



Please OPPOSE SB 14-32 Concerning Naturopath Treatment of Children

CO-AAP'S POSITION ON TREATMENT OF CHILDREN BY ALTERNATIVE HEALTH CARE PROVIDERS

Children are not just little adults, as they have unique and different needs. The early years of a child's life are the most important time for specialized pediatric health care professionals to monitor development milestones and deliver preventative care such as immunizations. As such, the CO-AAP has consistently advocated for a child's care during those early years to be delivered by a licensed and trained pediatric health care provider.

During the 2013 legislative session, the CO-AAP advocated for amendments to allow naturopathic doctors (ND's) and alternative health care providers to care for certain pediatric patients as part of the medical home team of providers. Additional provisions for collaboration and referral, as well as appropriate pediatric training were included in the final legislation. The CO-AAP has committed to work with the naturopathic doctors over the 2014 interim to discuss pediatric training and collaboration for ND's that choose to treat children.

SB 14-32, as amended in the Senate, strikes all reasonable pediatric safeguards for unlicensed alternative health care providers, and creates a higher standard for registered naturopathic doctors. The bill allows alternative health care providers to treat children of all ages, including the fragile 0-2 population, while naturopathic doctors are not allowed to treat children 0-2.

CONCERNS WITH SB 32

- **Pediatric Provider Training:** Due to the specific and advanced training involved with the evaluation and treatment of pediatric patients, the AAP supports pediatric-specific education standards. The bill, as amended in Senate HHS, does not require any pediatric specific training for alternative health care providers. Stringent requirements are in place for all physicians, nurses and allied health professionals that treat pediatric patients due to unique needs of this population. **The lack of pediatric training for alternative health care providers is the most concerning aspect of SB 14-32, and has the potential for grave consequences for young children.**
- **Unique Needs of Pediatric Patients:** Children are at risk for sudden and dramatic deterioration in their health status if they develop serious disorders such as cancer, Kawasaki's disease and other diseases. The difference between "well" and "ill" can be quite small, and requires both a sophisticated understanding of the potential disorders involved as well as a relationship with a medical home to ensure that no child "falls through the cracks" of the health care system. **The fragile 0-2 population is at significantly greater risk for host of complicated and potentially life threatening issues.**
- **Collaboration & referral:** The AAP has historically advocated for the medical home model of care, which promotes collaboration amongst all health care providers. The bill, as amended in Senate HHS, allows alternative health care providers to treat all ages of children with only a disclosure that they are not a physician and a recommendation that



the child's parent/guardian seek a relationship with a licensed pediatric health care provider. This model of care is not supportive of the medical home standard. **Collaboration and referral amongst all providers is the cornerstone of a medical home for children during these important developmental years**

- **Preventative Care:** Experts have hailed vaccinations as one of the greatest public health achievements of the 20th century. For our youngest children, the primary series of immunizations is delivered between birth and 2. Pediatric health care providers, such as pediatricians and pediatric nurse practitioners, provide timely and relevant information at all well-child checks to ensure parents are educated about vaccine efficacy. **Given the recent pertussis epidemic and Colorado's first case of measles in nearly a decade, it is essential that infants and young children receive immunizations to protect not only their own health but that of the community.**
- **Developmental Evaluations:** The greatest opportunities exist during early childhood for identification of developmental delays, hearing deficits and disorders such as autism with referral to early intervention services. Additionally, per the Affordable Care Act all pediatricians are using the *Bright Futures* periodicity schedule for well-child visits, including a physical exam, immunizations, hearing/vision screening, and developmental/behavioral health screening. Bright Futures was developed by an evidence-based informed collaborative led by the AAP, and is the definitive standard of pediatric well-child and preventative care. **Trained pediatric health care providers with experience evaluating developmental milestones in infants and toddlers are crucial to this population's well-being. It is imperative that medical providers with appropriate training are involved in the care of these children in order to have optimal long term outcomes regarding developmental delays.**

PLEASE PROTECT SAFEGUARDS FOR CHILDREN'S HEALTH *and* OPPOSE SB 14-32

Organizations Opposed to SB 14-32

American Academy of Pediatrics, Colorado Chapter
Colorado Academy of Family Physicians
Colorado Medical Society
Colorado Society of Osteopathic Medicine
Children's Hospital Colorado
Colorado Association of Local Public Health Officials
American College of Emergency Physicians, Colorado Chapter
Colorado Society of Anesthesiologists
Colorado Children's Immunization Coalition
Colorado Children's Campaign
Denver Health
Colorado Consumer Health Institute
Colorado Coalition for the Medically Underserved
Colorado Community Health Network
Colorado Association of Naturopathic Doctors