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HOUSE BILL 1491

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State of Washington

65th Legislature

2017 Regular Session

By Representatives Orwall, Hargrove, Sullivan, and Gregerson

1 AN ACT Relating to pediatric transitional care centers; amending  
2 RCW 42.56.360 and 42.56.360; adding a new chapter to Title 18 RCW;  
3 providing an effective date; providing an expiration date; and  
4 prescribing penalties.

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

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

1 The legislature further finds that drug exposed infants often  
2 require hospitalization which burdens hospitals and hospital staff  
3 who either have to increase staffing levels or require current staff  
4 to take on additional duties to administer the specialized care  
5 needed by drug exposed infants.

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

10 The legislature further finds that infants with neonatal  
11 abstinence syndrome often can be treated in a nonhospital clinic  
12 setting where they receive appropriate medical and nonmedical care  
13 for their symptoms. The legislature, therefore, intends to encourage  
14 alternatives to continued hospitalization for drug exposed infants,  
15 including the continuation and development of pediatric transitional  
16 care centers that provide short-term medical care as well as training  
17 and assistance to caregivers in order to support the transition from  
18 hospital to home for drug exposed infants.

19 NEW SECTION. **Sec. 2.** The definitions in this section apply  
20 throughout this chapter unless the context clearly requires  
21 otherwise.

22 (1) "Center-trained caregiver" means a person trained by the  
23 pediatric transitional care center to provide hands-on care to drug  
24 exposed infants. Caregivers may not provide medical care to infants  
25 and may only work under the supervision of a pediatrician, pediatric  
26 registered nurse practitioner, or registered nurse.

27 (2) "Department" means the department of health.

28 (3) "Pediatric transitional care center" or "center" means a care  
29 facility that provides short-term, temporary, health and comfort  
30 services for children and their caregivers according to the  
31 requirements of this chapter.

32 (4) "Secretary" means the secretary of the department of health.

33 NEW SECTION. **Sec. 3.** (1) A pediatric transitional care center  
34 license is established. To be licensed as a center, an applicant must  
35 demonstrate that it is capable of providing services for children  
36 who:

37 (a) Are no more than two years of age;

38 (b) Have been exposed to alcohol or other drugs before birth;

1 (c) Require twenty-four hour continuous residential care and  
2 skilled nursing services as a result of prenatal substance exposure;  
3 and

4 (d) Are referred to the center by the department of social and  
5 health services and regional hospitals.

6 (2) After July 1, 2018, no person may operate or maintain a  
7 pediatric interim care center without a license under this chapter.

8 NEW SECTION. **Sec. 4.** The secretary must, in coordination with  
9 the department of social and health services, adopt rules on  
10 pediatric transitional care centers. The rules must:

11 (1) Require centers to provide services consistent with the  
12 parental practice model used by the department of social and health  
13 services;

14 (2) Establish requirements for medical examinations and  
15 consultations to be delivered by a pediatrician or pediatric advanced  
16 registered nurse practitioner;

17 (3) Require centers to provide twenty-four hour medical  
18 supervision for children in its care in accordance with the staffing  
19 ratios established under subsection (4) of this section;

20 (4) Include staffing ratios that consider the number of  
21 registered nurses or licensed practical nurses employed by the  
22 facility and the number of center-trained caregivers on duty at the  
23 facility. These staffing ratios must establish:

24 (a) One registered nurse must be on duty at all times;

25 (b) The number of infants that may be taken care of by one  
26 registered nurse or licensed practical nurse. This ratio may not  
27 require fewer than eight infants to one registered nurse or licensed  
28 practical nurse. In developing staffing ratios, the registered nurse  
29 on duty under (a) of this subsection may count towards the staffing  
30 requirement of this subsection (4)(b); and

31 (c) The number of infants that may be taken care of by one  
32 center-trained caregiver. This ratio may not require fewer than four  
33 infants to one center-trained caregiver;

34 (5) Require centers to prepare weekly plans specific to each  
35 infant in their care and in accordance with pediatrician or pediatric  
36 advanced registered nurse practitioner standing orders. The  
37 pediatrician or pediatric advanced registered nurse practitioner may  
38 modify an infant's weekly plan without reexamining the infant if he  
39 or she determines the modification is in the best interest of the

1 child. This modification may be communicated to the registered nurse  
2 on duty at the center who must then implement the modification.  
3 Weekly plans are to include short-term goals for each infant and  
4 outcomes must be included in the center's reports made under section  
5 11 of this act;

