
HOUSE BILL 1491

State of Washington

65th Legislature

2017 Regular Session

By Representatives Orwall, Hargrove, Sullivan, Gregerson, Slatter,
and Kagi

Read first time 01/20/17. Referred to Committee on Health Care &
Wellness.

1 AN ACT Relating to pediatric transitional care centers; amending
2 RCW 42.56.360 and 42.56.360; adding a new chapter to Title 18 RCW;
3 providing an effective date; providing an expiration date; and
4 prescribing penalties.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

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

1 The legislature further finds that drug exposed infants often
2 require hospitalization which burdens hospitals and hospital staff
3 who either have to increase staffing levels or require current staff
4 to take on additional duties to administer the specialized care
5 needed by drug exposed infants.

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

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

19 NEW SECTION. **Sec. 2.** The definitions in this section apply
20 throughout this chapter unless the context clearly requires
21 otherwise.

22 (1) "Center-trained caregiver" means a person trained by the
23 pediatric transitional care center to provide hands-on care to drug
24 exposed infants. Caregivers may not provide medical care to infants
25 and may only work under the supervision of a pediatrician, pediatric
26 registered nurse practitioner, or registered nurse.

27 (2) "Department" means the department of health.

28 (3) "Pediatric transitional care center" or "center" means a care
29 facility that provides short-term, temporary, health and comfort
30 services for children and their caregivers according to the
31 requirements of this chapter.

32 (4) "Secretary" means the secretary of the department of health.

33 NEW SECTION. **Sec. 3.** (1) A pediatric transitional care center
34 license is established. To be licensed as a center, an applicant must
35 demonstrate that it is capable of providing services for children
36 who:

37 (a) Are no more than two years of age;

38 (b) Have been exposed to alcohol or other drugs before birth;

1 (c) Require twenty-four hour continuous residential care and
2 skilled nursing services as a result of prenatal substance exposure;
3 and

4 (d) Are referred to the center by the department of social and
5 health services and regional hospitals.

6 (2) After July 1, 2018, no person may operate or maintain a
7 pediatric interim care center without a license under this chapter.

8 NEW SECTION. **Sec. 4.** The secretary must, in coordination with
9 the department of social and health services, adopt rules on
10 pediatric transitional care centers. The rules must:

11 (1) Require centers to provide services consistent with the
12 parental practice model used by the department of social and health
13 services;

14 (2) Establish requirements for medical examinations and
15 consultations to be delivered by a pediatrician or pediatric advanced
16 registered nurse practitioner;

17 (3) Require centers to provide twenty-four hour medical
18 supervision for children in its care in accordance with the staffing
19 ratios established under subsection (4) of this section;

20 (4) Include staffing ratios that consider the number of
21 registered nurses or licensed practical nurses employed by the
22 facility and the number of center-trained caregivers on duty at the
23 facility. These staffing ratios must establish:

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

25 (b) The number of infants that may be taken care of by one
26 registered nurse or licensed practical nurse. This ratio may not
27 require fewer than eight infants to one registered nurse or licensed
28 practical nurse. In developing staffing ratios, the registered nurse
29 on duty under (a) of this subsection may count towards the staffing
30 requirement of this subsection (4)(b); and

31 (c) The number of infants that may be taken care of by one
32 center-trained caregiver. This ratio may not require fewer than four
33 infants to one center-trained caregiver;

34 (5) Require centers to prepare weekly plans specific to each
35 infant in their care and in accordance with pediatrician or pediatric
36 advanced registered nurse practitioner standing orders. The
37 pediatrician or pediatric advanced registered nurse practitioner may
38 modify an infant's weekly plan without reexamining the infant if he
39 or she determines the modification is in the best interest of the

1 child. This modification may be communicated to the registered nurse
2 on duty at the center who must then implement the modification.
3 Weekly plans are to include short-term goals for each infant and
4 outcomes must be included in the center's reports made under section
5 11 of this act;

6 (6) Ensure that neonatal abstinence syndrome scoring is conducted
7 by a registered nurse, pediatrician, or pediatric advanced registered
8 nurse practitioner;

9 (7) Establish drug exposed infant developmental screening tests
10 for centers to administer according to a schedule established by the
11 secretary;

