

**SIXTY FIFTH LEGISLATURE - REGULAR SESSION****SIXTY SEVENTH DAY**

House Chamber, Olympia, Thursday, March 16, 2017

The House was called to order at 9:55 a.m. by the Speaker (Representative Orwall presiding).

Reading of the Journal of the previous day was dispensed with and it was ordered to stand approved.

There being no objection, the House advanced to the fifth order of business.

**REPORTS OF STANDING COMMITTEES**

March 14, 2017

SSB 5152      Prime Sponsor, Committee on Health Care:  
Concerning pediatric transitional care services. Reported by Committee on Early Learning & Human Services

MAJORITY recommendation: Do pass as amended.

Strike everything after the enacting clause and insert the following:

**"NEW SECTION. Sec. 1.** The legislature finds that more than twelve thousand infants born in Washington each year have been prenatally exposed to opiates, methamphetamines, and other drugs. Prenatal drug exposure frequently results in infants suffering from neonatal abstinence syndrome and its accompanying withdrawal symptoms after birth. Withdrawal symptoms may include sleep problems, excessive crying, tremors, seizures, poor feeding, fever, generalized convulsions, vomiting, diarrhea, and hyperactive reflexes. Consequently, the legislature finds that drug exposed infants have unique medical needs and benefit from specialized health care that addresses their withdrawal symptoms. Specialized care for infants experiencing neonatal abstinence syndrome is based on the individual needs of the infant and includes: Administration of intravenous fluids and drugs such as morphine; personalized, hands-on therapeutic care such as gentle rocking, reduction in noise and lights, and swaddling; and frequent high-calorie feedings.

The legislature further finds that drug exposed infants often require hospitalization which burdens hospitals

and hospital staff who either have to increase staffing levels or require current staff to take on additional duties to administer the specialized care needed by drug exposed infants.

The legislature further finds that drug exposed infants benefit from early and consistent family involvement in their care, and families thrive when they are provided the opportunity, skills, and training to help them participate in their child's care.

The legislature further finds that infants with neonatal abstinence syndrome often can be treated in a nonhospital clinic setting where they receive appropriate medical and nonmedical care for their symptoms. The legislature, therefore, intends to encourage alternatives to continued hospitalization for drug exposed infants, including the continuation and development of pediatric transitional care services that provide short-term medical care as well as training and assistance to caregivers in order to support the transition from hospital to home for drug exposed infants.

**Sec. 2.** RCW 71.12.455 and 2001 c 254 s 1 are each amended to read as follows:

((As used in this chapter,)) The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Establishment" and "institution" mean ((and include)):

(a) Every private or county or municipal hospital, including public hospital districts, sanitarium, home, or other place receiving or caring for any ((mentally ill)) person with mental illness, mentally incompetent person, or chemically dependent person; and

(b) Beginning January 1, 2019, facilities providing pediatric transitional care services.

(2) "Trained caregiver" means a noncredentialed, unlicensed person trained by the establishment providing

pediatric transitional care services to provide hands-on care to drug exposed infants. Caregivers may not provide medical care to infants and may only work under the supervision of an appropriate health care professional.

(3) "Department" means the department of health.

(4) "Pediatric transitional care services" means short-term, temporary, health and comfort services for drug exposed infants according to the requirements of this chapter and provided in an establishment licensed by the department of health.

(5) "Secretary" means the secretary of the department of health.

NEW SECTION. Sec. 3. A new section is added to chapter 71.12 RCW to read as follows:

(1) An establishment providing pediatric transitional care services to drug exposed infants must demonstrate that it is capable of providing services for children who:

- (a) Are no more than one year of age;
- (b) Have been exposed to drugs before birth;
- (c) Require twenty-four hour continuous residential care and skilled nursing services as a result of prenatal substance exposure; and
- (d) Are referred to the establishment by the department of social and health services, regional hospitals, and private parties.

