an office, a homeless or other shelter, a health or screening fair or any other setting where treatment, care or screening is provided at no cost to the patient.**<sup>112</sup>  
(emphasis added)

Operation Safety Net’s Mobile Medical Unit would likely be covered under this statute since it set up in connection with shelters, churches, and as screening events.<sup>113</sup> However, it is less clear if street rounds fall under this definition. Since the care provided during street rounds is done at no cost to the patients, the street rounds fulfill this aspect of the nonprofit definition but what is considered “any other setting” is unclear. Taking a broad review of the word setting, it could be argued the streets are a setting and, therefore, fall within the definition. A more narrow reading of setting would take into account the examples the legislator provided (office, shelter, fair) to surmise the definition intends to keep the care in a setting where health care is more traditionally provided. This more narrow definition would require a stretch for Street Medicine to be included.

#### **4. Policy Recommendations**

The barriers preventing individuals experiencing homeless from receiving adequate care need to be removed; however, the U.S. health care system has significant strides to be made

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<sup>112</sup> A.R.S. § 12-571(A) (2018).

<sup>113</sup> Pittsburgh Mercy, *Pittsburgh Mercy Mobile Medical Unit* (Jan. 24, 2019), <https://www.pittsburghmercy.org/homeless-services/pittsburgh-mercys-operation-safety-net/pittsburgh-mercy-mobile-medical-unit/>.

before this can occur, including reducing inequalities and stigma among excluded populations.<sup>114</sup> What can be done more seamlessly and immediately is to remove the smaller barriers hindering providers from meeting these individuals in the middle and providing them with the care they need and deserve.

With medical licensure and medical malpractice governed by state law, the most beneficial improvements to Good Samaritan and charitable immunity laws would be at the state level. Each state has a unique Good Samaritan law and may or may not have a charitable immunity law; therefore, the path to liability coverage for Street Medicine providers will vary by state. There are two main paths to creating protection for Street Medicine providers: adding a carve-out in current law specifically for Street Medicine providers or writing an entirely new law to limit liability for Street Medicine providers.

Regardless of the path of enacting the law, the language would be similar. Since providers would be regularly completing street rounds and it would be within the scope of their work, it would be acceptable to increase the standard of care compared to Good Samaritan or charitable immunity laws. The law should require providers to follow the scope of their license and the standard of care of medicine for the specific situation. Establishing the standard of care for the situation would then be left in the hands of the state medical boards or departments of health which would be better equipped than the state legislator to understand and develop.

Jurisdictions could vary the type of immunity provided but should be uniform in certain aspects. The law should only cover ordinary negligence and exclude coverage of gross negligence or intentional harm. Also, despite some charitable immunity laws indemnifying providers as state employees<sup>115</sup>, this would not be suggested for Street Medicine immunity laws. Creating this type of immunity would potentially become a substantial responsibility for the state to administer, especially as Street Medicine continues to grow and expand across the country.

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<sup>114</sup> Luchenski et al., *supra* note 35, at 277.

<sup>115</sup> Iowa Code § 135.24(3) (2018).

Certain sections and language are necessary for all Street Medicine immunity laws. With the variance in Street Medicine programs, the types of providers should not be limited to only specific types of providers. The language should be more generalized but should include a licensure requirement. By requiring licensure, this would ensure a certain standard of care and accountability of the provider. Since Street Medicine programs may consist of volunteer providers as well as employees, the statutory language should be explicit in covering both. Other essential language encompasses the location of the care. This language should be apparent in the care is being provided outside the typical structures of health care or clinics.

#### *4.1. Example Statutory Language*

Based on this research and analysis, example statutory language was developed. This language follows the structure of being a standalone law but could be incorporated into a current Good Samaritan or charitable immunity laws with minimal changes.

