1	Н. В. 2999
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3	(By Delegate Miller, Hicks, Hornbuckle, Reynolds, Rohrbach, Rodighiero, Perdue, Campbell,
4	Sobonya, Pushkin and Frich)
5	[Introduced February 24, 2015; referred to the
6	Committee on Health and Human Resources then the Judiciary.]
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11	A BILL to amend the Code of West Virginia, 1931, as amended, by adding thereto a new article,
12	designated §16-2M-1, §16-2M-2 and §16-2M-3, all relating to neonatal abstinence centers;
13	authorizing neonatal abstinence centers; requiring the secretary to promulgate a licensure
14	program and rules; requiring the state agency to consider neonatal abstinence care as a unique
15	service in conducting certificate of need review; and exempting neonatal abstinence centers
16	from moratoriums on certain nursing facilities.
17	Be it enacted by the Legislature of West Virginia:
18	That the Code of West Virginia, 1931, as amended, be amended by adding thereto a new
19	article, designated §16-2M-1, §16-2M-2 and §16-2M-3, all to read as follows:
20	ARTICLE 2M. NEONATAL ABSTINENCE CENTERS.
21	§16-2M-1. Neonatal Abstinence Centers authorized; licensure required.
22	(a) The Legislature recognizes that neonatal abstinence centers provide a unique and valuable

1 <u>se</u>	ervice by	providing	treatment to	infants	under o	one year	r of ag	e who	are suffering	<u>g</u> from	Neonatal
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- 2 Abstinence Syndrome.
- 3 (b) Neonatal abstinence centers are recognized as a distinct type of medical facility, providing
- 4 unique medical services in the state. Neonatal abstinence centers are authorized to provide treatment
- 5 for infants under one year of age suffering from Neonatal Abstinence Syndrome, including, but not
- 6 limited to, the following services:
- 7 (1) Administration of medications;
- 8 (2) Pain management;
- 9 (3) Scoring, analysis and monitoring of symptoms;
- 10 (4) Nursing care;
- 11 <u>(5) Plan of care;</u>
- 12 (6) Therapeutic handling;
- 13 (7) Nutrition management;
- 14 (8) Doctor visits; and
- 15 (9) Parental training.
- 16 (c) On or before July 1, 2015, the secretary shall establish a licensure program for neonatal
- 17 abstinence centers.

## 18 §16-2M-2. Rules; Minimum standards for neonatal abstinence centers.

- 19 (a) All rules shall be proposed for legislative approval in accordance with the provisions of
- 20 article three, chapter twenty-nine-a of this code. The director shall recommend the adoption,
- 21 amendment or repeal of such rules as may be necessary or proper to carry out the purposes and intent
- 22 of this article.

2 <u>neonatal abstinence facilities including, but not limited to, the following:</u>
3 (1) <u>Minimum numbers of administrators, medical directors, nurses, aides and other personnel</u>
4 <u>according to the occupancy of the facility;</u>
5 (2) <u>Oualifications of facilities administrators, medical directors, nurses, aides and other personnel</u>

(b) The director shall recommend rules establishing minimum standards of operation of

- 5 (2) Qualifications of facility's administrators, medical directors, nurses, aides, and other
- 6 personnel;

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- 7 <u>(3) Safety requirements;</u>
- 8 (4) Sanitation requirements;
- 9 (5) Therapeutic services to be provided;
- 10 (6) Medical records;
- 11 <u>(7) Pharmacy services;</u>
- 12 (8) Nursing services;
- 13 (9) Medical services;
- 14 <u>(10) Physical facility;</u>
- 15 (11) Visitation privileges; and
- 16 (12) Admission, transfer and discharge policies.

## 17 §16-2M-3. Certificate of need; exemption from moratorium.

- 18 (a) Notwithstanding any other provision of this code, the state agency shall consider neonatal
- 19 abstinence services provided in neonatal abstinence care centers as a unique and distinct medical
- 20 service in conducting a certificate of need review.
- 21 (b) Notwithstanding any other provision of this code, neonatal abstinence centers shall be 22 exempt from the nursing home bed moratorium pursuant to subsection (g), section five of this article
- 23 and any other moratoriums contained in this code or ordered by the state agency.

NOTE: The purpose of this bill is to authorize neonatal abstinence centers; require the secretary to promulgate a licensure program and rules; require the state agency to consider neonatal abstinence care as a unique service in conducting certificate of need review; and exempt neonatal abstinence centers from moratoriums on certain nursing facilities.

This article is new; therefore, it has been completely underscored.