

January 27, 2015

RE: **House Bill 15-1075**

CONCERNING THE AUTHORITY FOR A REGISTERED NATUROPATHIC DOCTOR TO TREAT CHILDREN WHO ARE UNDER TWO YEARS OF AGE.

It is with the utmost respect that we the undersigned would like to voice our opposition to this Bill. We feel strongly that the infants and toddlers that fall into this age category represent a particularly fragile and vulnerable medical population. This is a population that requires a medical provider that has the broad, clinical, face to face patient training experience that three plus years of post medical school Residency also provides.

As you are aware licensed physicians in the United States complete four years of medical school followed by, at minimum, 3 additional years of clinical medical Residency training. These three years are typically based at institutions that provide in depth focused patient exposure in such settings as Emergency Departments, Intensive Care Units, Operating Rooms, Urgent Cares, Public Health Clinics, Delivery Rooms, and the variety of Subspecialty Clinics.

This adds up to several thousands of hours directly interviewing, evaluating, examining and sitting at a patient's bedside caring for them when they are most vulnerable. In Residency we see the entire gamut of human health. We lived and resided in the hospitals amongst the patients, nursing the sickest of the sick back to health and partnering with the well to keep them so. To truly and fundamentally understand and treat the well patient, it is vital that one masters taking care of the most ill. This is what medical Residency programs offer and is mandatory for Board Certification. We use this foundation to train and supervise midlevel providers such as Physician Assistants and Nurse Practitioners.

Naturopathic providers do not have this breadth of fundamental experience and 3-5 hours of Continuing Medical Education (CME) per year will not come close to mirroring this experience. Their training does not include caring for sick patients on the treatment floors of licensed U.S. acute care hospitals.

As all pediatricians, family doctors and certainly the adult physicians know the infant and toddler presents the provider with a host of complexities when it comes to making diagnostic decisions. One must rely on a variety of nonverbal clues, sift through the presented parental history and evaluate their developmental stage in the context of wellness and illness. The subtlety of illness in this age group has made for many a sleepless night even for the most seasoned physician. We have all experienced an infant that seemingly looked well but deteriorated rapidly within minutes and at times eventually succumbed.

This is where our main concern lies; in those golden minutes of initial evaluation that challenge even us, those who have spent at least 3 years residing amongst the ill and well. Please oppose this Bill and cement a pathway where our fragile and vulnerable infants and toddlers see only those providers that have the widest clinical foundational training experience. Thank you for your consideration.

Sincerely,

Mark Duster, M.D.
Pediatric Cardiology

Anita Lane, M.D.
Internal Medicine

Seun Oladarin, M.D.
Family Medicine

Karen Childs, M.D.
General Pediatrics

Kathleen Nitcher, M.D.
General Pediatrics

Mark Reiker, M.D.
General Pediatrics

Stephan Wade, M.D.
Neonatology

Robert Underhill, M.D.
General Pediatrics

Leslie Torgerson, M.D.
Pathology

Kenneth Finn, M.D.
Pain Management

LuAnn Sperando, M.D.
General Pediatrics

David Hoover, M.D.
General Pediatrics

Heather Welfare, M.D.
General Pediatrics

Karen Campbell, D.O.
Family Practice

Elizabeth Martin, D.O.
General Pediatrics

Darvi Rahaman, M.D.

David Koukol, M.D.
General Pediatrics

Mary Laird, M.D.
Neonatology

Tracy Ayers, M.D.
Family Practice

Thomas Weber, M.D.
Family Practice

Robert Kiley, M.D.
Neonatology

Susan Kiley, M.D.
General Pediatrics

Scott Robinson, D.O.
Family Practice

Autumn Orser, M.D.
General Pediatrics

Camilla Raines, PA-C
General Pediatrics

Stephanie Wallace, M.D.
General Pediatrics

Lisa Ramey, D.O.
General Pediatrics

Minta Mathew, M.D.
General Pediatrics

Paul Dube, M.D.
General Pediatrics

Monica Miller, M.D.
General Pediatrics

Susan Swayne, M.D.
Developmental Pediatrics

Fred Michel, M.D.

General Pediatrics

Barbara Divish, M.D
General Pediatrics

Michael Reisig, M.D
General Pediatrics

Amilu Stewart, M.D
General Surgery

Christine Bong, M.D
General Pediatrics

George Hertner, M.D
Emergency Medicine

Amir Salek, D.O
Family Practice

Alan Garscadden, M.D
General Pediatrics

David Steinbruner, M.D
Emergency Medicine

Peter Liehr, M.D
Obstetrics and Gynecology

Pediatric Psychiatry

Sheila Bee, M.D
Internal Medicine

Heather Sharp, M.D
Family Practice

Brenda Walker-Conner, M.D
Family Practice

Rachael DeGurse, M.D
Family Practice

Joseph Corrigan
General Pediatrics

Harry Anderson, M.D
General Pediatrics

Laura Carson, M.D
General Pediatrics

Laura Klein, M.D
Maternal Fetal Medicine

Please feel free to call me for any questions

Sincerely,
Darvi Rahaman, M.D
(719) 291-1617
darvi.rahaman@peakvista.org