(1) A licensed health care provider who renders aid or care to an individual outside the normal structures of health care or clinics, voluntarily or under the scope of their work, shall not be liable for any civil damages for any personal injury or property damage caused to a person as a result of any acts or omissions committed in good faith except:

(a) Where the provider engages in acts or omissions which are intentional, willful, wanton, reckless, or grossly negligent; or

(b) Where the provider engages in acts or omissions which are outside the scope of their license or reasonable standard of medicine for the situation.

## 5. Conclusion

Individuals experiencing homelessness, especially those who are chronically unsheltered, are in need of access to the health care system but are continually running into barriers. These barriers can be as simple as not having an address to give to health care providers or as substantial as trying to overcome provider bias and lack of understanding of the issues facing the homeless population. Providers who are willing to meet these individuals where they are located are making great strides to improve public health and deserve to have their legal concerns addressed. By extending Good Samaritan and charitable immunity laws to cover Street Medicine providers, legislators would indicate their commitment to continuing to decrease homelessness and to promote the general welfare of the people.

Street Medicine provides a necessary service for the unsheltered homeless throughout the U.S. who would have no other access to the health care system. These providers step out of their comfort zone of the walls of hospitals and health clinics to deliver free care to a population the rest of the health system has almost entirely written off.<sup>116</sup> The liability protection provided to Good Samaritans and providers who volunteer in free clinics should be extended to Street Medicine providers. Unfortunately, the current status allows Street Medicine providers to miss the protection of these statutes by small technicalities in the law despite having a similar intention. Good Samaritan and charitable immunity laws were enacted to encourage health care providers to act when they see a problem and to bolster volunteering to provide care for indigent populations. Street Medicine providers saw a problem—the unsheltered homeless lacking access to the health care system—and acted to provide care for a specific indigent population.

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<sup>116</sup> Interview with Jim Withers, M.D., *supra* note 9.

## 6. Appendix - Laws

Table 2: Laws

State	Citation	Class of Individuals Protected	Must be licensed in the state?	Must be at the scene of accident, emergency, or disaster?	Types of Liability Protected:	Protection for providing, arranging, or failing to provide further medical treatment?	Can be within scope of work?	Good faith required?	Requirements for the services provided	Exception to liability protection?
Alabama	Code of Ala. § 6-5-332(a)	Any Individual	No	Yes	Civil	Yes	No	Yes	Gratuitously	No
Alabama	Code of Ala. § 6-5-332(c)	Physician	No	No	Civil	No	Not Applicable	No	Gratuitously	No
Alabama	Code of Ala. § 6-5-332(e)	Any Individual, Physician	Not Applicable	No	Civil	Yes	Not Applicable	Yes	Without Compensation	Yes
Alabama	Code of Ala. § 6-5-332(g)	Any Individual	Not Applicable	Yes	Civil	Yes	No	Yes	without making any charge of goods or services	Yes
Alaska	Alaska Stat. § 09.65.090	Any Individual	No	No	Civil	No	Yes	No		Yes
Alaska	Alaska Stat. § 09.65.300	Physician, Registered Nurse, LPN/CNA	Yes	No	Civil	No	Yes	No	Voluntarily, Without compensation to the provider	Yes
Alaska	Alaska Stat. § 18.08.086(c)	Registered Nurse, LPN/CNA, Advanced Practice Registered Nurse	Yes	No	Civil	No	Not Applicable	Yes		Yes

State	Citation	Class of Individuals Protected	Must be licensed in the state?	Must be at the scene of accident, emergency, or disaster?	Types of Liability Protected:	Protection for providing, arranging, or failing to provide further medical treatment?	Can be within scope of work?	Good faith required?	Requirements for the services provided	Exception to liability protection?
Arizona	A.R.S. § 12-571(A)	Physician, Registered Nurse, LPN/CNA, Health professional	Yes	No	Civil	No	Yes	No	Without compensation	Yes
Arizona	A.R.S. § 13-403(5)	Physician, Registered Nurse, Individual under direction of a physician	Yes	Yes	Criminal	No	Not Applicable	No	Not Applicable	No
Arizona	A.R.S. § 32-1471	Any health care provider	Yes	No	Civil	No	Yes	Yes	Gratuitously	Yes
Arkansas	A.C.A. § 17-95-101(a)	Physician, Registered Nurse, LPN/CNA, Health care professional	Yes	Yes	Civil	No	No	Yes	Voluntarily	Yes
California	Cal Bus & Prof Code § 2395	Physician	Yes	Yes	Civil	No	Not Applicable	Yes		Yes
California	Cal Bus & Prof Code § 2727.5	Registered Nurse, LPN/CNA	Yes	Yes	Civil	No	No	Yes		Yes
California	Cal Bus & Prof Code § 2861.5	Vocational Nurse	Yes	Yes	Civil	No	No	Yes	Voluntarily	Yes

