Washington State
House of Representatives
Office of Program Research

BILL ANALYSIS

Early Learning & Human Services Committee

SSB 5152

Brief Description: Concerning pediatric transitional care services.

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

Brief Summary of Substitute Bill

- Requires the Department of Health to regulate establishments providing pediatric transitional care services to drug-exposed infants aged birth to one year.

Hearing Date: 3/10/17

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 to age 2 who have been exposed to and are exhibiting withdrawal symptoms from alcohol and other drugs. Seventy-five percent of the children served by the PICC must be in need of special care due to substance abuse by their mothers. This specialized care can include the medically

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supervised administration of morphine or methadone to assist the withdrawal process, swaddling and rocking, and feeding in a low-stimulus environment.

The CA licenses the PICC as a group care facility for up to 13 infants. The Department of Health (DOH) inspects the 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.

The DOH licenses private establishments that treat mentally ill and chemically dependent persons. The DOH may inspect establishments for licensing compliance at any time.

Summary of Bill:

Establishments providing pediatric transitional care services must be licensed by the DOH beginning January 1, 2019. Existing facilities providing these services are not subject to construction review by the DOH for initial licensure. An establishment providing pediatric transitional care services must demonstrate that it is capable of providing services for children who:

- are 1 year old or younger;
- have been exposed to drugs before birth;
- require 24-hour continuous residential care and skilled nursing services as a result of prenatal substance exposure; and
- are referred to the establishment by the DSHS, regional hospitals, and private parties.

An establishment may train a non-credentialed, unlicensed person to be an on-site caregiver for drug-exposed infants. A caregiver may not provide medical care and must work under the supervision of a health care professional.

If the DSHS refers a child for pediatric transitional care services, the DSHS retains case management responsibility and must provide consultation to the establishment regarding placement and permanency planning, including the development of a parent-child visitation plan.

The DSHS must work with the establishment and the DOH to:

- identify and implement evidence-based practices that address current and best medical practices and parent participation; and
- work with the establishment to ensure that Medicaid-eligible services are billed accordingly.

The DOH must consult with the DSHS to adopt rules regarding pediatric transitional care services. The rules for pediatric transitional care services are not considered as a new DSHS service category. The rules must:

- establish requirements for medical examinations and consultations delivered by an appropriate health care professional;
- require 24-hour medical supervision;
- include staffing ratios that consider the number of registered or licensed practical nurses employed by the establishment and the number of trained caregivers on duty. Staffing ratios may not require more than one registered nurse to be on duty at all times, one

registered nurse or licensed practical nurse for every eight infants, and one trained caregiver to four infants;
- require the preparation of individual weekly care plans for infants in accordance with the health care professional's standing orders. Weekly plans must include short-term goals for each infant, and outcomes must be included in reports required by the DOH;
- ensure that NAS scoring is conducted by an appropriate health care professional;
- establish drug-exposed infant developmental screening tests to be administered by the establishment according to a schedule established by the DOH;
- require the establishment to collaborate with the DSHS to develop an individualized safety plan for each child and meet other contractual requirements of the DSHS to identify strategies to meet supervision needs, medical concerns, and family support needs;
- establish the maximum number of days an infant may be placed at an establishment;
- develop timelines for initial parent-infant visits upon placement of an infant in an establishment;
- determine how transportation for the infant will be provided, if needed;
- establish on-site training requirements for caregivers, volunteers, parents, foster parents, and relatives;
- establish background check requirements for anyone with unsupervised access to infants in care; and
- establish other requirements necessary to support the infant and the infant's family.

Appropriation: None.

Fiscal Note: Available.

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