12 (8) Require the center to collaborate with the department of
13 social and health services to develop an individualized safety plan
14 for each child and to meet other contractual requirements of the
15 department of social and health services to identify strategies to
16 meet supervision needs, medical concerns, and family support needs;

17 (9) Establish the maximum amount of days an infant may be placed
18 at a center;

19 (10) Develop timelines for initial parent-infant visits upon
20 placement of the infant in the center;

21 (11) Determine how transportation for the infant will be
22 provided, if needed;

23 (12) Establish on-site training requirements for caregivers,
24 parents, foster parents, and relatives;

25 (13) Establish background check requirements for caregivers,
26 employees, and any other person with unsupervised access to the
27 infants under the care of the center; and

28 (14) Establish other requirements necessary to support the infant
29 and the infant's family.

30 NEW SECTION. **Sec. 5.** After referral by the department of social
31 and health services of an infant to a pediatric transitional care
32 center, the department of social and health services:

33 (1) Retains primary responsibility for case management and must
34 provide consultation to the center regarding all placements and
35 permanency planning issues, including developing a parent-child
36 visitation plan;

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

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

3 NEW SECTION. **Sec. 6.** An application for a license as a
4 pediatric transitional care center must be made to the department on
5 forms developed by the department.

6 NEW SECTION. **Sec. 7.** (1)(a) Upon receipt of an application for
7 a license, the department must issue a pediatric transitional care
8 center license if the applicant and the center's facilities meet the
9 requirements established under this chapter.

10 (b) The license fee and renewal fee must be established by the
11 secretary in amounts appropriate for community-based nonprofit
12 service.

13 (c) Center licenses are valid for one year after issuance.

14 (2) All applications and fees for renewal of the license must be
15 submitted to the department no later than thirty days before
16 expiration of the license. The license is valid only for the
17 operation of the center at the location specified in the license
18 application. Licenses are not transferable or assignable. Licenses
19 must be posted in a conspicuous place on the licensed premises.

20 NEW SECTION. **Sec. 8.** (1) The secretary may deny, suspend, or
21 revoke the license of a pediatric transitional care center in any
22 case in which the secretary finds the applicant or center knowingly
23 made a false statement of material fact in the application for the
24 license or any supporting data in any record required by this chapter
25 or matter under investigation by the department.

26 (2) The secretary must investigate complaints concerning
27 operation of a center without a license. The secretary may issue a
28 notice of intention to issue a cease and desist order to any person
29 who the secretary has reason to believe is engaged in the unlicensed
30 operation of a center. If the secretary makes a written finding of
31 fact that the public interest will be irreparably harmed by delay in
32 issuing an order, the secretary may issue a temporary cease and
33 desist order. The person receiving a temporary cease and desist order
34 must be provided an opportunity for a prompt hearing. The temporary
35 cease and desist order remains in effect until further order of the
36 secretary. Any person operating a center under this chapter without a

1 license is guilty of a misdemeanor, and each day of operation of an
2 unlicensed center constitutes a separate offense.

3 (3) The secretary may deny, suspend, revoke, or modify a license
4 or a provisional license in any case in which it finds that there has
5 been a failure or refusal to comply with the requirements of this
6 chapter or the standards or rules adopted under this chapter. RCW
7 43.70.115 governs notice of a license denial, revocation, suspension,
8 or modification and provides the right to an adjudicative proceeding.

9 NEW SECTION. **Sec. 9.** The secretary may adopt rules, in
10 consultation with the department of social and health services,
11 necessary to implement this chapter. The rules may provide for:

12 (1) Exceptions, alterations, or additions to the requirements
13 established in section 4 of this act; and

14 (2) Evidence-based practices identified by the department and the
15 department of social and health services as provided in section 5(2)
16 of this act.

17 NEW SECTION. **Sec. 10.** The department must make or cause to be
18 made at least one inspection of each center before license approval
19 and at least one inspection before license renewal. The inspection
20 may be made without providing advance notice of it. Every inspection
21 may include an inspection of every part of the premises and an
22 examination of all records. Following an inspection, written notice
23 of any violation of this chapter or rules adopted under this chapter
24 must be given to the applicant or licensee and the department. The
25 notice must describe the reasons for the center's noncompliance.