State	Citation	Class of Individuals Protected	Must be licensed in the state?	Must be at the scene of accident, emergency, or disaster?	Types of Liability Protected:	Protection for providing, arranging, or failing to provide further medical treatment?	Can be within scope of work?	Good faith required?	Requirements for the services provided	Exception to liability protection?
California	Cal Bus & Prof Code § 3503.5	Physician Assistant	Yes	Yes	Civil	No	No	Yes		Yes
California	Cal Civ Code § 1714.2	Any Individual	Not Applicable	Yes	Civil	No	Not Applicable	Yes		Yes
Colorado	C.R.S. 13-21-108(1)	Physician	Yes	Yes	Civil	No	Not Applicable	Yes		Yes
Colorado	C.R.S. 13-21-115.5(4)	Any Individual	Not Applicable	No	Civil	No	Not Applicable	No	Voluntarily	Yes
Colorado	C.R.S. 13-21-116(2)	Any Individual	Not Applicable	No	Civil	No	Not Applicable	Yes	Voluntarily	No
Colorado	C.R.S. 25-47-107	Any Individual	Not Applicable	No	Civil, Criminal	No	Not Applicable	No		Yes
Connecticut	Conn. Gen. Stat. § 52-557b(a)	Any Individual, Physician	Yes	No	Civil	No	No	No	Gratuitously, Voluntarily	Yes
Delaware	16 Del. C. § 6802	Registered Nurse, LPN/CNA	Yes	Yes	Civil	Yes	Not Applicable	Yes		Yes
Delaware	24 Del. C. § 1767	Physician, physician assistant, respiratory care practitioner, acupuncturist, or midwife	Yes	Yes	Civil	No	Not Applicable	Yes		Yes
Delaware	24 Del. C. § 1773A(c)	Physician assistant	Yes	Yes	Civil	No	No	Yes		Yes

State	Citation	Class of Individuals Protected	Must be licensed in the state?	Must be at the scene of accident, emergency, or disaster?	Types of Liability Protected:	Protection for providing, arranging, or failing to provide further medical treatment?	Can be within scope of work?	Good faith required?	Requirements for the services provided	Exception to liability protection?
District of Columbia	D.C. Code § 7-402	Physician, Registered Nurse	Yes	No	Civil	No	No	No	Voluntarily, Without compensation	Yes
Federal	42 USCS § 14503	Any Individual	Yes	No	Civil	No	No	No	Voluntarily	Yes
Florida	Fla. Stat. § 768.13	Any Individual	Yes	Yes	Civil	Yes	No	Yes	Gratuitously	No
Florida	Fla. Stat. § 768.1355	Any Individual	Not Applicable	No	Civil	No	No	Yes	Voluntarily	Yes
Georgia	O.C.G.A. § 51-1-29	Any Individual	Yes	Yes	Civil	Yes	Not Applicable	Yes	Without compensation	No
Georgia	O.C.G.A. § 51-1-29.1	Health care provider	Yes	No	Civil	No	No	No	Voluntarily, Without compensation	Yes
Guam	20 GCA § 2104	Any Individual	Not Applicable	Yes	Civil	No	No	No	Without compensation	Yes
Guam	7 GCA § 16103	Any Individual	Yes	No	Civil	No	No	No	Voluntarily, Within scope of volunteer role, Within scope of license	Yes
Hawaii	HRS § 662D-2	Any Individual	Not Applicable	No	Civil	No	Not Applicable	Yes	Within scope of role	No
Hawaii	HRS § 663-1.5(a)	Any Individual	Not Applicable	Yes	Civil	No	Not Applicable	Yes	Without compensation	Yes

