

1 A MEMORIAL

2 RECOGNIZING THE IMPORTANCE OF THE EARLY DETECTION OF HIGH  
3 RISK FOR AND DIAGNOSIS OF CEREBRAL PALSY IN CHILDREN;  
4 REQUESTING THE EARLY CEREBRAL PALSY DETECTION AND  
5 INTERVENTION TASK FORCE TO CONTINUE DURING FISCAL YEAR 2020  
6 ITS WORK IN IDENTIFYING BEST PRACTICES IN CEREBRAL PALSY RISK  
7 IDENTIFICATION, DIAGNOSIS AND INTERVENTIONS, AND IN CREATING  
8 A PLAN OF CARE THAT MEETS INTERNATIONAL PRACTICE STANDARDS  
9 IN, AND IDENTIFIES HEALTH COVERAGE GUIDELINES FOR, ACCESS TO  
10 APPROPRIATE AND TIMELY CEREBRAL PALSY CARE.

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12 WHEREAS, cerebral palsy is the most common physical  
13 disability in childhood, with a prevalence of two and one-  
14 tenth cases per thousand in high-income countries and about  
15 sixty-five per year in New Mexico; and

16 WHEREAS, cerebral palsy is a group of permanent  
17 disorders of the development of movement and posture, causing  
18 limitations in function and meaningful participation in life  
19 that are attributed to nonprogressive brain damage that  
20 occurs in the developing fetal or infant brain; and

21 WHEREAS, cerebral palsy is a clinical diagnosis based on  
22 a combination of neurological signs; and

23 WHEREAS, currently, diagnosis of cerebral palsy  
24 typically occurs in children after the age of twenty-four  
25 months; and

1           WHEREAS, previously, the first twenty-four months of age  
2 were regarded as the latent or silent period during which  
3 cerebral palsy could not be identified accurately in  
4 children; and

5           WHEREAS, experts now consider the concept of the silent  
6 period outdated, because cerebral palsy or high risk of  
7 cerebral palsy can be accurately predicted with ninety  
8 percent to ninety-five percent certainty in children before  
9 the age of six months, using valid neuromotor tests that  
10 assess abnormal quality of movement, reduced frequency of  
11 movement or whether the child's motor skills are below what  
12 is expected for the child's age; and

13           WHEREAS, a highly experienced clinical team should  
14 conduct and interpret the standardized assessments and  
15 communicate the news compassionately to families; and

16           WHEREAS, eighty-six percent of parents of children with  
17 cerebral palsy suspect it before the clinical diagnosis is  
18 made; and

19           WHEREAS, parents and caregivers dissatisfied with a  
20 prolonged diagnostic process are more likely to experience  
21 depression and lasting anger; and

22           WHEREAS, parents and caregivers acknowledge that, while  
23 receiving a diagnosis is always difficult, they prefer to  
24 know earlier rather than later so that they can assist in  
25 their child's development; and

1           WHEREAS, when a child is perceived to be at risk of  
2 cerebral palsy, the child should be referred for cerebral-  
3 palsy-specific therapy and early intervention as well as  
4 regular medical, neurological and developmental monitoring  
5 from the child's pediatrician or neurologist; and

6           WHEREAS, early detection allows improved access to  
7 therapy and early intervention and efficient use of resources  
8 and, therefore, the clinical diagnosis of cerebral palsy or  
9 high risk of cerebral palsy should always be followed by a  
10 referral of a child for cerebral-palsy-specific therapy and  
11 early intervention and the provision of information and  
12 support to the child's parents or caregivers; and

13           WHEREAS, children with cerebral palsy require an early  
14 diagnosis because motor and cognitive gains are greater from  
15 early diagnostic-specific therapy and intervention; and

16           WHEREAS, the motor tracts in the brain are primarily  
17 formed in the first year of life, so diagnosing the risk for  
18 cerebral palsy in children after twelve months misses the  
19 critical period of brain development when targeted therapy  
20 and early intervention could have the most impact; and

21           WHEREAS, worldwide, the early detection of high risk for  
22 cerebral palsy and use of targeted, timely, research-based,  
23 effective therapy and early interventions are becoming the  
24 standard of care to optimize neuroplasticity in young  
25 children, prevent complications and enhance parent and

1 caregiver well-being; and

2 WHEREAS, since February 2017, the early cerebral palsy  
3 detection and intervention task force, consisting of  
4 physicians, including representatives from the subspecialties  
5 of pediatrics, neonatology and pediatric neurology;  
6 representatives from the fields of nursing, physical therapy,  
7 occupational therapy, speech language pathology and social  
8 work; representatives of health care facilities;  
9 representatives of the human services department; parents of  
10 children with cerebral palsy; individuals with cerebral  
11 palsy; and others, has been meeting monthly to gather  
12 research and prepare to implement the international clinical  
13 practice guidelines in New Mexico; and

14 WHEREAS, the early cerebral palsy detection and  
15 intervention task force intends to continue meeting to devise  
16 a plan to assess, identify and provide evidence-based therapy  
17 and early intervention to children at risk for cerebral palsy  
18 that meets international clinical practice guidelines for  
19 cerebral palsy; and

20 WHEREAS, the early cerebral palsy detection and  
21 intervention task force seeks as well to ensure that health  
22 coverage provides adequate access to appropriate and timely  
23 risk identification, diagnosis and intervention services  
24 related to cerebral palsy;

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

1 REPRESENTATIVES OF THE STATE OF NEW MEXICO that the  
2 importance of early detection of high risk for cerebral palsy  
3 in children be recognized; and

4 BE IT FURTHER RESOLVED that the early cerebral palsy  
5 detection and intervention task force be requested to  
6 continue its work during fiscal year 2020 and invite the  
7 current task force members to recruit greater statewide  
8 representation of physicians, including representatives from  
9 the subspecialties of pediatrics, neonatology and pediatric  
10 neurology; representatives from the fields of nursing,  
11 physical therapy, occupational therapy, speech language  
12 pathology and social work; representatives of health care  
13 facilities; representatives from the department of health and  
14 the human services department; parents of children with  
15 cerebral palsy; individuals with cerebral palsy; and self-  
16 advocates; and

17 BE IT FURTHER RESOLVED that the early cerebral palsy  
18 detection and intervention task force invite as new members  
19 representatives from the interagency benefits advisory  
20 committee and private health insurance plans to identify  
21 health coverage guidelines that will provide appropriate and  
22 timely access to risk identification, diagnosis and  
23 intervention services relating to cerebral palsy; and

24 BE IT FURTHER RESOLVED that the early cerebral palsy  
25 detection and intervention task force be requested to devise

1 a plan for implementation of the international clinical  
2 practice guidelines for cerebral palsy for New Mexico; and

3 BE IT FURTHER RESOLVED that copies of this memorial be  
4 transmitted to the governor, the secretary of human services,  
5 the secretary of general services, the director of the public  
6 school insurance authority and the cerebral palsy parent  
7 association of New Mexico. \_\_\_\_\_

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