

1 HOUSE MEMORIAL 52

2 **56TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2023**

3 INTRODUCED BY

4 Stefani Lord and William "Bill" R. Rehm and Jenifer Jones
5 and David M. Gallegos
6

7
8
9
10 A MEMORIAL

11 REQUESTING THE SECRETARY OF HEALTH TO CONVENE A TASK FORCE TO
12 STUDY THE PREVALENCE, EFFECTS AND LIFETIME FISCAL IMPACTS OF
13 PRENATAL SUBSTANCE EXPOSURE AND ADVERSE NEONATAL OUTCOMES;
14 REQUESTING THAT THE FINAL RESULTS OF THE STUDY BE REPORTED TO
15 THE LEGISLATURE.
16

17 WHEREAS, more than one thousand two hundred children are
18 born in New Mexico each year, with nearly one in five live
19 births being substance-exposed, one of the highest substance
20 exposure rates in the country; and

21 WHEREAS, nationally, one child is born with symptoms of
22 withdrawal every fifteen minutes; and

23 WHEREAS, the number of New Mexico newborns exposed to
24 addictive substances in utero increased three hundred twenty-
25 four percent between 2008 and 2017, and infants born exposed to

.225213.3

underscoring material = new
~~[bracketed material] = delete~~

underscoring material = new
[bracketed material] = delete

1 addictive substances may struggle with health, learning and
2 social challenges for the rest of their lives; and

3 WHEREAS, New Mexico is currently experiencing an
4 unforeseen crisis in the rise of fentanyl use and fentanyl
5 pediatric exposure and record numbers of overdoses as the drug
6 takes center stage in the opioid crisis; and

7 WHEREAS, infants whose mothers used drugs during pregnancy
8 are at risk for a range of physical, behavioral and cognitive
9 problems, including: low birth weight, premature birth, vision
10 and hearing loss, fine and gross motor development delays,
11 sensory processing disorders, cognitive issues related to
12 executive functioning, gastrointestinal tract and reflux issues
13 and impaired pain sensation; and

14 WHEREAS, substance exposure and substance withdrawal
15 during early developmental stages can permanently alter brain
16 functioning, which has lasting effects into adulthood, and
17 effective prevention and intervention approaches are critical
18 to averting such harm; and

19 WHEREAS, since 2018, the United States children's bureau
20 has collected information on the number of identified
21 substance-exposed infants, as well as the amount of service
22 referrals made; and

23 WHEREAS, to help seek better lives for newborn babies and
24 addicted parents, in 2019, New Mexico instituted the federal
25 Comprehensive Addiction and Recovery Act of 2016 and plan of

.225213.3

underscoring material = new
~~[bracketed material] = delete~~

1 safe care program to keep mothers and babies together with
2 supportive services; and

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

7 WHEREAS, early identification and intervention reduce
8 adverse outcomes of prenatal substance use, such as preterm
9 birth and low birth weight, but stigma, shame and fear of legal
10 ramifications deter women from seeking prenatal care; and

11 WHEREAS, the New Mexico legislature established in Section
12 32A-1-3 NMSA 1978 the purpose "to provide for the care,
13 protection and wholesome mental and physical development of
14 children coming within the provisions of the Children's Code";
15 and

16 WHEREAS, nationally, it is reported that a child born with
17 prenatal substance exposure could cost a state two million
18 dollars (\$2,000,000), from birth to age eighteen, per child;
19 and

20 WHEREAS, the New Mexico legislature strives to ensure
21 positive outcomes for children; and

22 WHEREAS, there is a critical need to address this crisis
23 for the most vulnerable population in the state;

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

.225213.3

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

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

7 A. study the efficacy and outcomes of the 2019
8 adoption of the federal Comprehensive Addiction and Recovery
9 Act of 2016 plan and ongoing implementation;

10 B. review rates of the use of prenatal services and
11 support by mothers who used drugs during pregnancy before the
12 2019 plan of care was passed and since its implementation;

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

16 D. review planning and coordination of activities
17 related to prenatal substance exposure and neonatal abstinence
18 syndrome;

19 E. research the factors that may contribute to an
20 increased likelihood of a pregnant person engaging in substance
21 use during pregnancy and what evidence-based support or
22 alternative and prevention methods exist to reduce these rates;