State	Citation	Class of Individuals Protected	Must be licensed in the state?	Must be at the scene of accident, emergency, or disaster?	Types of Liability Protected:	Protection for providing, arranging, or failing to provide further medical treatment?	Can be within scope of work?	Good faith required?	Requirements for the services provided	Exception to liability protection?
Hawaii	HRS § 663-1.5(e) - (f)	Any Individual, Physician, Physician assistant	No	No	Civil	No	Not Applicable	Yes	Without compensation	Yes
Idaho	Idaho Code § 39-7703	Health Care Provider	Yes	No	Civil	No	No	No	Voluntarily, Without compensation, Without a fee, Within scope of license	Yes
Idaho	Idaho Code § 5-330	Any Individual	Not Applicable	Yes	Civil	No	Not Applicable	Yes	Without compensation	Yes
Idaho	Idaho Code § 54-1733B	Any Individual, Health provider with prescribing privileges	Not Applicable	No	Civil, Criminal, Administrative	No	Not Applicable	Yes	Reasonably	No
Illinois	745 ILCS 49/10	Any Individual	Yes	No	Civil	No	No	Yes	Without compensation	Yes
Illinois	745 ILCS 49/25	Physician	Yes	No	Civil	No	Not Applicable	Yes		Yes
Illinois	745 ILCS 49/30	Physician, Registered Nurse, Licensed Health Care Provider, Advanced Practice Nurse, Physician's Assistant	Yes	No	Civil	Yes	No	Yes	Without a fee	Yes

State	Citation	Class of Individuals Protected	Must be licensed in the state?	Must be at the scene of accident, emergency, or disaster?	Types of Liability Protected:	Protection for providing, arranging, or failing to provide further medical treatment?	Can be within scope of work?	Good faith required?	Requirements for the services provided	Exception to liability protection?
Illinois	745 ILCS 49/34	Advanced practice registered nurse	Yes	No	Civil	No	No	Yes	Without compensation	Yes
Illinois	745 ILCS 49/35	Professional or practical nurse	Yes	No	Civil	No	No	Yes	Without compensation	Yes
Illinois	745 ILCS 49/40	Professional or practical nurse	Yes	No	Civil	No	No	No	Without compensation	Yes
Illinois	745 ILCS 49/46	Physician assistant	Yes	No	Civil	No	No	Yes	Without compensation	Yes
Illinois	745 ILCS 49/50	Podiatrist	Yes	Yes	Civil	No	Not Applicable	Yes	Voluntarily	Yes
Indiana	Burns Ind. Code Ann. § 34-30-12-2	Any Individual	Not Applicable	No	Civil	No	No	No	Without a fee	Yes
Indiana	Burns Ind. Code Ann. § 34-30-13-1.2	Physician, Registered Nurse, physician assistant, dentist, advanced practice registered nurse, optometrist, podiatrist	Yes	No	Civil	Yes	No	No	Voluntarily, Without compensation	No
Indiana	Burns Ind. Code Ann. 34-30-12-1(b)	Any Individual	Not Applicable	Yes	Civil	No	Not Applicable	Yes	Voluntarily	Yes

