A MEMORIAL

RECOGNIZING THE IMPORTANCE OF THE EARLY DETECTION OF HIGH RISK FOR AND DIAGNOSIS OF CEREBRAL PALSY IN CHILDREN; REQUESTING THE EARLY CEREBRAL PALSY DETECTION AND INTERVENTION TASK FORCE TO CONTINUE DURING FISCAL YEAR 2020 ITS WORK IN IDENTIFYING BEST PRACTICES IN CEREBRAL PALSY RISK IDENTIFICATION, DIAGNOSIS AND INTERVENTIONS, AND IN CREATING A PLAN OF CARE THAT MEETS INTERNATIONAL PRACTICE STANDARDS IN, AND IDENTIFIES 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 about sixty-five per year in New Mexico; and

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

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

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

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

WHEREAS, experts now consider the concept of the silent period outdated, because cerebral palsy or high risk of cerebral palsy can be accurately predicted with ninety percent to ninety-five percent certainty in children before the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

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

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

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

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

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

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

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

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

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

caregiver well-being; and

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

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

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

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

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

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