
HOUSE BILL 2560

State of Washington

69th Legislature

2026 Regular Session

By Representatives Hill, Macri, Ormsby, Parshley, Gregerson, Davis, Obras, Stonier, Reed, Goodman, Thomas, Fosse, and Duerr

Read first time 01/19/26. Referred to Committee on Health Care & Wellness.

1 AN ACT Relating to facilities licensed to provide pediatric
2 transitional care services; amending RCW 71.12.455, 71.12.680,
3 71.12.684, and 71.12.686; adding a new section to chapter 71.24 RCW;
4 creating new sections; and providing an expiration date.

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

6 NEW SECTION. **Sec. 1.** (1) The legislature finds that thousands
7 of infants are born in Washington state each year exposed to harmful
8 substances including, but not limited to: Opiates and synthetic
9 opioids such as heroin; methadone and fentanyl; methamphetamines;
10 tobacco; marijuana; alcohol; morphine; buprenorphine; codeine;
11 cocaine; and other substances. Prenatal substance exposure frequently
12 results in infants suffering from neonatal abstinence syndrome and
13 its accompanying withdrawal symptoms after birth. Consequently, the
14 legislature finds that substance-exposed infants have unique medical
15 and nonmedical needs and benefit from specialized health care that
16 addresses, not only their unique withdrawal symptoms, but their
17 bonding and attachment needs.

18 (2) The legislature further finds that the pilot project which
19 provides medical and nonmedical, nonpharmacologic care and wraparound
20 support to infants and their families in a nurturing environment,
21 demonstrated that its nonhospital treatment model promotes bonding

1 and attachment between substance-exposed infants and their parents
2 and caregivers. Of the 49 parents who have resided full time with
3 their infants in the study of the pilot project, 88 percent are in
4 recovery, in custody of their infant, and housed.

5 (3) The legislature further finds that substance-exposed infants
6 are currently being treated in neonatal intensive care unit hospital
7 settings for extended periods of time resulting in a high systemic
8 cost and a lessened opportunity for parental bonding compared to the
9 structure and the therapeutic environment provided at significantly
10 lower cost to the state by the pilot project.

11 (4) The legislature further finds that it is in the interest of
12 the state to keep substance-exposed infants with their parents who
13 are also in recovery. Promoting bonding and attachment during the
14 first few weeks of the life of an infant increases the chance that
15 the infant will not go into the foster care system and results in
16 further cost savings to the state.

17 (5) The legislature, therefore, intends to encourage alternatives
18 to continued hospitalization for substance-exposed infants, including
19 the continuation and development of pediatric transitional care
20 facilities through the creation of a bundled, sustainable funding
21 model for pediatric transitional care facilities using a combination
22 of existing federal and state resources.

23 NEW SECTION. **Sec. 2.** (1) By July 1, 2027, and within existing
24 resources, the health care authority shall develop and submit a state
25 plan amendment to the federal centers for medicare and medicaid
26 services to allow for facility-based payments to residential
27 pediatric recovery centers as provided in section 1007 of P.L.
28 115-271.

29 (2) By January 1, 2027, and within existing resources, the health
30 care authority shall submit a status report to the appropriate policy
31 and fiscal committees of the legislature detailing the feasibility of
32 an approval for a state plan amendment as outlined in subsection (1)
33 of this section.

34 (3) Until the state plan amendment submitted under subsection (1)
35 of this section is approved and the bundled funding model detailed in
36 section 3(1) of this act is implemented, and subject to amounts
37 appropriated for this specific purpose, the health care authority
38 shall provide grant funds to the facility that was the subject of the
39 pilot project created in section 215(117), chapter 475, Laws of 2023

1 to ensure the availability of services to infants with a history of
2 substance exposure. It is the intent of the legislature to
3 appropriate funds from the opioid abatement settlement account for
4 this purpose.

5 (4) This section expires December 31, 2028.

6 NEW SECTION. **Sec. 3.** A new section is added to chapter 71.24
7 RCW to read as follows:

8 (1) Subject to amounts appropriated for this specific purpose, by
9 July 1, 2027, the department of children, youth, and families, in
10 coordination with the authority, shall develop and implement a
11 bundled funding model for nonmedical maternal and child health
12 programmatic services provided by residential pediatric recovery
13 centers to infants born substance exposed and their families.