State	Citation	Class of Individuals Protected	Must be licensed in the state?	Must be at the scene of accident, emergency, or disaster?	Types of Liability Protected:	Protection for providing, arranging, or failing to provide further medical treatment?	Can be within scope of work?	Good faith required?	Requirements for the services provided	Exception to liability protection?
Iowa	Iowa Code § 135.24(3)	Health care provider	Yes	No	Civil	Yes	Yes	No	Without a fee	No
Iowa	Iowa Code § 613.17	Any Individual	Not Applicable	Yes	Civil	Yes	No	Yes	Without compensation	Yes
Kansas	K.S.A. § 65-2891	Health care provider	Yes	Yes	Civil	No	Not Applicable	Yes		Yes
Kentucky	KRS § 411.148	Physician, Registered Nurse, Practical nurse	Yes	Yes	Civil	No	No	Yes	Without compensation	Yes
Louisiana	La. R.S. § 9:2793	Any Individual	Not Applicable	Yes	Civil	Yes	No	Yes	Gratuitously	Yes
Louisiana	La. R.S. § 37:1731	Physician, Physician assistant	Yes	Yes	Civil	Yes	No	Yes	Gratuitously	Yes
Maine	14 M.R.S. § 164	Any Individual	Not Applicable	No	Civil	Yes	Yes	Yes	Voluntarily, Without a fee	Yes
Maine	24 M.R.S. § 2904(1)	Health care practitioner	Yes	No	Civil	No	No	No	Voluntarily, Without compensation	Yes
Maine	32 M.R.S. § 2594	Osteopathic Physician	Yes	No	Civil	No	Not Applicable	No	Due care	No
Marshall Islands	19 MIRC 626	Any Individual, Physician	Yes	Yes	Civil	No	No	Yes		No

State	Citation	Class of Individuals Protected	Must be licensed in the state?	Must be at the scene of accident, emergency, or disaster?	Types of Liability Protected:	Protection for providing, arranging, or failing to provide further medical treatment?	Can be within scope of work?	Good faith required?	Requirements for the services provided	Exception to liability protection?
Maryland	Md. Courts & Judicial Proceedings Code Ann. § 5-603	Individual licensed to provide medical care	Yes	Yes	Civil	No	No	No	Without compensation	No
Massachusetts	ALM GL ch. 112, § 12B	Physician	Yes	No	Civil	Yes	No	Yes	Voluntarily	No
Massachusetts	ALM GL ch. 112, § 12V	Any Individual	Not Applicable	No	Civil	No	No	Yes	Without compensation	Yes
Michigan	MCLS § 691.1501	Physician, Registered Nurse, Physician's assistant, licensed practical nurse,	Yes	Yes	Civil	No	No	Yes	Without compensation	Yes
Minnesota	Minn. Stat. § 604A.01	Any Individual	Not Applicable	Yes	Civil	Yes	No	No	Voluntarily, Without compensation	Yes
Mississippi	Miss. Code Ann. § 73-25-37	Physician, physician assistant, dentist, licensed practical nurse	Yes	Yes	Civil	Yes	No	Yes	Reasonable care	No
Mississippi	Miss. Code Ann. § 95-9-1	Any Individual	Not Applicable	No	Civil	No	No	Yes	Voluntarily	Yes

State	Citation	Class of Individuals Protected	Must be licensed in the state?	Must be at the scene of accident, emergency, or disaster?	Types of Liability Protected:	Protection for providing, arranging, or failing to provide further medical treatment?	Can be within scope of work?	Good faith required?	Requirements for the services provided	Exception to liability protection?
Missouri	§ 537.037 R.S.Mo. (1)	Physician, Registered Nurse, Practical Nurse	Yes	No	Civil	No	No	Yes	Without compensation	Yes
Missouri	§ 537.118 R.S.Mo.	Any Individual	Not Applicable	No	Civil	No	No	Yes	Voluntarily, Within scope of volunteer role	Yes
Montana	27-1-714, MCA	Physician	Yes	Yes	Civil	No	No	Yes	Without compensation	Yes
Montana	27-1-736, MCA	Physician, Registered Nurse, Podiatrist, Physician Assistant,	Yes	No	Civil	No	No	No	Voluntarily, Without compensation, Within scope of license	Yes
Nebraska	R.R.S. Neb. § 25-21,186	Any Individual	Not Applicable	Yes	Civil	Yes	Not Applicable	No	Gratuitously	No
Nevada	Nev. Rev. Stat. Ann. § 41.485	Any Individual	Not Applicable	No	Civil	No	No	No		Yes
Nevada	Nev. Rev. Stat. Ann. § 41.500	Any Individual	Not Applicable	Yes	Civil	No	No	Yes	Gratuitously	Yes
Nevada	Nev. Rev. Stat. Ann. § 41.505	Physician, Registered Nurse, Physician's Assistant	Yes	No	Civil	Yes	Yes	Yes	Gratuitously	Yes