26 NEW SECTION. **Sec. 11.** Centers must submit data related to the
27 quality of patient care for review by the department in a manner and
28 on a schedule established by the department. The department must
29 consider the reporting standards of other public and private
30 organizations that measure quality in order to maintain consistency
31 in reporting and minimize the burden on the center. The department
32 must review the data to determine the maintenance of quality patient
33 care at the center. If the department determines that the care
34 offered at the center may present a risk to the health and safety of
35 the patients, the department may conduct an inspection of the center
36 and initiate appropriate actions to protect the public. Information

1 submitted to the department under this section is exempt from
2 disclosure under chapter 42.56 RCW.

3 NEW SECTION. **Sec. 12.** Pediatric transitional care centers must
4 have a facility safety and emergency training program. The program
5 must include a procedural plan for handling medical emergencies that
6 is available for review during surveys and inspections.

7 **Sec. 13.** RCW 42.56.360 and 2016 c 238 s 2 are each amended to
8 read as follows:

9 (1) The following health care information is exempt from
10 disclosure under this chapter:

11 (a) Information obtained by the pharmacy quality assurance
12 commission as provided in RCW 69.45.090;

13 (b) Information obtained by the pharmacy quality assurance
14 commission or the department of health and its representatives as
15 provided in RCW 69.41.044, 69.41.280, and 18.64.420;

16 (c) Information and documents created specifically for, and
17 collected and maintained by a quality improvement committee under RCW
18 43.70.510, 70.230.080, or 70.41.200, or by a peer review committee
19 under RCW 4.24.250, or by a quality assurance committee pursuant to
20 RCW 74.42.640 or 18.20.390, or by a hospital, as defined in RCW
21 43.70.056, for reporting of health care-associated infections under
22 RCW 43.70.056, a notification of an incident under RCW 70.56.040(5),
23 and reports regarding adverse events under RCW 70.56.020(2)(b),
24 regardless of which agency is in possession of the information and
25 documents;

26 (d)(i) Proprietary financial and commercial information that the
27 submitting entity, with review by the department of health,
28 specifically identifies at the time it is submitted and that is
29 provided to or obtained by the department of health in connection
30 with an application for, or the supervision of, an antitrust
31 exemption sought by the submitting entity under RCW 43.72.310;

32 (ii) If a request for such information is received, the
33 submitting entity must be notified of the request. Within ten
34 business days of receipt of the notice, the submitting entity shall
35 provide a written statement of the continuing need for
36 confidentiality, which shall be provided to the requester. Upon
37 receipt of such notice, the department of health shall continue to

1 treat information designated under this subsection (1)(d) as exempt
2 from disclosure;

3 (iii) If the requester initiates an action to compel disclosure
4 under this chapter, the submitting entity must be joined as a party
5 to demonstrate the continuing need for confidentiality;

6 (e) Records of the entity obtained in an action under RCW
7 18.71.300 through 18.71.340;

8 (f) Complaints filed under chapter 18.130 RCW after July 27,
9 1997, to the extent provided in RCW 18.130.095(1);

10 (g) Information obtained by the department of health under
11 chapter 70.225 RCW;

12 (h) Information collected by the department of health under
13 chapter 70.245 RCW except as provided in RCW 70.245.150;

14 (i) Cardiac and stroke system performance data submitted to
15 national, state, or local data collection systems under RCW
16 70.168.150(2)(b);

17 (j) All documents, including completed forms, received pursuant
18 to a wellness program under RCW 41.04.362, but not statistical
19 reports that do not identify an individual; (~~and~~)

20 (k) Data and information exempt from disclosure under RCW
21 43.371.040; and

22 (l) Information collected by the department of health under
23 section 11 of this act.

24 (2) Chapter 70.02 RCW applies to public inspection and copying of
25 health care information of patients.

26 (3)(a) Documents related to infant mortality reviews conducted
27 pursuant to RCW 70.05.170 are exempt from disclosure as provided for
28 in RCW 70.05.170(3).

29 (b)(i) If an agency provides copies of public records to another
30 agency that are exempt from public disclosure under this subsection
31 (3), those records remain exempt to the same extent the records were
32 exempt in the possession of the originating entity.