14 (2) The bundled funding model established under this section
15 shall support family centered nonmedical maternal and child health
16 services that promote infant stabilization, caregiver capacity, and
17 safe transition to the home environment. The department shall
18 identify allowable service components, which may include, but are not
19 limited to:

20 (a) Caregiver coaching, education, and skill building related to
21 infant care, feeding, soothing, safe sleep, and developmental
22 support;

23 (b) Dyadic services that promote bonding, attachment, and
24 caregiver-infant interaction;

25 (c) Family support services, including peer navigation, case
26 management, and coordination with child welfare and community-based
27 providers;

28 (d) Respite, overnight accommodations, and on-site supports for
29 caregivers while the infant is receiving services at a residential
30 pediatric recovery center; and

31 (e) Discharge and transition planning, including linkage to early
32 intervention, home visiting, substance use disorder treatment,
33 primary care, and community supports.

34 (3) For the purposes of this section, "residential pediatric
35 recovery center" means a health care facility licensed or certified
36 by the department to provide pediatric transitional care services
37 under this chapter that is able to provide medically necessary
38 recovery services to infants affected by neonatal abstinence
39 syndrome, neonatal opioid withdrawal syndrome, or prenatal substance

1 exposure, as well as nonmedical treatment and wraparound support
2 services for infants born substance exposed and their families.

3 **Sec. 4.** RCW 71.12.455 and 2024 c 121 s 19 are each amended to
4 read as follows:

5 The definitions in this section apply throughout this chapter
6 unless the context clearly requires otherwise.

7 (1) "Department" means the department of health.

8 (2) "Elopement" means any situation in which an admitted patient
9 of a private establishment who is cognitively, physically, mentally,
10 emotionally, and/or chemically impaired wanders, walks, runs away,
11 escapes, or otherwise leaves a private establishment or the grounds
12 of a private establishment prior to the patient's scheduled discharge
13 unsupervised, unnoticed, and without the staff's knowledge.

14 (3) "Private establishment," "establishment," and "institution"
15 mean:

16 (a) Every private or county or municipal hospital, including
17 public hospital districts, homes, behavioral health hospitals,
18 residential treatment facilities, or other places receiving or caring
19 for any person with a behavioral health or substance use disorder;
20 and

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

23 (4) "Immediate jeopardy" means a situation in which the private
24 establishment's noncompliance with one or more statutory or
25 regulatory requirements has placed the health and safety of patients
26 in its care at risk for serious injury, serious harm, serious
27 impairment, or death.

28 (5) "Pediatric transitional care services" means (~~short-term,~~
29 ~~temporary, health and comfort services for drug exposed infants~~) any
30 medical and nonmedical treatment and wraparound support services for
31 substance-exposed infants and one or more parents of the infant
32 according to the requirements of this chapter and provided in an
33 establishment licensed by the department.

34 (6) "Behavioral health hospital" means an establishment caring
35 for any person with mental illness or substance use disorder
36 excluding acute care hospitals licensed under chapter 70.41 RCW,
37 state psychiatric hospitals established under chapter 72.23 RCW, and
38 residential treatment facilities as defined in this section.

1 (7) "Residential treatment facility" means an establishment in
2 which 24-hour on-site care is provided for the evaluation,
3 stabilization, or treatment of residents for substance use, mental
4 health, co-occurring disorders, or for ~~((drug-exposed-infants))~~
5 substance-exposed infants and their parents.

6 (8) "Secretary" means the secretary of the department of health.

7 (9) "Technical assistance" means the provision of information on
8 the state laws and rules applicable to the regulation of private
9 establishments, the process to apply for a license, and methods and
10 resources to avoid or address compliance problems. Technical
11 assistance does not include assistance provided under chapter 43.05
12 RCW.

13 (10) "Trained caregiver" means a noncredentialed, unlicensed
14 person trained by the establishment providing pediatric transitional
15 care services to provide hands-on care to ~~((drug-exposed))~~ substance-
16 exposed infants. Caregivers may not provide medical care to infants
17 and may only work under the supervision of an appropriate health care
18 professional.

19 **Sec. 5.** RCW 71.12.680 and 2017 c 263 s 3 are each amended to
20 read as follows:

21 (1) An establishment providing pediatric transitional care
22 services to ~~((drug-exposed-infants))~~ substance-exposed infants and
23 their parents must demonstrate that it is capable of providing
24 services for ~~((children who:~~

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

26 ~~(b) Have been exposed to drugs before birth;~~

27 ~~(c) Require twenty-four hour continuous residential care and~~
28 ~~skilled nursing services as a result of prenatal substance exposure;~~
29 ~~and~~

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

32 ~~(2-))~~ infants who:

33 (a) Have been exposed to substances before birth;

34 (b) Have been determined by the clinical director or medical
35 director of the establishment to respond favorably developmentally to
36 specialized care to assist bonding and attachment from 24-hour
37 continuous residential care treatment services including nursing and
38 infant care services as a result of prenatal substance exposure; and

1 (c) Are referred to the establishment by the department of
2 children, youth, and families, regional hospitals, and private
3 parties.

