



**The Mandatory Reporting Task Force | Meeting 22**  
*Specialized Occupations Subcommittee Meeting Minutes, July 17th 2024*

Facilitators: Trace Faust  
Members: See Appendix A

Introduction	<ul style="list-style-type: none"><li>Trace Faust welcomed the subcommittee. They provided time for the members to complete the survey as well as review the resource materials.</li></ul>
Medical Child Abuse	<ul style="list-style-type: none"><li>Trace brought the subcommittee back and thanked members for filling out the survey since they inform policy recommendations. They asked Dr. Kathi Wells to speak about the medical child abuse policy scan; the subcommittee is tasked with analyzing medical child abuse which is a very complex issue.</li><li>Dr. Wells defined medical child abuse; it is one term used to define a phenomenon which is a range of activities that a caregiver can be engaged in like exaggerating an illness or inducing illness in a child. She said that there is a range of behaviors. She explained that it's complicated since the medical community has to rely on a caregiver's account of symptoms. She also said that there are usually multiple medical professionals involved in these cases which can make it hard to share medical records. She said that it is very difficult to determine if a caregiver is being an advocate for their child or if there is medical child abuse happening. She said that these cases are not as rare as people think and there are other incentives like 'go fund me' accounts. She continued that the caregivers involved are usually quite skilled communicators which is usually a good thing. She added that confidentiality is another complicating factor. She also added that there is a growing awareness in the field about this. Trace thanked her; they highlighted the complexity of reporting these instances.</li><li>Dr. Wells added that there could be an assumption among physicians to report any suspicion of medical child abuse; she said that she trains professionals on how they do not have to prove the abuse to make a report. She said that there are challenging questions that should not always land on a single professional to answer. She wonders if reporting any suspicion of medical child abuse is the best timing. Trace thanked her.</li><li>Ashley Chase asked if there is any data about disparities in reporting medical child abuse. Trace thanked her and said it is a good question. Dr. Wells said that this is a good question; in her experience, the disparities play out more in neglect settings. She said that these cases are more often someone who knows medical systems well or maybe has medical knowledge themselves as well as financial means. She said that she has not seen data on this. Ashley said that she is wondering about parents who are advocating for their child and being accused of medical child abuse when the child actually is experiencing medical issues. Dr. Wells said she would like to see this data as well. Trace thanked them and said that they made a note to look into this more.</li><li>Jennifer Eyl said that she is struggling with pathologizing the parent with disordered behavior versus a focus on child impact. She said that there can be parents who create symptoms in their child and this can overlap with a parent's trauma history. Dr. Wells said that she agrees; the question is the impact on the</li></ul>



child. She also said that there is a shift to using the term medical child abuse; the shift was made because it recognizes the impact to the child.

- Roshan Kalantar brought up women of color who are not readily believed by medical professionals about their pain, for example. Trace thanked her.
- Gina Lopez said that medical professionals have been abusers in the past and currently are for many communities for color. She recounted a personal story about her mother's care. She said that it is complicated for parents of color seeking care for their children as it can create situations that could appear like medical child abuse to some physicians. Trace thanked her.
- Aletha Jenkins asked if the medical professional has to have a suspicion of medical child abuse to make a report. Dr. Wells said that there is no medical child abuse statute but the issue is a parent being convincing of an illness when there is none. Aletha said that she only saw two cases of medical child abuse which was connected to a psychosis of the parent. She said that it might be worth considering a word stronger than a suspicion such as 'more likely than not happening'. Dr. Wells said that this is Arkansas's language. She continued that medical professionals have to take the medical history provided, usually by parents. She added that there could be larger medical teams working on these cases to gather more information. Aletha said that medical professionals not trained on medical child abuse should not be making determinations of medical child abuse. Dr. Wells said that it's complicated because there are only six child abuse physicians in Colorado. She added that pediatricians are trained in some forms of child abuse but medical child abuse is complex so the question becomes if the involvement of specialized physicians is before or after reporting. Trace thanked them.
- Stephanie Villafuerte thanked Gina for her comments. She said that when it comes back to the mandatory reporting issue, there are no other determinations for other occupations to report certain forms of abuse like there are for physicians to report medical child abuse. She wonders why this is; wouldn't physicians be reporting negative child impact anyways. Trace thanked her.
- Jordan Steffen said that this is a complex issue in statute. Trace thanked her and mentioned a focus on processes and procedures.
- Zane Grant said that in the investigative part of cases, in some instances, he was the only person investigating. He said that he is not sure if physicians are investigating these cases. He said that he liked Michigan's language; it was more inclusive like including a child's interactions with fentanyl. He said that these cases should not be overlooked and need to be investigated by an organization that can go over confidentiality. He asked if a change in the statute is the best way to ensure investigators can do that. Trace thanked him.
- Ashley said that she has had these cases and they are super complicated. She said that getting the DHS involved might not be helpful. She said that there could be better guidance for physicians; this recommendation might be beyond the scope of mandatory reporting, however. She said that if something is put in a statute, it could create disparate impacts to communities of color.



