

SSB 5152 - H COMM AMD

By Committee on Early Learning & Human Services

ADOPTED 04/05/2017

1 Strike everything after the enacting clause and insert the  
2 following:

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

19 The legislature further finds that drug exposed infants often  
20 require hospitalization which burdens hospitals and hospital staff  
21 who either have to increase staffing levels or require current staff  
22 to take on additional duties to administer the specialized care  
23 needed by drug exposed infants.

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

28 The legislature further finds that infants with neonatal  
29 abstinence syndrome often can be treated in a nonhospital clinic  
30 setting where they receive appropriate medical and nonmedical care  
31 for their symptoms. The legislature, therefore, intends to encourage  
32 alternatives to continued hospitalization for drug exposed infants,

1 including the continuation and development of pediatric transitional  
2 care services that provide short-term medical care as well as  
3 training and assistance to caregivers in order to support the  
4 transition from hospital to home for drug exposed infants.

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

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

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

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

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

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

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

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

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

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

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

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

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

35 (c) Require twenty-four hour continuous residential care and  
36 skilled nursing services as a result of prenatal substance exposure;  
37 and

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

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

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

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

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

13 The secretary must, in consultation with the department of social  
14 and health services, adopt rules on pediatric transitional care  
15 services. The rules must:

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

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

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

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

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

29 (c) One trained caregiver to four infants;

30 (4) Require establishments that provide pediatric transitional  
31 care services to prepare weekly plans specific to each infant in  
32 their care and in accordance with the health care professional's  
33 standing orders. The health care professional may modify an infant's  
34 weekly plan without reexamining the infant if he or she determines  
35 the modification is in the best interest of the child. This  
36 modification may be communicated to the registered nurse on duty at  
37 the establishment who must then implement the modification. Weekly

1 plans are to include short-term goals for each infant and outcomes  
2 must be included in reports required by the department;

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

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

8 (7) Require the establishment to collaborate with the department  
9 of social and health services to develop an individualized safety  
10 plan for each child and to meet other contractual requirements of the  
11 department of social and health services to identify strategies to  
12 meet supervision needs, medical concerns, and family support needs;

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

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

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

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

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

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

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

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

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

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

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

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

12           Correct the title.

EFFECT: Clarifies that parent child visits are ongoing and  
intended to nurture and develop attachment and bonding between the  
child and parent.

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