<b>State</b>	<b>Citation</b>	<b>Class of Individuals Protected</b>	<b>Must be licensed in the state?</b>	<b>Must be at the scene of accident, emergency, or disaster?</b>	<b>Types of Liability Protected:</b>	<b>Protection for providing, arranging, or failing to provide further medical treatment?</b>	<b>Can be within scope of work?</b>	<b>Good faith required?</b>	<b>Requirements for the services provided</b>	<b>Exception to liability protection?</b>
New Hampshire	RSA 326-B:36	Registered Nurse	Yes	Yes	Civil	No	No	Yes		No
New Hampshire	RSA 328-D:14	Physician Assistant	Yes	Yes	Civil	Yes	No	Yes	Without compensation	No
New Hampshire	RSA 329:25	Any Individual	Not Applicable	Yes	Civil	Yes	No	Yes		No
New Hampshire	RSA 508:17	Any Individual	Not Applicable	No	Civil	No	No	Yes	Within scope of volunteer role	Yes
New Jersey	N.J. Stat. § 2A:62A-1	Any Individual, Physician	Yes	Yes	Civil	Yes	No	Yes	Voluntarily	No
New Jersey	N.J. Stat. § 45:9-27.18a(c)	Physician Assistant	Yes	No	Civil	No	No	No	Gratuitously, Voluntarily	No
New Mexico	N.M. Stat. Ann. § 24-10-3	Any Individual	Not Applicable	Yes	Civil	No	No	No	Without compensation	Yes
New York	NY CLS Educ § 6527(2)	Physician	Yes	No	Civil	No	No	No	Voluntarily, Without compensation	Yes
New York	NY CLS Educ § 6545	Physician's Assistant	Yes	Yes	Civil	No	No	No	Voluntarily, Without compensation	Yes
New York	NY CLS Educ § 7006(3)	Podiatrist	Yes	Yes	Civil	No	No	No	Voluntarily, Without compensation	Yes

State	Citation	Class of Individuals Protected	Must be licensed in the state?	Must be at the scene of accident, emergency, or disaster?	Types of Liability Protected:	Protection for providing, arranging, or failing to provide further medical treatment?	Can be within scope of work?	Good faith required?	Requirements for the services provided	Exception to liability protection?
New York	NY Pub Health 3000-a(1)	Any Individual, Physician, Physician's Assistant	Yes	Yes	Civil	No	No	No	Voluntarily, Without compensation	Yes
North Carolina	N.C. Gen. Stat. § 90-21.14	Health care provider	Yes	No	Civil	Yes	No	No	Voluntarily, Without compensation	Yes
North Dakota	N.D. Cent. Code, § 32-03-45	Any Individual	Not Applicable	No	Civil	No	Not Applicable	Yes	Within scope of volunteer role	Yes
North Dakota	N.D. Cent. Code, § 32-03.1-02	Any Individual	Not Applicable	Yes	Civil	No	No	No	Voluntarily, Without compensation	Yes
North Dakota	N.D. Cent. Code, § 32-03.1-02.2	Physician	Yes	No	Civil	No	No	No	Voluntarily, Without a fee	Yes
North Dakota	N.D. Cent. Code, § 39-08-04.1	Any Individual	Not Applicable	Yes	Civil	No	No	Yes	Voluntarily, Without compensation, Without a fee	Yes
Northern Mariana Islands	7 CMC 2803	Any Individual, Physician, Registered Nurse	Yes	Yes	Civil	No	No	Yes	Without compensation	Yes
Ohio	ORC Ann. 2305.23	Any Individual	Not Applicable	Yes	Civil	No	No	No	Without proper medical equipment	Yes
Ohio	ORC Ann. 2305.234(b)	Physician	Yes	No	Civil	Yes	Yes	Yes	Without a fee	Yes

