

CERTIFICATION OF ENROLLMENT

SUBSTITUTE SENATE BILL 5152

65th Legislature
2017 Regular Session

Passed by the Senate April 13, 2017
Yeas 49 Nays 0

President of the Senate

Passed by the House April 5, 2017
Yeas 97 Nays 0

Speaker of the House of Representatives

Approved

Governor of the State of Washington

CERTIFICATE

I, Hunter G. Goodman, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **SUBSTITUTE SENATE BILL 5152** as passed by Senate and the House of Representatives on the dates hereon set forth.

Secretary

FILED

**Secretary of State
State of Washington**

SUBSTITUTE SENATE BILL 5152

AS AMENDED BY THE HOUSE

Passed Legislature - 2017 Regular Session

State of Washington

65th Legislature

2017 Regular Session

By Senate Health Care (originally sponsored by Senators Fain, Keiser, Rivers, Becker, Palumbo, and Kuderer)

READ FIRST TIME 02/10/17.

1 AN ACT Relating to pediatric transitional care services; amending
2 RCW 71.12.455; adding new sections to chapter 71.12 RCW; and creating
3 a new section.

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

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

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

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

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

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

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

31 (2) "Trained caregiver" means a noncredentialed, unlicensed
32 person trained by the establishment providing pediatric transitional
33 care services to provide hands-on care to drug exposed infants.
34 Caregivers may not provide medical care to infants and may only work
35 under the supervision of an appropriate health care professional.

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

37 (4) "Pediatric transitional care services" means short-term,
38 temporary, health and comfort services for drug exposed infants

1 according to the requirements of this chapter and provided in an
2 establishment licensed by the department of health.

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

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

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

9 (a) Are no more than one year of age;

10 (b) Have been exposed to drugs before birth;

11 (c) Require twenty-four hour continuous residential care and
12 skilled nursing services as a result of prenatal substance exposure;
13 and

14 (d) Are referred to the establishment by the department of social
15 and health services, regional hospitals, and private parties.

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

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

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

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

26 The secretary must, in consultation with the department of social
27 and health services, adopt rules on pediatric transitional care
28 services. The rules must:

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

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

35 (3) Include staffing ratios that consider the number of
36 registered nurses or licensed practical nurses employed by the

1 establishment and the number of trained caregivers on duty at the
2 establishment. These staffing ratios may not require more than:

- 3 (a) One registered nurse to be on duty at all times;
- 4 (b) One registered nurse or licensed practical nurse to eight
5 infants; and
- 6 (c) One trained caregiver to four infants;
- 7 (4) Require establishments that provide pediatric transitional
8 care services to prepare weekly plans specific to each infant in
9 their care and in accordance with the health care professional's
10 standing orders. The health care professional may modify an infant's
11 weekly plan without reexamining the infant if he or she determines
12 the modification is in the best interest of the child. This
13 modification may be communicated to the registered nurse on duty at
14 the establishment who must then implement the modification. Weekly
15 plans are to include short-term goals for each infant and outcomes
16 must be included in reports required by the department;
- 17 (5) Ensure that neonatal abstinence syndrome scoring is conducted
18 by an appropriate health care professional;
- 19 (6) Establish drug exposed infant developmental screening tests
20 for establishments that provide pediatric transitional care services
21 to administer according to a schedule established by the secretary;
- 22 (7) Require the establishment to collaborate with the department
23 of social and health services to develop an individualized safety
24 plan for each child and to meet other contractual requirements of the
25 department of social and health services to identify strategies to
26 meet supervision needs, medical concerns, and family support needs;
- 27 (8) Establish the maximum amount of days an infant may be placed
28 at an establishment;
- 29 (9) Develop timelines for initial and ongoing parent-infant
30 visits to nurture and help develop attachment and bonding between the
31 child and parent, if such visits are possible. Timelines must be
32 developed upon placement of the infant in the establishment providing
33 pediatric transitional care services;
- 34 (10) Determine how transportation for the infant will be
35 provided, if needed;
- 36 (11) Establish on-site training requirements for caregivers,
37 volunteers, parents, foster parents, and relatives;
- 38 (12) Establish background check requirements for caregivers,
39 volunteers, employees, and any other person with unsupervised access
40 to the infants under the care of the establishment; and

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

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

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

9 (1) Retains primary responsibility for case management and must
10 provide consultation to the establishment regarding all placements
11 and permanency planning issues, including developing a parent-child
12 visitation plan;

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

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

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

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

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