- Sam Carwyn said that she is not a medical professional and has raised a child with medical concerns. Her internet cut out; Trace asked for her to send a note when her internet connection returns.
- Jill Cohen said that there is a lack of clarity on this and wants to be respectful of people who have been personally involved in these cases. She noted that when a medical professional like a child abuse pediatrician gets DHS's attention, it can make it hard for families to defend themselves given the weight of a physician's opinion. She said that she would prefer not changing anything on this issue in statute but she would support others with content knowledge doing a deeper dive. Trace thanked her.
- Stephanie said that she doesn't want to push the issue back without good reason. She said that, without data and without firm agreement in the medical community, how can there be legislative remedy for the few sensational cases. She said that she has handled the few sensational cases as they have come up. She continued that, in light of these conversations, it might not be this task force's role to investigate this issue. She said that there could also be further investigation but she would support the former, given this conversation. Trace thanked her.
- Dr. Wells said that she does not think that medical professionals would refrain from reporting when it is needed. She said that a statute might not make a medical professional do their job differently. She said that if these cases are happening and getting missed, a statute might not remedy that. She said there is nothing in statute to preclude reporting these cases and providing further language would not add more clarity. She said that it might be an education and awareness issue at a systems level. Trace thanked her.
- Jennifer said that it might be a training issue; the sensational cases where physicians miss abuse would not be remedied by a statute change. She said that this issue is not a fit for this task force. Trace thanked her and asked if there was anything in the policy scan that subcommittee members resonated with.
- Sam said that she liked Pennsylvania's statute because it stated that medical child abuse is one form of child abuse rather than trying to separate it out. Trace thanked her.
- Gina asked if child sexual abuse is supposed to be assumed as included in abuse. Trace said that child sexual abuse is separate. Stephanie said that child sexual abuse is a stand alone issue; this is a part of her issue with the abuse statutes since someone has to cross reference three statutes to gather a full picture. Gina thanked them.
- Zane asked what their report to the legislators will include. Stephanie said that, in her experience, the issue in high profile cases was hospital reporting procedures which was discussed by the task force in another charge. She said that the issue of medical child abuse is outside of the scope of the task force but, as it relates to reporting, the task force recommends prohibiting delegation of reports. She said that the issues are procedural lapses. Zane asked which diagnoses Stephanie was referencing. Stephanie said that she was referring to the diagnoses of the child; other states have guidelines on what doctors need to see in order to make



	<p>a diagnosis. She said that mandated reporters are focused on harm to the child. Trace asked if anyone disagrees with Stephanie.</p> <ul style="list-style-type: none"><li>• Dr. Wells said that if the subcommittee can make a response that meets the mandate, then she agrees; this issue might not be addressed well, statutorily, beyond what was already recommended by the task force. Trace thanked her.</li><li>• Trace asked Jordan if this addresses the directive. Jordan said yes. She said that a loose strawpoll or follow up survey would be helpful.</li></ul>
Conclusion	<ul style="list-style-type: none"><li>• Trace electronically shared the <a href="#">survey results</a>. They asked for reactions. Gina said that it is interesting that the subcommittee supports removing a mandate to report for legal team members but not for victim advocates. Trace thanked her. Jennifer said that legal team members and victim advocates are different questions. Trace thanked her. Stephanie asked clarifying questions about the voting. Kevin said that, to clarify his votes, he is for the exemption. Trace thanked everyone and said that these results will be shared in meeting materials. Jennifer said that the questions about teen dating violence and child sexual assault might have missed the point of the conversations. She said that the question was if a sexual relationship between two peers that does not meet statutory rape should be reported. Jordan thanked her and said that the language was framed as it was provided in the directive. She added that the whole task force is going to vote on final recommendations. Trace thanked her. Stephanie asked a procedural question about how long the full task force will have to go over the recommendations. Jordan explained that the large group discussion on these recommendations will not be the final discussion on these issues; there will be language to respond to but the proposed recommendations in the report will be reintroduced in the fall. Trace added that, in their experience, a full task force tends not to go against the subcommittee. They moved the subcommittee to the straw poll.</li><li>• Jordan provided the straw poll language question 1 electronically.<ul style="list-style-type: none"><li>◦ Stepahnie, Kathi, Cris, Kevin, Aletha, Jennifer, Gina, Sam, Carlos, Jill, Roshan, Tara, Zane, and Ashley voted yes. Dr. Wells said that the one change is changing medical neglect to medical child abuse.</li></ul></li><li>• Trace provided the straw poll language question 2 electronically.<ul style="list-style-type: none"><li>◦ Jill, Cris, Jennifer, Kathi, Kevin, Zane, Gina, Sam, Roshan, Stephanie, Carlos, Aletha, Tara and Ashley voted yes.</li></ul></li><li>• Trace directed subcommittee members to the main zoom meeting.</li></ul>

**Appendix A:**  
Kevin Bishop  
Cris Menz  
Sam Carwyn  
Tara Doxtater  
Ashley Chase  
Carlos Castillo  
Jennifer Eyl



Zane Grant  
Jill Cohen  
Gina Lopez  
Roshan Kalantar  
Dr. Kathi Wells  
Stephanie Villafuerte  
Aletha Jenkins