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HOUSE MEMORIAL 12

54TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2019

INTRODUCED BY

Elizabeth "Liz" Thomson and Natalie Figueroa

A MEMORIAL

RECOGNIZING THE IMPORTANCE OF THE EARLY DETECTION OF HIGH RISK FOR AND DIAGNOSIS OF CEREBRAL PALSY IN CHILDREN; REQUESTING THE EARLY CEREBRAL PALSY DETECTION AND INTERVENTION TASK FORCE TO CONTINUE DURING FISCAL YEAR 2020 ITS WORK IN IDENTIFYING BEST PRACTICES IN CEREBRAL PALSY RISK IDENTIFICATION, DIAGNOSIS AND INTERVENTIONS, AND IN CREATING A PLAN OF CARE THAT MEETS INTERNATIONAL PRACTICE STANDARDS IN, AND IDENTIFIES HEALTH COVERAGE GUIDELINES FOR, ACCESS TO APPROPRIATE AND TIMELY CEREBRAL PALSY CARE.

WHEREAS, cerebral palsy is the most common physical disability in childhood, with a prevalence of two and one-tenth cases per thousand in high-income countries and about sixty-five per year in New Mexico; and

WHEREAS, cerebral palsy is a group of permanent disorders

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1 of the development of movement and posture, causing limitations
2 in function and meaningful participation in life that are
3 attributed to nonprogressive brain damage that occurs in the
4 developing fetal or infant brain; and

5 WHEREAS, cerebral palsy is a clinical diagnosis based on a
6 combination of neurological signs; and

7 WHEREAS, currently, diagnosis of cerebral palsy typically
8 occurs in children after the age of twenty-four months; and

9 WHEREAS, previously, the first twenty-four months of age
10 were regarded as the latent or silent period during which
11 cerebral palsy could not be identified accurately in children;
12 and

13 WHEREAS, experts now consider the concept of the silent
14 period outdated, because cerebral palsy or high risk of
15 cerebral palsy can be accurately predicted with ninety percent
16 to ninety-five percent certainty in children before the age of
17 six months, using valid neuromotor tests that assess abnormal
18 quality of movement, reduced frequency of movement or whether
19 the child's motor skills are below what is expected for the
20 child's age; and

21 WHEREAS, a highly experienced clinical team should conduct
22 and interpret the standardized assessments and communicate the
23 news compassionately to families; and

24 WHEREAS, eighty-six percent of parents of children with
25 cerebral palsy suspect it before the clinical diagnosis is

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1 made; and

2 WHEREAS, parents and caregivers dissatisfied with a
3 prolonged diagnostic process are more likely to experience
4 depression and lasting anger; and

5 WHEREAS, parents and caregivers acknowledge that, while
6 receiving a diagnosis is always difficult, they prefer to know
7 earlier rather than later so that they can assist in their
8 child's development; and

9 WHEREAS, when a child is perceived to be at risk of
10 cerebral palsy, the child should be referred for cerebral-
11 palsy-specific therapy and early intervention as well as
12 regular medical, neurological and developmental monitoring from
13 the child's pediatrician or neurologist; and

14 WHEREAS, early detection allows improved access to therapy
15 and early intervention and efficient use of resources and,
16 therefore, the clinical diagnosis of cerebral palsy or high
17 risk of cerebral palsy should always be followed by a referral
18 of a child for cerebral-palsy-specific therapy and early
19 intervention and the provision of information and support to
20 the child's parents or caregivers; and

21 WHEREAS, children with cerebral palsy require an early
22 diagnosis because motor and cognitive gains are greater from
23 early diagnostic-specific therapy and intervention; and

24 WHEREAS, the motor tracts in the brain are primarily
25 formed in the first year of life, so diagnosing the risk for

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1 cerebral palsy in children after twelve months misses the
2 critical period of brain development when targeted therapy and
3 early intervention could have the most impact; and

4 WHEREAS, worldwide, the early detection of high risk for
5 cerebral palsy and use of targeted, timely, research-based,
6 effective therapy and early interventions are becoming the
7 standard of care to optimize neuroplasticity in young children,
8 prevent complications and enhance parent and caregiver well-
9 being; and

10 WHEREAS, since February 2017, the early cerebral palsy
11 detection and intervention task force, consisting of
12 physicians, including representatives from the subspecialties
13 of pediatrics, neonatology and pediatric neurology;
14 representatives from the fields of nursing, physical therapy,
15 occupational therapy, speech language pathology and social
16 work; representatives of health care facilities;
17 representatives of the human services department; parents of
18 children with cerebral palsy; individuals with cerebral palsy;
19 and others, has been meeting monthly to gather research and
20 prepare to implement the international clinical practice
21 guidelines in New Mexico; and

22 WHEREAS, the early cerebral palsy detection and
23 intervention task force intends to continue meeting to devise a
24 plan to assess, identify and provide evidence-based therapy and
25 early intervention to children at risk for cerebral palsy that

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1 meets international clinical practice guidelines for cerebral
2 palsy; and

3 WHEREAS, the early cerebral palsy detection and
4 intervention task force seeks as well to ensure that health
5 coverage provides adequate access to appropriate and timely
6 risk identification, diagnosis and intervention services
7 related to cerebral palsy;

8 NOW, THEREFORE, BE IT RESOLVED BY THE HOUSE OF
9 REPRESENTATIVES OF THE STATE OF NEW MEXICO that the importance
10 of early detection of high risk for cerebral palsy in children
11 be recognized; and

12 BE IT FURTHER RESOLVED that the early cerebral palsy
13 detection and intervention task force be requested to continue
14 its work during fiscal year 2020 and invite the current task
15 force members to recruit greater statewide representation of
16 physicians, including representatives from the subspecialties
17 of pediatrics, neonatology and pediatric neurology;
18 representatives from the fields of nursing, physical therapy,
19 occupational therapy, speech language pathology and social
20 work; representatives of health care facilities;
21 representatives from the department of health and the human
22 services department; parents of children with cerebral palsy;
23 individuals with cerebral palsy; and self-advocates; and

24 BE IT FURTHER RESOLVED that the early cerebral palsy
25 detection and intervention task force invite as new members

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1 representatives from the interagency benefits advisory
2 committee and private health insurance plans to identify health
3 coverage guidelines that will provide appropriate and timely
4 access to risk identification, diagnosis and intervention
5 services relating to cerebral palsy; and

6 BE IT FURTHER RESOLVED that the early cerebral palsy
7 detection and intervention task force be requested to devise a
8 plan for implementation of the international clinical practice
9 guidelines for cerebral palsy for New Mexico; and

10 BE IT FURTHER RESOLVED that copies of this memorial be
11 transmitted to the governor, the secretary of human services,
12 the secretary of general services, the director of the public
13 school insurance authority and the cerebral palsy parent
14 association of New Mexico.

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