33 (ii) For notice purposes only, agencies providing exempt records
34 under this subsection (3) to other agencies may mark any exempt
35 records as "exempt" so that the receiving agency is aware of the
36 exemption, however whether or not a record is marked exempt does not
37 affect whether the record is actually exempt from disclosure.

38 (4) Information and documents related to maternal mortality
39 reviews conducted pursuant to RCW 70.54.450 are confidential and
40 exempt from public inspection and copying.

1 **Sec. 14.** RCW 42.56.360 and 2014 c 223 s 17 are each amended to
2 read as follows:

3 (1) The following health care information is exempt from
4 disclosure under this chapter:

5 (a) Information obtained by the pharmacy quality assurance
6 commission as provided in RCW 69.45.090;

7 (b) Information obtained by the pharmacy quality assurance
8 commission or the department of health and its representatives as
9 provided in RCW 69.41.044, 69.41.280, and 18.64.420;

10 (c) Information and documents created specifically for, and
11 collected and maintained by a quality improvement committee under RCW
12 43.70.510, 70.230.080, or 70.41.200, or by a peer review committee
13 under RCW 4.24.250, or by a quality assurance committee pursuant to
14 RCW 74.42.640 or 18.20.390, or by a hospital, as defined in RCW
15 43.70.056, for reporting of health care-associated infections under
16 RCW 43.70.056, a notification of an incident under RCW 70.56.040(5),
17 and reports regarding adverse events under RCW 70.56.020(2)(b),
18 regardless of which agency is in possession of the information and
19 documents;

20 (d)(i) Proprietary financial and commercial information that the
21 submitting entity, with review by the department of health,
22 specifically identifies at the time it is submitted and that is
23 provided to or obtained by the department of health in connection
24 with an application for, or the supervision of, an antitrust
25 exemption sought by the submitting entity under RCW 43.72.310;

26 (ii) If a request for such information is received, the
27 submitting entity must be notified of the request. Within ten
28 business days of receipt of the notice, the submitting entity shall
29 provide a written statement of the continuing need for
30 confidentiality, which shall be provided to the requester. Upon
31 receipt of such notice, the department of health shall continue to
32 treat information designated under this subsection (1)(d) as exempt
33 from disclosure;

34 (iii) If the requester initiates an action to compel disclosure
35 under this chapter, the submitting entity must be joined as a party
36 to demonstrate the continuing need for confidentiality;

37 (e) Records of the entity obtained in an action under RCW
38 18.71.300 through 18.71.340;

39 (f) Complaints filed under chapter 18.130 RCW after July 27,
40 1997, to the extent provided in RCW 18.130.095(1);

1 (g) Information obtained by the department of health under
2 chapter 70.225 RCW;

3 (h) Information collected by the department of health under
4 chapter 70.245 RCW except as provided in RCW 70.245.150;

5 (i) Cardiac and stroke system performance data submitted to
6 national, state, or local data collection systems under RCW
7 70.168.150(2)(b);

8 (j) All documents, including completed forms, received pursuant
9 to a wellness program under RCW 41.04.362, but not statistical
10 reports that do not identify an individual; (~~and~~)

11 (k) Data and information exempt from disclosure under RCW
12 43.371.040; and

13 (l) Information collected by the department of health under
14 section 11 of this act.

15 (2) Chapter 70.02 RCW applies to public inspection and copying of
16 health care information of patients.

17 (3)(a) Documents related to infant mortality reviews conducted
18 pursuant to RCW 70.05.170 are exempt from disclosure as provided for
19 in RCW 70.05.170(3).

20 (b)(i) If an agency provides copies of public records to another
21 agency that are exempt from public disclosure under this subsection
22 (3), those records remain exempt to the same extent the records were
23 exempt in the possession of the originating entity.

24 (ii) For notice purposes only, agencies providing exempt records
25 under this subsection (3) to other agencies may mark any exempt
26 records as "exempt" so that the receiving agency is aware of the
27 exemption, however whether or not a record is marked exempt does not
28 affect whether the record is actually exempt from disclosure.

29 NEW SECTION. Sec. 15. Sections 1 through 12 of this act
30 constitute a new chapter in Title 18 RCW.

31 NEW SECTION. Sec. 16. Section 13 of this act expires June 30,
32 2020.

33 NEW SECTION. Sec. 17. Section 14 of this act takes effect June
34 30, 2020.

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