

# SENATE BILL REPORT

## SB 5152

---

As of January 24, 2017

**Title:** An act relating to pediatric transitional care centers.

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

**Sponsors:** Senators Fain, Keiser, Rivers, Becker, Palumbo and Kuderer.

**Brief History:**

**Committee Activity:** Health Care: 1/24/17.

**Brief Summary of Bill**

- Requires the Department of Health (DOH) to license Pediatric Transitional Care Centers (Centers) to provide services for drug-exposed infants who require continuous residential care and skilled nursing services.

---

### SENATE COMMITTEE ON HEALTH CARE

**Staff:** Kathleen Buchli (786-7488)

**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

---

*This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.*

group care licensing requirements, PICC is inspected by the 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 of Bill:** Pediatric Transitional Care Centers (Centers) are licensed by the DOH. Centers provide temporary health and comfort services for children who are less than two years of age, have been exposed to alcohol or other drugs before 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 a pediatrician or pediatric advanced registered nurse practitioner;
- including staffing ratios that take into consideration the number of nurses and Center-trained caregivers that are on the premises. Rules may not require fewer than one nurse to eight infants and fewer than one Center-trained caregiver to four infants;
- requiring weekly plans specific to each infant and in accordance with the health care provider's standing order;
- to ensure neonatal abstinence syndrome scoring is conducted by a registered nurse, pediatrician, or pediatric advanced registered nurse practitioner;
- to establish drug-exposed infant developmental screening tests;
- to establish the maximum amount of days an infant may remain in Centers; 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 the Centers by the DSHS which retains primary responsibility for case management and provides consultation to the Center on planning issues, such as developing a parent-child visitation plan. DSHS, DOH, and the Centers must collaborate to develop evidence-based practices that address best medical practices and parent participation. DSHS must also work with the Centers to ensure proper billing of Medicaid-eligible services.

**Appropriation:** None.

**Fiscal Note:** Requested on January 12, 2017.

**Creates Committee/Commission/Task Force that includes Legislative members:** No.

**Effective Date:** Ninety days after adjournment of session in which bill is passed, except section 14 which takes effect June 30, 2020.

**Staff Summary of Public Testimony:** PRO: PICC is an extraordinary facility for children who have been exposed to drugs. They are not medically-fragile but require 24 hour care. PICC is currently in operation in Kent and should be used as a model for the state; PICC gives the babies a home and we need to find a suitable home for PICC. This is the first program of its kind in the United States and has cared for over 3,000 babies since it began.

Most babies cared for by PICC today have heroin in their systems but also have other drug exposure as well. These babies benefit from a low-stimulus environment and being in PICC is better for them than being in a hospital where the environment is not low-stimulus. The specialized handling benefits the babies who stay in the facility for between 30 to 60 days. PICC saves Medicaid dollars for the state because they are not staying in a more expensive hospital setting.

OTHER: The work of PICC is unique and they have worked with the biological families of the babies they care for. There is no need for a specific requirement of nurses to patients; requiring ratios of personnel could result in an inability to fund the extra personnel and adverse outcomes to the facility.

**Persons Testifying:** PRO: Senator Joe Fain, Prime Sponsor; Jean Leonard, Pediatric Interim Care Center; Barb Drennen, Executive Director Pediatric Interim Care Center; Kelly DenHeyer, Director of Nursing Pediatric Interim Care Center.

OTHER: Michael Pugsley, Ashley House.

**Persons Signed In To Testify But Not Testifying:** No one.