

1 A MEMORIAL

2 REQUESTING THE SECRETARY OF HEALTH TO CONVENE A TASK FORCE TO
3 STUDY THE PREVALENCE, EFFECTS AND LIFETIME FISCAL IMPACTS OF
4 PRENATAL SUBSTANCE EXPOSURE AND ADVERSE NEONATAL OUTCOMES;
5 REQUESTING THAT THE FINAL RESULTS OF THE STUDY BE REPORTED TO
6 THE LEGISLATURE.

7
8 WHEREAS, more than one thousand two hundred children are
9 born in New Mexico each year, with nearly one in ten live
10 births being substance-exposed, one of the highest substance
11 exposure rates in the country; and

12 WHEREAS, the number of New Mexico newborns exposed to
13 addictive substances in utero increased three hundred twenty-
14 four percent between 2008 and 2017, and infants born exposed
15 to addictive substances may struggle with health, learning
16 and social challenges throughout their lives; and

17 WHEREAS, New Mexico is currently experiencing a crisis
18 in the rise of fentanyl use and fentanyl pediatric exposure
19 and record numbers of overdoses; and

20 WHEREAS, infants whose mothers used drugs during
21 pregnancy are at risk for a range of physical, behavioral and
22 cognitive problems, including: low birth weight, premature
23 birth, vision and hearing loss, fine and gross motor
24 development delays, sensory processing disorders, cognitive
25 issues related to executive functioning, gastrointestinal

1 tract and reflux issues and impaired pain sensation; and

2 WHEREAS, substance exposure and substance withdrawal
3 during early developmental stages can permanently alter brain
4 functioning, and effective prevention and intervention
5 approaches are critical to averting such harm; and

6 WHEREAS, since 2018, the United States children's bureau
7 has collected information on the number of substance-exposed
8 infants and service referrals made; and

9 WHEREAS, in 2019, New Mexico instituted the federal
10 Comprehensive Addiction and Recovery Act of 2016 plan of safe
11 care program to keep mothers and babies together with
12 supportive services; and

13 WHEREAS, according to the children, youth and families
14 department, from 2020 to 2021, nine infants with a plan of
15 safe care or notification died within their first year, and
16 many of those cases were also reported for child abuse; and

17 WHEREAS, early identification and intervention reduce
18 adverse outcomes of prenatal substance use, but stigma, shame
19 and fear of legal ramifications deter women from seeking
20 prenatal care; and

21 WHEREAS, nationally, it is reported that a child born
22 with prenatal substance exposure could cost a state two
23 million dollars (\$2,000,000) from birth to age eighteen;

24 NOW, THEREFORE, BE IT RESOLVED BY THE HOUSE OF
25 REPRESENTATIVES OF THE STATE OF NEW MEXICO that the secretary

1 of health be requested to convene a task force to make
2 recommendations and to study the effects of prenatal drug
3 exposure on birth outcomes for children in New Mexico; and

4 BE IT FURTHER RESOLVED that the task force be requested
5 to:

6 A. study the efficacy and outcomes of the state's
7 2019 adoption of the federal Comprehensive Addiction and
8 Recovery Act of 2016 plan of safe care and ongoing
9 implementation;

10 B. review rates of the use of prenatal services
11 and support by mothers who used drugs during pregnancy before
12 the passage of the 2019 adoption of the federal Comprehensive
13 Addiction and Recovery Act of 2016 plan of safe care and
14 since its implementation;

15 C. conduct a longitudinal study on rates of
16 substance-exposed newborns in New Mexico over the last twenty
17 years;

18 D. review planning and coordination of activities
19 related to preventing prenatal substance exposure and
20 neonatal abstinence syndrome;

21 E. research the factors that may contribute to an
22 increased likelihood of a pregnant person engaging in
23 substance use during pregnancy and what methods exist to
24 reduce these rates;

25 F. study and develop recommendations for the

1 prevention, identification and treatment of neonatal
2 abstinence syndrome;

3 G. study and develop recommendations for the
4 prevention, identification and treatment of opioid use
5 disorder in pregnant women;

6 H. review relevant infant mortality cases;

7 I. conduct a review of ways that other states
8 implement plans of safe care;

9 J. conduct a review of states in which prenatal
10 substance exposure constitutes a substantiated child abuse
11 claim and subsequent intervention;

12 K. explore the provision of preventive services
13 through community health workers;

14 L. conduct a comprehensive nationwide best
15 practice review on evidence-based plans to reduce prenatal
16 substance exposure;

17 M. study ways to increase access to emergency
18 rental assistance, housing and financial resources for
19 families with a substance-exposed newborn;

20 N. review long-term adverse outcomes of prenatal
21 substance use;

22 O. study the lifetime fiscal impact of children
23 born with prenatal substance exposure and neonatal abstinence
24 syndrome;

25 P. study and provide recommendations on the

1 feasibility of statewide prenatal substance screening;

2 Q. study the barriers to the provision and use of
3 services and supports offered to mothers on plans of safe
4 care;

5 R. review methods for improving hospital staff
6 engagement with families to explain and collaboratively
7 create a plan that is feasible for new parents; and

8 S. study what follow-up services are available to
9 families in other states once a newborn who was exposed to
10 prenatal substance abuse has been discharged from the
11 hospital; and

12 BE IT FURTHER RESOLVED that the task force be requested
13 to develop a data-driven implementation plan, focusing on
14 preventing prenatal opioid exposure, providing evidence-based
15 treatment for both mothers and infants, increasing the
16 accessibility of services for pregnant and parenting women
17 with substance use disorder, supporting continuing education
18 for health care providers and determining effective family
19 and developmental support services for children who have
20 experienced prenatal substance exposure; and

21 BE IT FURTHER RESOLVED that the task force be requested
22 to involve appropriate stakeholders and relevant agencies,
23 including:

24 A. experts in pediatric and neonatal medicine;

25 B. a representative of the 2021 New Mexico

1 department of health evaluation team of the 2021

2 Comprehensive Addiction and Recovery Act of 2016;

3 C. a member of the J. Paul Taylor early childhood
4 task force;

5 D. a member of the New Mexico social work task
6 force;

7 E. representation from the children, youth and
8 families department, the department of health, the health
9 care authority department and the early childhood education
10 and care department;

11 F. a first responder with emergency medical
12 services experience;

13 G. experts with experience in medicaid managed
14 care organizations;

15 H. an expert with experience in hospital
16 management;

17 I. an expert on the Children's Code;

18 J. a licensed independent social worker with
19 experience in child welfare;

20 K. an expert from a nonprofit children's advocacy
21 organization;

22 L. an expert in behavioral health services;

23 M. two or more persons with lived experience;

24 N. a representative of a gender minority
25 community;

1 O. a representative from the office of the
2 attorney general;

3 P. an expert on New Mexico's Indian Family
4 Protection Act; and

5 Q. other stakeholders whose expertise the
6 secretary of health deems necessary to the work of the task
7 force; and

8 BE IT FURTHER RESOLVED that the task force be requested
9 to enter into an agreement with an institution of higher
10 education to perform research that supports the task force's
11 work; and

12 BE IT FURTHER RESOLVED that those findings and
13 recommendations of the task force be presented to the
14 legislative health and human services committee by August 1,
15 2025; and

16 BE IT FURTHER RESOLVED that copies of this memorial be
17 transmitted to the governor, the attorney general, the chair
18 of the legislative health and human services committee, the
19 director of the legislative finance committee, the appropriate
20 cabinet secretaries and the director of the children's
21 cabinet.
