



# Presentation of Task Force Findings 2022

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# Agenda

- Interim evaluation report of Plans of Care implementation
- Report on collaboration with MCO and Insurance Carriers
- Recommendations regarding regulation of THC related compounds

# Background

- Comprehensive Recovery and Addiction Act (CARA) added to CAPTA laws
- US Administration on Children and Families provides grants to NM
- Funding held until NM developed a plan for infants affected by maternal Substance Use Disorders (SUD)
- CARA work group brought coalition of health experts together
  - Planned for comprehensive care for infant and mother with prenatal SUD
  - Legislation, HB230, passed and federal funds sent to NM
- Portal for data entry by hospitals funded by contact from CYFD
- No appropriations for comprehensive evaluation or database coordination
- Until 2022, implementation and evaluation added to existing work tasks

# CARA Implementation-Reporting

- Prior to CARA, there was no standardized system for reporting or providing services to substance exposed newborns and their families
- Over 3,000 POCs since program implementation starting in 2020 (CARA Database)
- Approximately half of infants with Medicaid who had a diagnosis code for substance exposure receive a POC
- National data regarding pregnancies affected by substance exposure show:
  - Ages 15-44 pregnant people 8.4% of used tobacco, 10.6% used alcohol, 8.0% used marijuana, and less than 1% used opioids or cocaine in the last month (SAMHSA, 2020).
  - In New Mexico, 14.3% of NM women with live births used marijuana/cannabis during pregnancy, and 3.4% used prescription pain relievers (such as hydrocodone, oxycodone or codeine). (PRAMS, 2020)
  - No statewide system for screening all pregnancies, best population study done in NM 1990-95

# Measures of Engagement After CARA Implementation

- 63% of CARA families engaged in care coordination between 2020 and 2021
- All infants with prenatal substance exposure qualify for care coordination
  - Infants with exposure to substances should have a discharge Plan of Care (POC)
  - Infants with exposure to illicit methamphetamine, opioids, and/or cocaine
    - 48.1% of those receiving care coordination
    - 37% of those not receiving care coordination
- Review of 2021 data sources
  - 504 (42%) POCs reported one or more illicit drug exposure
  - 13.5% were reached but did not engage
  - 26.6% were reached but did not engage who had non-illicit drug exposures.
  - 15.8% could not be reached
- In 2021, of the 219 (18%) POCs reported opioids exposure
  - 29 (13.2%) were reached but did not engage with care coordination
  - 18.3% could not be reached

# CARA Implementation-Outcomes

- New Mexico had the lowest infant mortality rate since 2015 (New Mexico Death Certificate Database
  - Infant mortality rate for infants with CARA plan born in 2020 was half (2.6 per 1,000 live births) compared to infants without CARA plan born in 2020 (5.2 per 1,000 live births).
- Families with care coordination and medical care after birth
  - 90.1% with care coordination had primary care visit (after 28 days), 89.8% of families without care coordination
  - Rates for primary care before 28 days (77% v 84.9%)
  - Immunization rates for infants with care coordination 79%, without 74.3%
- Comparison of infants with Plan of Care at 6 months to infants without substance exposure
  - 96.9% of babies with Plan of Care had at least one follow up health exam within the first 6 months, 97.7% for non-substance exposed infants
  - 76.7% of babies with Plan of Care had an immunization after the birth hospitalization, 81.8% infants without substance exposure
  - 23.4% of babies with Plan of Care had 1 or more ED visits in the first 6 months, 19.6% infants without substance exposure

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# CARA Implementation-Recommendations

- Improve hospital communication and development around Plan of Care, including a non-judgmental approach
- Prenatal POC development, and Care Coordination prior to delivery
- Integrated data systems to support evaluation including long term impact evaluation
- Report prenatal substance use by screening all pregnant people

# Report on Collaboration with MCOs, Insurance Carriers

- MCO care coordination directors helped develop the policies and procedures
- Agreements regarding need for care coordination
  - Pregnant women with SUD qualify for higher level of contact by care coordinators
  - Infants with prenatal alcohol and drug exposure should qualify for higher care
  - Infants as new patients should have informed initial Health Risk Assessment
  - MCO teams agree with assigning continuing care from prenatal through 1<sup>st</sup> year
  - MCOs serve as gatekeepers to referred services
- Data agreements signed for sharing with evaluation HIPAA database
- Portal should allow care coordinators "look-ins" to track utilization
- Questions?



# Review of THC Similar Products Arriving on Retail Market

- NM law regulated only delta-9 THC
  - Delta-8 and delta-10 compounds have psychoactive effects, on market
  - Other major and minor cannabinoids are sold in retail outlets
  - Many products concentrated from CBD at levels much higher than in nature
- No regulations on retail products other than delta-9 THC
- NM in 2022 with 90 cannabis related pediatric ingestions
  - 5 ingestions involved delta-8
  - 2 children with major consequences involving hospitalizations
  - 2 with moderate consequences
  - No reported delta-10 ingestion consequences

# Recommendations of J Paul Taylor Task Force

- Regulation of all THC similar compounds as current for delta-9
- All retail products with THC should be sold in child proof packaging
  - Sales only to adults
  - Labeling and graphics presented for adult consumption
- Signs present in retail outlets regarding dangers of THC consumption
  - Effects on pregnancies and limited indications unless prescribed medically
  - Risks to children from ingestion
- Funding for educational program for retail sales staff members and corporations
  - Annual updates and initial training for all sales staff members
  - Curriculum developed for online training so can be done remotely
- Questions?

# Future Work for Task Force and CARA Work Group

- Develop consensus on operational definition of child neglect
- Operational plan to support Adequate and Appropriate Parenting
- Monitor prevention of pediatric ingestion of THC compounds
- Support curriculum for ongoing training of retail sales outlets
- Advance strategies for screening in prenatal care for SUD
- Support work of Perinatal Collaborative regarding prenatal SUD
- Support work of the NM Maternal Mortality Review Committee
- Improve access to behavioral and treatment services in pregnancy
  - Harm reduction efforts with DOH team
  - Apply grant funds to improve access to treatment services
- Continued monitoring of implementation of Plans of Care