6 (6) Ensure that neonatal abstinence syndrome scoring is conducted  
7 by a registered nurse, pediatrician, or pediatric advanced registered  
8 nurse practitioner;

9 (7) Establish drug exposed infant developmental screening tests  
10 for centers to administer according to a schedule established by the  
11 secretary;

12 (8) Require the center to collaborate with the department of  
13 social and health services to develop an individualized safety plan  
14 for each child and to meet other contractual requirements of the  
15 department of social and health services to identify strategies to  
16 meet supervision needs, medical concerns, and family support needs;

17 (9) Establish the maximum amount of days an infant may be placed  
18 at a center;

19 (10) Develop timelines for initial parent-infant visits upon  
20 placement of the infant in the center;

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

23 (12) Establish on-site training requirements for caregivers,  
24 parents, foster parents, and relatives;

25 (13) Establish background check requirements for caregivers,  
26 employees, and any other person with unsupervised access to the  
27 infants under the care of the center; and

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

30 NEW SECTION. **Sec. 5.** After referral by the department of social  
31 and health services of an infant to a pediatric transitional care  
32 center, the department of social and health services:

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

37 (2) Must work with the department and the center to identify and  
38 implement evidence-based practices that address current and best  
39 medical practices and parent participation; and

1 (3) Work with the center to ensure medicaid-eligible services are  
2 so billed.

3 NEW SECTION. **Sec. 6.** An application for a license as a  
4 pediatric transitional care center must be made to the department on  
5 forms developed by the department.

6 NEW SECTION. **Sec. 7.** (1)(a) Upon receipt of an application for  
7 a license, the department must issue a pediatric transitional care  
8 center license if the applicant and the center's facilities meet the  
9 requirements established under this chapter.

10 (b) The license fee and renewal fee must be established by the  
11 secretary in amounts appropriate for community-based nonprofit  
12 service.

13 (c) Center licenses are valid for one year after issuance.

14 (2) All applications and fees for renewal of the license must be  
15 submitted to the department no later than thirty days before  
16 expiration of the license. The license is valid only for the  
17 operation of the center at the location specified in the license  
18 application. Licenses are not transferable or assignable. Licenses  
19 must be posted in a conspicuous place on the licensed premises.

20 NEW SECTION. **Sec. 8.** (1) The secretary may deny, suspend, or  
21 revoke the license of a pediatric transitional care center in any  
22 case in which the secretary finds the applicant or center knowingly  
23 made a false statement of material fact in the application for the  
24 license or any supporting data in any record required by this chapter  
25 or matter under investigation by the department.

26 (2) The secretary must investigate complaints concerning  
27 operation of a center without a license. The secretary may issue a  
28 notice of intention to issue a cease and desist order to any person  
29 who the secretary has reason to believe is engaged in the unlicensed  
30 operation of a center. If the secretary makes a written finding of  
31 fact that the public interest will be irreparably harmed by delay in  
32 issuing an order, the secretary may issue a temporary cease and  
33 desist order. The person receiving a temporary cease and desist order  
34 must be provided an opportunity for a prompt hearing. The temporary  
35 cease and desist order remains in effect until further order of the  
36 secretary. Any person operating a center under this chapter without a

1 license is guilty of a misdemeanor, and each day of operation of an  
2 unlicensed center constitutes a separate offense.

3 (3) The secretary may deny, suspend, revoke, or modify a license  
4 or a provisional license in any case in which it finds that there has  
5 been a failure or refusal to comply with the requirements of this  
6 chapter or the standards or rules adopted under this chapter. RCW  
7 43.70.115 governs notice of a license denial, revocation, suspension,  
8 or modification and provides the right to an adjudicative proceeding.

9 NEW SECTION. **Sec. 9.** The secretary may adopt rules, in  
10 consultation with the department of social and health services,  
11 necessary to implement this chapter. The rules may provide for:

12 (1) Exceptions, alterations, or additions to the requirements  
13 established in section 4 of this act; and

14 (2) Evidence-based practices identified by the department and the  
15 department of social and health services as provided in section 5(2)  
16 of this act.

17 NEW SECTION. **Sec. 10.** The department must make or cause to be  
18 made at least one inspection of each center before license approval  
19 and at least one inspection before license renewal. The inspection  
20 may be made without providing advance notice of it. Every inspection  
21 may include an inspection of every part of the premises and an  
22 examination of all records. Following an inspection, written notice  
23 of any violation of this chapter or rules adopted under this chapter  
24 must be given to the applicant or licensee and the department. The  
25 notice must describe the reasons for the center's noncompliance.

