

FINAL BILL REPORT

SSB 5152

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Synopsis as Enacted

Brief Description: Concerning pediatric transitional care services.

Sponsors: Senate Committee on Health Care (originally sponsored by Senators Fain, Keiser, Rivers, Becker, Palumbo and Kuderer).

Senate Committee on Health Care
House Committee on Early Learning & Human Services

Background: Neonatal abstinence syndrome (NAS) may occur in an infant when a pregnant woman uses addictive illegal or prescription drugs such as heroin, codeine, oxycodone, hydrocodone, methadone, or buprenorphine. Antidepressants and benzodiazepines also can result in a diagnosis of NAS. In utero exposure to these drugs can cause an infant to be dependent on the drug at birth, resulting in withdrawal symptoms which may include sleep problems, breathing problems, excessive crying, tremors, seizures, poor feeding, and hyperactive reflexes. These drug-exposed infants benefit from specialized transitional care which may include the following:

- administration of intravenous fluids and drugs such as methadone or morphine;
- personalized, hands on care such as gentle rocking and swaddling in low stimulus environments; and
- frequent high-calorie feedings.

The Pediatric Interim Care Center (PICC) is a group foster care facility currently licensed through Children's Administration's Division of Licensed Resources. In addition to meeting group care licensing requirements, PICC is inspected by the Department of Health (DOH) which inspects the facility under the licensing requirements for child foster homes, staffed residential homes, group residential facilities and child-placing agencies. PICC is not a medically licensed facility but does contract with the Department of Social and Health Services (DSHS) to serve up to 13 drug-exposed infants exhibiting signs of withdrawal from alcohol and other drugs. PICC's program goals are to stabilize the level of functioning for substance-exposed infants and assist the infant's family in acquiring the skills and supports to develop a permanent family connection while DSHS maintains primary case management responsibility.

Summary: Establishments providing Pediatric Transitional Care Services (establishments) are regulated by the DOH. These establishments provide temporary health and comfort services for children who are less than one year of age, have been exposed to drugs before

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birth, and require 24-hour continuous residential care and skilled nursing services. DOH must, in coordination with DSHS, adopt rules:

- establishing requirements for medical examinations and consultations, which must be delivered by the appropriate health care professional;
- including staffing ratios that take into consideration the number of nurses and trained caregivers that are on the premises. Rules may not require fewer than one nurse to eight infants and fewer than one trained caregiver to four infants;
- requiring weekly plans specific to each infant and in accordance with the health care professional's standing order;
- to ensure neonatal abstinence syndrome scoring is conducted by the appropriate health care professional;
- to establish drug-exposed infant developmental screening tests;
- establishing timelines for ongoing parent-infant visits to nurture and help develop bonding between the child and the parent;
- to establish the maximum amount of days an infant may remain in the establishment; and
- to establish on-site training requirements and background check requirements for caregivers, employees, and others with unsupervised access to infants.

Infants are referred to establishments by the DSHS which retains primary responsibility for case management and provides consultation to the establishment on planning issues, such as developing a parent-child visitation plan. DSHS, DOH, and the establishments must collaborate to develop evidence-based practices that address best medical practices and parent participation. DSHS must also work with the establishments to ensure proper billing of Medicaid-eligible services.

Current establishments are not subject to construction review by DOH for initial licensure.

Votes on Final Passage:

Senate	49	0	
House	97	0	(House amended)
Senate	49	0	(Senate concurred)

Effective: July 23, 2017