23 F. study and develop recommendations for the
24 prevention, identification and treatment of neonatal abstinence
25 syndrome;

.225213.3

underscoring material = new
~~[bracketed material] = delete~~

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

4 H. review relevant infant mortality cases;

5 I. review safe sleep practices and infant deaths;

6 J. conduct a comprehensive nationwide best practice
7 review of ways that other states implement plans of safe care
8 for infants with prenatal substance exposure and their
9 families;

10 K. conduct a comprehensive nationwide review of
11 states in which prenatal substance exposure constitutes a
12 substantiated child abuse claim and what happens next;

13 L. study implicit bias and beliefs that prenatal
14 substance use necessitates an automatic referral to child
15 protective services;

16 M. conduct a comprehensive nationwide best practice
17 review of state statutes on whether instances of substance use
18 while pregnant are automatically referred to child protective
19 services for an investigation;

20 N. explore alternative means of preventive service
21 provision through community health workers;

22 O. conduct a comprehensive nationwide best practice
23 review on evidence-based plans to reduce prenatal substance
24 exposure;

25 P. study ways to increase access to emergency

.225213.3

underscored material = new
~~[bracketed material] = delete~~

1 rental assistance, housing and financial resources for families
2 with a substance-exposed newborn;

3 Q. review long-term adverse outcomes of prenatal
4 substance use;

5 R. study the lifetime fiscal impact of children
6 born with prenatal substance exposure and neonatal abstinence
7 syndrome;

8 S. study and provide recommendations on the
9 feasibility of statewide prenatal substance screening in New
10 Mexico;

11 T. study the barriers to services and supports
12 offered to mothers on plans of care in the 2021 Comprehensive
13 Addiction and Recovery Act of 2016 review evaluation;

14 U. review how to increase hospital staff engagement
15 with families to collaboratively create a plan of care, explain
16 the plan of care and advise that care coordinators with managed
17 care organizations will contact them;

18 V. review best practices to ensure that the timing
19 of a plan of care creation at delivery is feasible for new
20 parents; and

21 W. study what, if any, follow-up services are
22 available by national best practices once a newborn who was
23 exposed to prenatal substance abuse has been discharged from
24 the hospital; and

25 BE IT FURTHER RESOLVED that the task force be requested to

.225213.3

underscored material = new
~~[bracketed material] = delete~~

1 develop a data-driven implementation plan, focusing on
2 preventing prenatal opioid exposure, providing evidence-based
3 treatment for both mothers and infants, increasing the
4 accessibility of family-friendly services for pregnant and
5 parenting women with substance use disorder, supporting
6 continuing education for health care providers and determining
7 optimal family and developmental support services for children
8 who have experienced prenatal substance exposure; and

9 BE IT FURTHER RESOLVED that the task force be requested to
10 involve input from appropriate stakeholders and relevant
11 agencies, including:

- 12 A. experts in pediatric and neonatal medicine;
- 13 B. a representative of the 2021 New Mexico
14 department of health evaluation team of the 2021 Comprehensive
15 Addiction and Recovery Act of 2016;
- 16 C. a member of the J. Paul Taylor early childhood
17 task force;
- 18 D. a member of the New Mexico social work task
19 force;
- 20 E. representation from the children, youth and
21 families department, the department of health, the human
22 services department and the early childhood education and care
23 department;
- 24 F. a first responder with emergency medical
25 services experience;

.225213.3

underscoring material = new
~~[bracketed material] = delete~~

1 G. experts with experience in medicaid managed care
2 organizations;

3 H. an expert with experience in hospital
4 management;

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

6 J. a licensed independent social worker with
7 experience in child welfare;

8 K. an expert from a nonprofit children's advocacy
9 organization;

10 L. an expert in behavioral health services;

11 M. two or more persons with lived experience;

12 N. a representative of a gender minority community;

13 O. a representative from the office of the attorney
14 general;

15 P. an expert on New Mexico's Indian Family
16 Protection Act; and

17 Q. other stakeholders whose expertise the secretary
18 of health deems necessary to the work of the task force; and

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

22 BE IT FURTHER RESOLVED that those findings and
23 recommendations of the task force be presented to the
24 legislative health and human services committee by August 1,
25 2024; and

.225213.3

underscoring material = new
~~[bracketed material] = delete~~

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

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