HOUSE MEMORIAL 118

53RD LEGISLATURE - STATE OF NEW MEXICO - SECOND SESSION, 2018

INTRODUCED BY

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A MEMORIAL

RECOGNIZING THE IMPORTANCE OF THE EARLY DETECTION OF HIGH RISK
FOR AND DIAGNOSIS OF CEREBRAL PALSY IN CHILDREN; REQUESTING THE
CHANCELLOR FOR HEALTH SCIENCES AT THE UNIVERSITY OF NEW MEXICO
TO RECONVENE THE CURRENT EARLY IDENTIFICATION OF RISK FOR
CEREBRAL PALSY TASK FORCE TO CONTINUE DURING THE 2018 INTERIM
ITS WORK IN IDENTIFYING BEST PRACTICES IN CEREBRAL PALSY RISK
IDENTIFICATION, DIAGNOSIS AND INTERVENTIONS, IN CREATING A PLAN
OF CARE THAT MEETS INTERNATIONAL PRACTICE STANDARDS AND IN
IDENTIFYING 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

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 that are attributed to nonprogressive disturbances

3   that occur in the developing fetal or infant brain; and

4   WHEREAS, cerebral palsy is a clinical diagnosis based on a

5   combination of clinical and neurological signs; and

6   WHEREAS, currently, diagnosis of cerebral palsy typically

7   occurs in children between the ages of twelve and twenty-four

8   months; and

9   WHEREAS, previously, twelve to twenty-four months of age

10   was regarded as the latent or silent period where cerebral

11   palsy could not be identified accurately in children; and

12   WHEREAS, experts now consider the concept of the "silent

13   period" outdated, because cerebral palsy or "high risk of

14   cerebral palsy" can be accurately predicted with ninety to

15   ninety-five percent certainty in children before the age of six

16   months, using valid gross motor tests; and

17   WHEREAS, a highly experienced clinical team should conduct

18   and interpret the standardized assessments and then communicate

19   the news compassionately to the family, if the child

20   demonstrates an abnormal quality of movement, reduced frequency

21   of movement or the child's motor skills are below what is

22   expected for the child's age; and

23   WHEREAS, eighty-six percent of parents of children with

24   cerebral palsy suspect it before the clinical diagnosis is

25   made; and

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1   WHEREAS, parents and caregivers dissatisfied with a

2   prolonged diagnostic process are more likely to experience

3   depression and lasting anger; and

4   WHEREAS, parents and caregivers acknowledge that, while

5   receiving a diagnosis is always difficult, they prefer to know

6   earlier rather than later so that they can assist in their

7   child's development; and

8   WHEREAS, when a child is perceived to be at risk of

9   cerebral palsy, the child should be referred for cerebral-

10   palsy-specific early intervention with regular medical,

11   neurological and developmental monitoring from the child's

12   pediatrician or neurologist; and

13   WHEREAS, early detection allows improved access to early

14   intervention and efficient use of resources and, therefore, the

15   clinical diagnosis of cerebral palsy or high risk of cerebral

16   palsy should always be followed by a referral of a child to

17   cerebral-palsy-specific intervention and the provision of

18   emotional support to the child's parents or caregivers; and

19   WHEREAS, children with cerebral palsy require an early

20   diagnosis because motor and cognitive gains are greater from

21   diagnostic-specific early intervention; and

22   WHEREAS, the motor tracts in the brain are primarily

23   formed in the first year of life, so by diagnosing cerebral

24   palsy in children between twelve months and two years of age,

25   this critical period of brain development in the first months

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1   of life, when targeted interventions could have the most

2   impact, would be missed; and

3   WHEREAS, worldwide, the early detection of high risk for

4   cerebral palsy and use of targeted, timely, research-based,

5   effective interventions are becoming the standard of care to

6   optimize neuroplasticity in young children, prevent

7   complications and enhance parent and caregiver well-being; and

8   WHEREAS, since February 2017, representatives of the

9   university of New Mexico health sciences center and the center

10   for development and disability have convened a task force,

11   called the "early identification of risk for cerebral palsy

12   task force", consisting of physicians, including

13   representatives from the subspecialties of pediatrics,

14   neonatology and pediatric neurology; representatives from the

15   fields of nursing, physical therapy, occupational therapy and

16   social work; representatives of health care facilities;

17   representatives of the human services department; and parents

18   and others, who have been meeting monthly to gather research

19   and take steps to implement the international clinical practice

20   guidelines in New Mexico; and

21   WHEREAS, the early identification of risk for cerebral

22   palsy task force intends to continue meeting to devise a plan

23   of care for providing children diagnosed with cerebral palsy

24   with interventions that meet international clinical practice

25   guidelines for cerebral palsy; and

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1   WHEREAS, the early identification of risk for cerebral

2   palsy task force seeks as well to ensure that health coverage

3   provides adequate access to appropriate and timely risk

4   identification, diagnosis and intervention services related to

5   cerebral palsy;

6   NOW, THEREFORE, BE IT RESOLVED BY THE HOUSE OF

7   REPRESENTATIVES OF THE STATE OF NEW MEXICO that the importance

8   of early detection of high risk for cerebral palsy in children

9   be recognized; and

10   BE IT FURTHER RESOLVED that the chancellor for health

11   sciences at the university of New Mexico be requested to

12   reconvene the current early identification of risk for cerebral

13   palsy task force to continue its work during the 2018 interim

14   and invite to participate in the task force the current

15   membership, consisting of representatives from the university

16   of New Mexico health sciences center and the center for

17   development and disability; physicians, including

18   representatives from the subspecialties of pediatrics,

19   neonatology and pediatric neurology; representatives from the

20   fields of nursing, physical therapy, occupational therapy and

21   social work; representatives of health care facilities;

22   representatives of the human services department; and parents;

23   and

24   BE IT FURTHER RESOLVED that the chancellor for health

25   sciences at the university of New Mexico be requested to invite

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as new members of the task force representatives from the
interagency benefits advisory committee and private health
insurance plans to identify health coverage guidelines that
will provide appropriate and timely access to risk
identification, diagnosis and intervention services relating to
cerebral palsy; and

BE IT FURTHER RESOLVED that health care professionals,
parents and caregivers of young children be encouraged to have
young children evaluated for risk of cerebral palsy and, for
those children at high risk, seek a diagnosis before the age of
six months and begin appropriate intervention; and

BE IT FURTHER RESOLVED that copies of this memorial be
transmitted to the governor, the chancellor for health sciences
at the university of New Mexico, the executive and clinical
director of the center for development and disability of the
university of New Mexico school of medicine, the secretary of
human services, the secretary of general services, the director
of the public school insurance authority, the superintendent
for Albuquerque public schools, the executive director of the
retiree health care authority and the cerebral palsy parent
association of New Mexico.

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