(2) After January 1, 2019, no person may operate or maintain an establishment that provides pediatric transitional care services without a license under this chapter.

NEW SECTION. Sec. 4. A new section is added to chapter 71.12 RCW to read as follows:

For the purposes of this chapter, the rules for pediatric transitional care services are not considered as a new department of social and health services service category.

NEW SECTION. Sec. 5. A new section is added to chapter 71.12 RCW to read as follows:

The secretary must, in consultation with the department of social and health services, adopt rules on pediatric

transitional care services. The rules must:

(1) Establish requirements for medical examinations and consultations which must be delivered by an appropriate health care professional;

(2) Require twenty-four hour medical supervision for children receiving pediatric transitional services in accordance with the staffing ratios established under subsection (3) of this section;

(3) Include staffing ratios that consider the number of registered nurses or licensed practical nurses employed by the establishment and the number of trained caregivers on duty at the establishment. These staffing ratios may not require more than:

(a) One registered nurse to be on duty at all times;

(b) One registered nurse or licensed practical nurse to eight infants; and

(c) One trained caregiver to four infants;

(4) Require establishments that provide pediatric transitional care services to prepare weekly plans specific to each infant in their care and in accordance with the health care professional's standing orders. The health care professional may modify an infant's weekly plan without reexamining the infant if he or she determines the modification is in the best interest of the child. This modification may be communicated to the registered nurse on duty at the establishment who must then implement the modification. Weekly plans are to include short-term goals for each infant and outcomes must be included in reports required by the department;

(5) Ensure that neonatal abstinence syndrome scoring is conducted by an appropriate health care professional;

(6) Establish drug exposed infant developmental screening tests for establishments that provide pediatric transitional care services to administer according to a schedule established by the secretary;

(7) Require the establishment to collaborate with the department of social and health services to develop an individualized safety plan for each child and to meet other contractual requirements of the department of social

and health services to identify strategies to meet supervision needs, medical concerns, and family support needs;

(8) Establish the maximum amount of days an infant may be placed at an establishment;

(9) Develop timelines for initial and ongoing parent-infant visits to nurture and help develop attachment and bonding between the child and parent, if such visits are possible. Timelines must be developed upon placement of the infant in the establishment providing pediatric transitional care services;

(10) Determine how transportation for the infant will be provided, if needed;

(11) Establish on-site training requirements for caregivers, volunteers, parents, foster parents, and relatives;

(12) Establish background check requirements for caregivers, volunteers, employees, and any other person with unsupervised access to the infants under the care of the establishment; and

(13) Establish other requirements necessary to support the infant and the infant's family.

**NEW SECTION. Sec. 6.** A new section is added to chapter 71.12 RCW to read as follows:

After referral by the department of social and health services of an infant to an establishment approved to provide pediatric transitional care services, the department of social and health services:

(1) Retains primary responsibility for case management and must provide consultation to the establishment

regarding all placements and permanency planning issues, including developing a parent-child visitation plan;

(2) Must work with the department and the establishment to identify and implement evidence-based practices that address current and best medical practices and parent participation; and

(3) Work with the establishment to ensure medicaid-eligible services are so billed.

**NEW SECTION. Sec. 7.** A new section is added to chapter 71.12 RCW to read as follows:

Facilities that provide pediatric transitional care services that are in existence on the effective date of this section are not subject to construction review by the department for initial licensure."

Correct the title.

Signed by Representatives Kagi, Chair; Dent, Ranking Minority Member; McDonald, Assistant Ranking Minority Member; Frame; Goodman; Kilduff; Klippert; Lovick; McCaslin and Muri.

Referred to Committee on Rules for second reading.

There being no objection, the bill listed on the day's committee reports under the fifth order of business was referred to the committee so designated.

There being no objection, the House adjourned until 9:55 a.m., March 17, 2017, the 68 Day of the Regular Session.

FRANK CHOPP, Speaker

BERNARD DEAN, Chief Clerk