26 NEW SECTION. **Sec. 11.** Centers must submit data related to the  
27 quality of patient care for review by the department in a manner and  
28 on a schedule established by the department. The department must  
29 consider the reporting standards of other public and private  
30 organizations that measure quality in order to maintain consistency  
31 in reporting and minimize the burden on the center. The department  
32 must review the data to determine the maintenance of quality patient  
33 care at the center. If the department determines that the care  
34 offered at the center may present a risk to the health and safety of  
35 the patients, the department may conduct an inspection of the center  
36 and initiate appropriate actions to protect the public. Information

1 submitted to the department under this section is exempt from  
2 disclosure under chapter 42.56 RCW.

3 NEW SECTION. **Sec. 12.** Pediatric transitional care centers must  
4 have a facility safety and emergency training program. The program  
5 must include a procedural plan for handling medical emergencies that  
6 is available for review during surveys and inspections.

7 **Sec. 13.** RCW 42.56.360 and 2016 c 238 s 2 are each amended to  
8 read as follows:

9 (1) The following health care information is exempt from  
10 disclosure under this chapter:

11 (a) Information obtained by the pharmacy quality assurance  
12 commission as provided in RCW 69.45.090;

13 (b) Information obtained by the pharmacy quality assurance  
14 commission or the department of health and its representatives as  
15 provided in RCW 69.41.044, 69.41.280, and 18.64.420;

16 (c) Information and documents created specifically for, and  
17 collected and maintained by a quality improvement committee under RCW  
18 43.70.510, 70.230.080, or 70.41.200, or by a peer review committee  
19 under RCW 4.24.250, or by a quality assurance committee pursuant to  
20 RCW 74.42.640 or 18.20.390, or by a hospital, as defined in RCW  
21 43.70.056, for reporting of health care-associated infections under  
22 RCW 43.70.056, a notification of an incident under RCW 70.56.040(5),  
23 and reports regarding adverse events under RCW 70.56.020(2)(b),  
24 regardless of which agency is in possession of the information and  
25 documents;

26 (d)(i) Proprietary financial and commercial information that the  
27 submitting entity, with review by the department of health,  
28 specifically identifies at the time it is submitted and that is  
29 provided to or obtained by the department of health in connection  
30 with an application for, or the supervision of, an antitrust  
31 exemption sought by the submitting entity under RCW 43.72.310;

32 (ii) If a request for such information is received, the  
33 submitting entity must be notified of the request. Within ten  
34 business days of receipt of the notice, the submitting entity shall  
35 provide a written statement of the continuing need for  
36 confidentiality, which shall be provided to the requester. Upon  
37 receipt of such notice, the department of health shall continue to

1 treat information designated under this subsection (1)(d) as exempt  
2 from disclosure;

3 (iii) If the requester initiates an action to compel disclosure  
4 under this chapter, the submitting entity must be joined as a party  
5 to demonstrate the continuing need for confidentiality;

6 (e) Records of the entity obtained in an action under RCW  
7 18.71.300 through 18.71.340;

8 (f) Complaints filed under chapter 18.130 RCW after July 27,  
9 1997, to the extent provided in RCW 18.130.095(1);

10 (g) Information obtained by the department of health under  
11 chapter 70.225 RCW;

12 (h) Information collected by the department of health under  
13 chapter 70.245 RCW except as provided in RCW 70.245.150;

14 (i) Cardiac and stroke system performance data submitted to  
15 national, state, or local data collection systems under RCW  
16 70.168.150(2)(b);

17 (j) All documents, including completed forms, received pursuant  
18 to a wellness program under RCW 41.04.362, but not statistical  
19 reports that do not identify an individual; (~~and~~)

20 (k) Data and information exempt from disclosure under RCW  
21 43.371.040; and

22 (l) Information collected by the department of health under  
23 section 11 of this act.

24 (2) Chapter 70.02 RCW applies to public inspection and copying of  
25 health care information of patients.

26 (3)(a) Documents related to infant mortality reviews conducted  
27 pursuant to RCW 70.05.170 are exempt from disclosure as provided for  
28 in RCW 70.05.170(3).

29 (b)(i) If an agency provides copies of public records to another  
30 agency that are exempt from public disclosure under this subsection  
31 (3), those records remain exempt to the same extent the records were  
32 exempt in the possession of the originating entity.

