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HOUSE MEMORIAL 3

56TH LEGISLATURE - STATE OF NEW MEXICO - SECOND SESSION, 2024

INTRODUCED BY

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A MEMORIAL

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

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

WHEREAS, the number of New Mexico newborns exposed to
addictive substances in utero increased three hundred twenty-
four percent between 2008 and 2017, and infants born exposed to
addictive substances may struggle with health, learning and
social challenges throughout their lives; and

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1 WHEREAS, New Mexico is currently experiencing a crisis in
2 the rise of fentanyl use and fentanyl pediatric exposure and
3 record numbers of overdoses; and

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

11 WHEREAS, substance exposure and substance withdrawal
12 during early developmental stages can permanently alter brain
13 functioning, and effective prevention and intervention
14 approaches are critical to averting such harm; and

15 WHEREAS, since 2018, the United States children's bureau
16 has collected information on the number of substance-exposed
17 infants and service referrals made; and

18 WHEREAS, in 2019, New Mexico instituted the federal
19 Comprehensive Addiction and Recovery Act of 2016 plan of safe
20 care program to keep mothers and babies together with
21 supportive services; and

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

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1 WHEREAS, early identification and intervention reduce
2 adverse outcomes of prenatal substance use, but stigma, shame
3 and fear of legal ramifications deter women from seeking
4 prenatal care; and

5 WHEREAS, nationally, it is reported that a child born with
6 prenatal substance exposure could cost a state two million
7 dollars (\$2,000,000) from birth to age eighteen;

8 NOW, THEREFORE, BE IT RESOLVED BY THE HOUSE OF
9 REPRESENTATIVES OF THE STATE OF NEW MEXICO that the secretary
10 of health be requested to convene a task force to make
11 recommendations and to study the effects of prenatal drug
12 exposure on birth outcomes for children in New Mexico; and

13 BE IT FURTHER RESOLVED that the task force be requested
14 to:

15 A. study the efficacy and outcomes of the state's
16 2019 adoption of the federal Comprehensive Addiction and
17 Recovery Act of 2016 plan of safe care and ongoing
18 implementation;

19 B. review rates of the use of prenatal services and
20 support by mothers who used drugs during pregnancy before the
21 passage of the 2019 adoption of the federal Comprehensive
22 Addiction and Recovery Act of 2016 plan of safe care and since
23 its implementation;

24 C. conduct a longitudinal study on rates of
25 substance-exposed newborns in New Mexico over the last twenty

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1 years;

2 D. review planning and coordination of activities
3 related to preventing prenatal substance exposure and neonatal
4 abstinence syndrome;

5 E. research the factors that may contribute to an
6 increased likelihood of a pregnant person engaging in substance
7 use during pregnancy and what methods exist to reduce these
8 rates;

9 F. study and develop recommendations for the
10 prevention, identification and treatment of neonatal abstinence
11 syndrome;

12 G. study and develop recommendations for the
13 prevention, identification and treatment of opioid use disorder
14 in pregnant women;

15 H. review relevant infant mortality cases;

16 I. conduct a review of ways that other states
17 implement plans of safe care;

18 J. conduct a review of states in which prenatal
19 substance exposure constitutes a substantiated child abuse
20 claim and subsequent intervention;

21 K. explore the provision of preventive services
22 through community health workers;

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

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1 M. study ways to increase access to emergency
2 rental assistance, housing and financial resources for families
3 with a substance-exposed newborn;

4 N. review long-term adverse outcomes of prenatal
5 substance use;

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

9 P. study and provide recommendations on the
10 feasibility of statewide prenatal substance screening;

11 Q. study the barriers to the provision and use of
12 services and supports offered to mothers on plans of safe care;

13 R. review methods for improving hospital staff
14 engagement with families to explain and collaboratively create
15 a plan that is feasible for new parents; and

16 S. study what follow-up services are available to
17 families in other states once a newborn who was exposed to
18 prenatal substance abuse has been discharged from the hospital;
19 and

20 BE IT FURTHER RESOLVED that the task force be requested to
21 develop a data-driven implementation plan, focusing on
22 preventing prenatal opioid exposure, providing evidence-based
23 treatment for both mothers and infants, increasing the
24 accessibility of services for pregnant and parenting women with
25 substance use disorder, supporting continuing education for

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1 health care providers and determining effective family and
2 developmental support services for children who have
3 experienced prenatal substance exposure; and

4 BE IT FURTHER RESOLVED that the task force be requested to
5 involve appropriate stakeholders and relevant agencies,
6 including:

7 A. experts in pediatric and neonatal medicine;

8 B. a representative of the 2021 New Mexico
9 department of health evaluation team of the 2021 Comprehensive
10 Addiction and Recovery Act of 2016;

11 C. a member of the J. Paul Taylor early childhood
12 task force;

13 D. a member of the New Mexico social work task
14 force;

15 E. representation from the children, youth and
16 families department, the department of health, the health care
17 authority department and the early childhood education and care
18 department;

19 F. a first responder with emergency medical
20 services experience;

21 G. experts with experience in medicaid managed care
22 organizations;

23 H. an expert with experience in hospital
24 management;

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

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1 J. a licensed independent social worker with
2 experience in child welfare;

3 K. an expert from a nonprofit children's advocacy
4 organization;

5 L. an expert in behavioral health services;

6 M. two or more persons with lived experience;

7 N. a representative of a gender minority community;

8 O. a representative from the office of the attorney
9 general;

10 P. an expert on New Mexico's Indian Family
11 Protection Act; and

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

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

17 BE IT FURTHER RESOLVED that those findings and
18 recommendations of the task force be presented to the
19 legislative health and human services committee by August 1,
20 2025; and

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

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