4 (2) An establishment providing pediatric transitional care
5 services to substance-exposed infants and their parents shall:

6 (a) Provide services including, but not limited to: Medication
7 management for withdrawal of neonatal abstinence syndrome and
8 neonatal opioid withdrawal syndrome; specialized feeding in
9 collaboration with the early support for infants and toddlers program
10 at the department of children, youth, and families; oxygen therapy;
11 feeding tubes when necessary; wound care; and comorbid conditions
12 that are managed in a nonacute setting;

13 (b) Have capacity to provide room and board to one or both
14 parents of an infant receiving treatment at the establishment; and

15 (c) Provide wraparound services as described in section 3(3) of
16 this act to one or both parents of an infant receiving treatment at
17 the establishment regardless of whether the parent is residing at the
18 establishment when the infant is receiving treatment.

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

22 **Sec. 6.** RCW 71.12.684 and 2017 c 263 s 5 are each amended to
23 read as follows:

24 The secretary must, in consultation with the department of
25 ~~((social and health services))~~ children, youth, and families, adopt
26 rules on pediatric transitional care services. The rules must:

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

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

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

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

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

- 1 (c) One trained caregiver to four infants;
- 2 (4) Require establishments that provide pediatric transitional
3 care services to prepare weekly plans specific to each infant in
4 their care and in ~~((accordance))~~ collaboration with the health care
5 professional's standing orders. The health care professional may
6 modify an infant's weekly plan without reexamining the infant if he
7 or she determines the modification is in the best interest of the
8 child. This modification may be communicated to the registered nurse
9 on duty at the establishment who must then implement the
10 modification. Weekly plans are to include short-term goals for each
11 infant and outcomes must be included in reports required by the
12 department;
- 13 (5) Ensure that neonatal abstinence syndrome scoring is conducted
14 by an appropriate health care professional;
- 15 (6) Establish drug exposed infant developmental screening tests
16 for establishments that provide pediatric transitional care services
17 to administer according to a schedule established by the secretary;
- 18 (7) Require the establishment to collaborate with the department
19 of ~~((social and health services))~~ children, youth, and families to
20 develop an individualized safety plan for each child and to meet
21 other contractual requirements of the department of ~~((social and
22 health services))~~ children, youth, and families to identify
23 strategies to meet supervision needs, medical concerns, and family
24 support needs;
- 25 (8) ~~((Establish the maximum amount of days an infant may be
26 placed at an establishment))~~ Require, at a minimum, weekly
27 assessments on each infant to determine whether the infant continues
28 to benefit from receiving care or services;
- 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 the parents are not sharing a room with the
32 infant at the facility and if such visits are possible. Timelines
33 must be developed upon placement of the infant in the establishment
34 providing pediatric transitional care services;
- 35 (10) Determine how transportation for the infant will be
36 provided, if needed;
- 37 (11) Establish on-site training requirements for caregivers,
38 volunteers, parents, foster parents, and relatives;

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

4 (13) Establish supportive family rules for the parent of an
5 infant to stay at the facility while the infant is receiving care.
6 Supportive family rules shall provide for:

7 (a) Room and board for any parent who the establishment deems
8 eligible for such services;

9 (b) Access to and secure storage for medication-assisted
10 treatment medications;

11 (c) Training on infant cues to promote dyadic bonding and
12 attachment;

13 (d) Transportation to inpatient or outpatient substance use
14 disorder services for the parents;

15 (e) Training on safe sleep techniques;

16 (f) Coordination between providers from the early support for
17 infants and toddlers program of the department of children, youth,
18 and families and parents to promote continuity of care;

19 (g) Training on basic parental skills;

20 (h) Care management services;

21 (i) Support in securing housing;

22 (j) Peer support;

23 (k) Supervised visitation services; and

24 (l) Education on secondary exposure to opioids; and

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

27 **Sec. 7.** RCW 71.12.686 and 2017 c 263 s 6 are each amended to
28 read as follows:

29 After referral by the department of ~~((social and health~~
30 ~~services)) children, youth, and families of an infant to an
31 establishment approved to provide pediatric transitional care
32 services, the department of ~~((social and health services)) children,~~
33 ~~youth, and families:~~~~

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

1 (2) Must work with the department and the establishment to
2 identify and implement evidence-based practices that address current
3 and best medical practices and ((parent)) dyadic participation; and
4 (3) ((Work)) Must work with the establishment to ensure medicaid-
5 eligible services are so billed.

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