State	Citation	Class of Individuals Protected	Must be licensed in the state?	Must be at the scene of accident, emergency, or disaster?	Types of Liability Protected:	Protection for providing, arranging, or failing to provide further medical treatment?	Can be within scope of work?	Good faith required?	Requirements for the services provided	Exception to liability protection?
Ohio	ORC Ann. 2305.38	Any Individual	Not Applicable	No	Civil	No	No	No	Voluntarily	Yes
Oklahoma	59 Okl. St. § 518	Physician	Yes	Yes	Civil, Criminal	No	No	Yes		No
Oklahoma	76 Okl. St. § 5	Any Individual, Physician, Registered Nurse	Yes	No	Civil	No	No	Yes	Voluntarily, Without compensation	Yes
Oregon	ORS § 30.792	Health care provider	Yes	No	Civil	No	No	No	Voluntarily, Without compensation, Within scope of volunteer role	Yes
Oregon	ORS § 30.800	Any Individual	No	No	Civil	No	No	No	Voluntarily, Without compensation, Place where emergency medical or dental care is not regularly available	Yes
Palau	34 PNC 227	Any Individual, Licensed Professional	Yes	Yes	Civil	No	No	Yes		No
Pennsylvania	42 Pa.C.S. § 8331	Physician, Registered Nurse	Yes	Yes	Civil	No	No	Yes		Yes

State	Citation	Class of Individuals Protected	Must be licensed in the state?	Must be at the scene of accident, emergency, or disaster?	Types of Liability Protected:	Protection for providing, arranging, or failing to provide further medical treatment?	Can be within scope of work?	Good faith required?	Requirements for the services provided	Exception to liability protection?
Pennsylvania	42 Pa.C.S. § 8332	Any Individual	Not Applicable	Yes	Civil	Yes	No	Yes		Yes
Pennsylvania	42 Pa.C.S. § 8332.4(a)(1)	Any Individual	Not Applicable	No	Civil	No	No	No	Voluntarily	Yes
Puerto Rico	8 L.P.R.A. § 1031	Any Individual, Licensed professional	Yes	No	Civil	No	No	No	Voluntarily, Within scope of volunteer role, Within scope of license	Yes
Rhode Island	R.I. Gen. Laws § 5-34-34	Registered Nurse	Yes	No	Civil	No	No	No	Gratuitously, Voluntarily	Yes
Rhode Island	R.I. Gen. Laws § 5-37-14	Physician	Yes	No	Civil	No	No	No	Gratuitously, Voluntarily	Yes
Rhode Island	R.I. Gen. Laws § 5-54-20.1	Physician's Assistant	Yes	No	Civil	No	No	No	Gratuitously, Voluntarily	Yes
Rhode Island	R.I. Gen. Laws § 9-1-27.1	Any Individual	Not Applicable	No	Civil	No	No	No	Gratuitously, Voluntarily	Yes
South Carolina	S.C. Code Ann. § 15-1-310	Any Individual	Not Applicable	Yes	Civil	Yes	No	Yes	Gratuitously	Yes
South Carolina	S.C. Code Ann. § 38-79-30	Physician, Registered Nurse	Yes	No	Civil	No	No	No	Voluntarily, Without compensation	Yes