33 (ii) For notice purposes only, agencies providing exempt records  
34 under this subsection (3) to other agencies may mark any exempt  
35 records as "exempt" so that the receiving agency is aware of the  
36 exemption, however whether or not a record is marked exempt does not  
37 affect whether the record is actually exempt from disclosure.

38 (4) Information and documents related to maternal mortality  
39 reviews conducted pursuant to RCW 70.54.450 are confidential and  
40 exempt from public inspection and copying.

1       **Sec. 14.** RCW 42.56.360 and 2014 c 223 s 17 are each amended to  
2 read as follows:

3       (1) The following health care information is exempt from  
4 disclosure under this chapter:

5       (a) Information obtained by the pharmacy quality assurance  
6 commission as provided in RCW 69.45.090;

7       (b) Information obtained by the pharmacy quality assurance  
8 commission or the department of health and its representatives as  
9 provided in RCW 69.41.044, 69.41.280, and 18.64.420;

10       (c) Information and documents created specifically for, and  
11 collected and maintained by a quality improvement committee under RCW  
12 43.70.510, 70.230.080, or 70.41.200, or by a peer review committee  
13 under RCW 4.24.250, or by a quality assurance committee pursuant to  
14 RCW 74.42.640 or 18.20.390, or by a hospital, as defined in RCW  
15 43.70.056, for reporting of health care-associated infections under  
16 RCW 43.70.056, a notification of an incident under RCW 70.56.040(5),  
17 and reports regarding adverse events under RCW 70.56.020(2)(b),  
18 regardless of which agency is in possession of the information and  
19 documents;

20       (d)(i) Proprietary financial and commercial information that the  
21 submitting entity, with review by the department of health,  
22 specifically identifies at the time it is submitted and that is  
23 provided to or obtained by the department of health in connection  
24 with an application for, or the supervision of, an antitrust  
25 exemption sought by the submitting entity under RCW 43.72.310;

26       (ii) If a request for such information is received, the  
27 submitting entity must be notified of the request. Within ten  
28 business days of receipt of the notice, the submitting entity shall  
29 provide a written statement of the continuing need for  
30 confidentiality, which shall be provided to the requester. Upon  
31 receipt of such notice, the department of health shall continue to  
32 treat information designated under this subsection (1)(d) as exempt  
33 from disclosure;

34       (iii) If the requester initiates an action to compel disclosure  
35 under this chapter, the submitting entity must be joined as a party  
36 to demonstrate the continuing need for confidentiality;

37       (e) Records of the entity obtained in an action under RCW  
38 18.71.300 through 18.71.340;

39       (f) Complaints filed under chapter 18.130 RCW after July 27,  
40 1997, to the extent provided in RCW 18.130.095(1);

1 (g) Information obtained by the department of health under  
2 chapter 70.225 RCW;

3 (h) Information collected by the department of health under  
4 chapter 70.245 RCW except as provided in RCW 70.245.150;

5 (i) Cardiac and stroke system performance data submitted to  
6 national, state, or local data collection systems under RCW  
7 70.168.150(2)(b);

8 (j) All documents, including completed forms, received pursuant  
9 to a wellness program under RCW 41.04.362, but not statistical  
10 reports that do not identify an individual; (~~and~~)

11 (k) Data and information exempt from disclosure under RCW  
12 43.371.040; and

13 (l) Information collected by the department of health under  
14 section 11 of this act.

15 (2) Chapter 70.02 RCW applies to public inspection and copying of  
16 health care information of patients.

17 (3)(a) Documents related to infant mortality reviews conducted  
18 pursuant to RCW 70.05.170 are exempt from disclosure as provided for  
19 in RCW 70.05.170(3).

20 (b)(i) If an agency provides copies of public records to another  
21 agency that are exempt from public disclosure under this subsection  
22 (3), those records remain exempt to the same extent the records were  
23 exempt in the possession of the originating entity.

24 (ii) For notice purposes only, agencies providing exempt records  
25 under this subsection (3) to other agencies may mark any exempt  
26 records as "exempt" so that the receiving agency is aware of the  
27 exemption, however whether or not a record is marked exempt does not  
28 affect whether the record is actually exempt from disclosure.

29 NEW SECTION. Sec. 15. Sections 1 through 12 of this act  
30 constitute a new chapter in Title 18 RCW.

31 NEW SECTION. Sec. 16. Section 13 of this act expires June 30,  
32 2020.

33 NEW SECTION. Sec. 17. Section 14 of this act takes effect June  
34 30, 2020.

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