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**Early Learning & Human Services  
Committee**

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**HB 1491**

**Brief Description:** Concerning pediatric transitional care centers.

**Sponsors:** Representatives Orwall, Hargrove, Sullivan, Gregerson, Slatter and Kagi.

**Brief Summary of Bill**

- Establishes a pediatric transitional care center license for centers serving children from birth to age two who were exposed to alcohol or other drugs before birth.
- Requires the Department of Social and Health Services (DSHS) to retain primary case management responsibility for children referred by DSHS to pediatric transitional care centers.
- Authorizes the Department of Health to issue licenses, charge fees, and conduct inspections and other related licensing activities.

**Hearing Date:** 1/31/17

**Staff:** Dawn Eychaner (786-7135).

**Background:**

Neonatal abstinence syndrome (NAS) can occur in an infant who has been exposed to addictive opiate drugs during the mother's pregnancy. Babies born with NAS may experience a variety of withdrawal symptoms shortly after birth. These symptoms can include tremors, high-pitched crying, gastrointestinal dysfunction, and temperature instability. According to the Centers for Disease Control and Prevention, the incidence rate of NAS in the State of Washington increased from a rate of 1.5 for every 1,000 hospital births in 1999 to a rate of 7.9 for every 1,000 hospital births in 2013.

The Department of Social and Health Services (DSHS) Children's Administration (CA) contracts with the Pediatric Interim Care Center (PICC) to provide residential care for children from birth

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to age two who have been exposed to and are exhibiting withdrawal symptoms to alcohol and other drugs. Seventy-five percent of the children served by the center must be in need of special care due to substance abuse by their mothers. This specialized care can include the medically supervised administration of morphine or methadone to assist the withdrawal process, swaddling and rocking, and feeding in a low-stimulus environment.

The CA licenses PICC as a group care facility for up to 13 infants. The Department of Health (DOH) inspects PICC for compliance with group care health and safety rules. In addition to infant care, the PICC provides on-site training to biological parents, relative caregivers, and foster and adoptive parents.

### **Summary of Bill:**

A pediatric transitional care center license is established and is required for the operation of a pediatric interim care center (Center) beginning July 1, 2018. The license is valid for one year and may be renewed. The DOH must issue the license if the applicant can demonstrate it is capable of providing service to children who:

- are two years old or younger;
- have been exposed to alcohol or other drugs before birth;
- require 24-hour residential care and skilled nursing services as a result of prenatal substance exposure; and
- are referred to the Center by the DSHS and regional hospitals.

The DOH must inspect a Center prior to issuing a license or renewal and may charge fees for licenses and renewals that are appropriate for community-based non-profit services. The DOH may investigate complaints concerning operation of a Center without a license and may deny, suspend, or revoke a license.

If the DSHS refers a child to a Center, the DSHS retains case management responsibility and must provide consultation to the Center regarding placement and permanency planning, including the development of a parent-child visitation plan. The DSHS must work with the DOH and Center to identify and implement evidence-based practices that address current and best medical practices and parent participation.

The DOH must adopt rules in coordination with the DSHS regarding the operation of Centers. Among other criteria, the rules must include requirements for:

- the provision of services, including 24-hour medical supervision;
- staffing ratios that consider the number of nurses and Center-trained caregivers on duty. Staffing ratios may not require fewer than eight infants to one nurse and fewer than four infants to one Center-trained caregiver;
- the preparation of individual care plans and safety plans for infants in a Center's care;
- the maximum number of days an infant may stay at the Center;
- the development of timelines for parent-infant visits, on-site training requirements for caregivers and relatives, and background check requirements for anyone with unsupervised access to infants in the Center.

Data collected by the DOH related to patient care at a Center is exempt from disclosure under the Public Records Act.

**Appropriation:** None.

**Fiscal Note:** Available.

**Effective Date:** The bill takes effect 90 days after adjournment of the session in which the bill is passed.