State	Citation	Class of Individuals Protected	Must be licensed in the state?	Must be at the scene of accident, emergency, or disaster?	Types of Liability Protected:	Protection for providing, arranging, or failing to provide further medical treatment?	Can be within scope of work?	Good faith required?	Requirements for the services provided	Exception to liability protection?
South Dakota	S.D. Codified Laws § 20-9-3	Physician, Registered Nurse, Practical Nurse, Physician's Assistant	Yes	Yes	Civil	No	No	Yes		No
South Dakota	S.D. Codified Laws § 20-9-4.1	Any Individual	Not Applicable	Yes	Civil	No	No	Yes	Voluntarily	Yes
South Dakota	S.D. Codified Laws § 36-4A-26.3	Physician's Assistant	Yes	No	Civil	No	No	No	Gratuitously, Voluntarily	Yes
South Dakota	S.D. Codified Laws § 47-23-29	Licensed Health Care Professional	Not Applicable	No	Civil	No	No	Yes	Within scope of volunteer role, Within scope of license	Yes
Tennessee	Tenn. Code Ann. § 63-6-218(b)	Any Individual, Physician	Yes	Yes	Civil	Yes	Not Applicable	Yes		Yes
Texas	Tex. Civ. Prac. & Rem. Code § 74.151	Any Individual	Not Applicable	No	Civil	No	No	Yes	Voluntarily, Without compensation	Yes
Texas	Tex. Civ. Prac. & Rem. Code § 84.004	Any Individual	Yes	No	Civil	No	No	No	Voluntarily, Within scope of volunteer role, Within scope of license	No

<b>State</b>	<b>Citation</b>	<b>Class of Individuals Protected</b>	<b>Must be licensed in the state?</b>	<b>Must be at the scene of accident, emergency, or disaster?</b>	<b>Types of Liability Protected:</b>	<b>Protection for providing, arranging, or failing to provide further medical treatment?</b>	<b>Can be within scope of work?</b>	<b>Good faith required?</b>	<b>Requirements for the services provided</b>	<b>Exception to liability protection?</b>
Utah	Utah Code Ann. § 58-31b-701	Registered Nurse	Yes	Yes	Civil	No	No	Yes	Gratuitously	Yes
Utah	Utah Code Ann. § 78B-4-102	Any Individual	Not Applicable	No	Civil	No	No	Yes	Within scope of volunteer role, Reasonably	Yes
Utah	Utah Code Ann. § 78B-4-501(2)	Any Individual	Not Applicable	Yes	Civil	No	No	Yes	Gratuitously	Yes
Vermont	12 V.S.A. 519	Any Individual	Not Applicable	No	Civil	No	No	No	Without compensation, Reasonably	Yes
Virgin Islands	27 V.I.C. § 168n	Podiatrist	Yes	No	Civil	No	Not Applicable	Yes	Without a fee	Yes
Virgin Islands	27 V.I.C. § 42	Any Individual	Not Applicable	No	Civil	No	Yes	No	Gratuitously, Voluntarily	Yes
Virginia	Va. Code Ann. § 54.1-106	Physician, Registered Nurse	Yes	No	Civil	Yes	No	No	Voluntarily, Without compensation	Yes
Washington	Rev. Code Wash. (ARCW) § 4.24.300	Any Individual, Licensed health care provider	Yes	No	Civil	No	No	No	Without compensation, Without a fee	Yes
West Virginia	W. Va. Code § 55-7-15	Any Individual, Physician	Yes	Yes	Civil	No	No	Yes	Without compensation	No
Wisconsin	Wis. Stat. § 895.48	Any Individual	Not Applicable	Yes	Civil	No	No	Yes	Voluntarily	No
Wyoming	Wyo. Stat. § 1-1-120(a)	Any Individual	Yes	Yes	Civil	No	No	Yes	Without compensation	No

<b>State</b>	<b>Citation</b>	<b>Class of Individuals Protected</b>	<b>Must be licensed in the state?</b>	<b>Must be at the scene of accident, emergency, or disaster?</b>	<b>Types of Liability Protected:</b>	<b>Protection for providing, arranging, or failing to provide further medical treatment?</b>	<b>Can be within scope of work?</b>	<b>Good faith required?</b>	<b>Requirements for the services provided</b>	<b>Exception to liability protection?</b>
Wyoming	Wyo. Stat. § 1-1-125	Any Individual	No	No	Civil	No	No	No	Voluntarily, Without compensation	Yes

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