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FISCAL IMPACT REPORT

ORIGINAL DATE 1/24/19

SPONSOR Thomson LAST UPDATED _____ HB 69

SHORT TITLE Training to Detect Cerebral Palsy in Children SB _____

ANALYST Chenier

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY19	FY20		
	\$200.0	Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY19	FY20	FY21	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total		\$6.8	\$6.8	\$13.6	Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From

Department of Health (DOH)

Human Services Department (HSD)

SUMMARY

Synopsis of Bill

House Bill 69 appropriates \$200 thousand from the general fund to DOH for expenditure in FY20 and FY21 to fund the Family, Infant, Toddler Program's provision of training for and technical assistance to health care workers statewide for the early detection of risk for cerebral palsy in young children.

FISCAL IMPLICATIONS

The appropriation of \$200 thousand contained in this bill is a recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of FY21 shall revert to the general fund.

DOH said upon enactment of the bill there would be administrative effort to procure and manage contracts to conduct the training and technical assistance. This is estimated as 0.08 FTE of a current position at a salary and benefits rate of \$85 thousand for an annual cost of \$6.8 thousand.

SIGNIFICANT ISSUES

DOH provided the following:

According to an article in *JAMA Pediatrics* cerebral palsy can now be diagnosed before age one, and some cases before the child is 6 months old, by an experienced clinical team using one of two recommended assessment tools of the child's motor functioning in combination with an MRI. Children are typically diagnosed at age 2 or later, with nearly half not having an identifiable risk factor. The critical period of brain plasticity impacting motor development occurs before 12 months of age. If the identification of cerebral palsy is delayed, early intervention services are also delayed and the critical period of brain plasticity is missed. Early identification of cerebral palsy can lead to improved access to diagnostic-specific early intervention services to optimize neuroplasticity and reduce disability and impairment.

The Family Infant Toddler (FIT) Program, provides early intervention to children with developmental delays and disabilities aged birth to 3 and their families. This includes infants and toddlers with motor (movement) delays of at least 25 percent or a qualifying medical diagnosis such as cerebral palsy. A diagnosis is not required in order for a child to be determined eligible. Once a child is determined eligible, an Individualized Family Service Plan (IFSP) is developed and early intervention services are provided in accordance with the IFSP to support the parent to promote their child's development utilizing their daily routines, activities and places.

Cerebral palsy is defined as “a group of permanent disorders of the development of movement and posture, causing activity limitation, that are attributed to non-progressive disturbances that occurred in the developing fetal or infant brain”. https://www.researchgate.net/publication/285476231_The_definition_and_classification_of_cerebral_palsy).

According to the federal Centers for Disease Control and Prevention (CDC), cerebral palsy is the most common physical disability affecting between 1.5 to 4 individuals per 1,000 live births.

The appropriation in the bill would be used to train healthcare workers about the risk factors (prematurity, encephalopathy, birth defects) and developmental ‘red flags’ (motor delay, motor dysfunction) that would trigger a referral for a diagnostic evaluation by a specialized team to determine if the child has a diagnosis of cerebral palsy.

DISPARITIES ISSUES

DOH said that according to a report on improving pediatric specialty care in New Mexico issued by the New Mexico Chapter of the American Academy of Pediatrics, currently, many children's subspecialty services are concentrated in Albuquerque

https://docs.wixstatic.com/ugd/d4e41e_7a958143cd3147b7926a961e89f6fb97.pdf). Families and health care providers, especially in rural areas, report difficulty accessing pediatric specialty services. For example, the wait time for a pediatric neurologist is approximately four months. The bill proposes to build the capacity of healthcare professionals, including primary care providers, across the state to improve access to early identification for infants at risk of cerebral palsy. This may support earlier referral to the FIT program, which can coordinate testing and diagnosis as well as access to treatment services. This earlier access to treatment services, especially during the first 12 months of infant development, could improve treatment outcomes, especially for rural children with cerebral palsy.

EC/gb