March 23, 2020

The Honorable Nita Lowey Chair, Committee on Appropriations U.S. House of Representatives Washington, DC 20515

The Honorable Rosa DeLauro
Chair, Subcommittee on Labor, Health and Human
Services, Education and Related Agencies
U.S. House of Representatives
Washington, DC 20515

The Honorable Kay Granger Ranking Member, Committee on Appropriations U.S. House of Representatives Washington, DC 20515

The Honorable Tom Cole
Ranking Member, Subcommittee on Labor, Health and
Human Services, Education and Related Agencies
U.S. House of Representatives
Washington, DC 20515

Dear Chair Lowey, Ranking Member Granger, Chair DeLauro, and Ranking Member Cole:

On behalf of organizations dedicated to improving the health and well-being of children and adolescents, we write to request \$50 million in funding for the Pediatric Subspecialty Loan Repayment Program (PSLRP, Section 775 of the Public Health Service Act) in the House Fiscal Year (FY) 2021 Labor, Health and Human Services (HHS), Education and Related Agencies appropriations bill. Funding for this program is urgently needed to get specialized care to children in their communities and to begin the work of bolstering the pediatric provider pipeline to ensure access to care for years to come.

Currently, there is not only a shortage but also a significant disparity in the geographic distribution of pediatric medical subspecialists, pediatric surgical specialists, child and adolescent psychiatrists, and advanced practice professionals trained to treat children in need of specialty care. As a result, children and their families often face long wait lists to see subspecialists, travel long distances to find needed care, or go without needed care altogether. Recent survey data show that appointment wait times for certain pediatric subspecialty care at children's hospitals far exceed the prevailing benchmark of two weeks. For instance, a child showing signs of autism spectrum disorder waited 18.7 weeks on average to see a developmental pediatrician, delaying by months the opportunity for critical early interventions in the case of a diagnosis. ⁱ

Scenarios like these are likely to become more common as fewer medical students choose careers in pediatric mental health care and pediatric subspecialties. The economic realities of training in these fields create a difficult choice for many medical students. Subspecialists train an additional 2 to 3 years beyond their primary residency and incur significant additional debt, exacerbating the burden of original student loan debt. ⁱⁱ Average Medicaid reimbursement that is 30 percent less than Medicare payment makes it challenging to repay the debt incurred during the additional training, and data show that some pediatric subspecialists opt out of entering much needed fields where there is a demonstrated shortage nationally. The shortage of pediatric subspecialists is compounded both by an aging physician workforce, where the mean age of pediatric subspecialists exceeds 50 years, ⁱⁱⁱ and by the growing number of children in the United States, anticipated to grow by approximately 5 million by 2050. ^{iv}

Timely access to pediatric subspecialists is essential. Longer lag times between symptom onset and treatment may not only result in poorer outcomes but also in greater costs to patients and the health care system. Targeted financial supports such as PSLRP show great promise in addressing the underlying economic factors that are driving these shortages and ultimately in ensuring children can access the care they need. There is broad support in Congress for PSLRP, which was recently reauthorized by the House of Representatives and the Senate Health, Education, Labor & Pensions (HELP) Committee based on a recognition of the need to address this issue.

As you deliberate the Fiscal Year 2021 appropriations package, we strongly urge you to appropriate \$50 million within the Health Resources and Services Administration (HRSA) to provide initial funding for PSLRP. Once operational, this program will provide qualifying child health providers with up to \$35,000 in loan repayment annually for a maximum of three years in exchange for practicing in an underserved area.

Thank you for your consideration of this issue and for your longstanding commitment to investing in child health. If you have any questions, please contact James Baumberger at jbaumberger@aap.org or 202-347-8600.

Sincerely,

AANS/CNS Section on Pediatric Neurological Surgery

Academic Pediatric Association

American Academy of Allergy, Asthma & Immunology

American Academy of Neurology

American Academy of Ophthalmology

American Academy of Pediatrics

American Association for Pediatric Ophthalmology and Strabismus

American Association of Child & Adolescent Psychiatry

American Association of Neurological Surgeons

American Association of Orthopaedic Surgeons

American College of Allergy, Asthma and Immunology

American College of Cardiology

American College of Obstetricians and Gynecologists

American College of Rheumatology

American Epilepsy Society

American Pediatric Society

American Pediatric Surgical Association

American Society of Nephrology

American Society of Pediatric Hematology/Oncology

American Society of Pediatric Nephrology

American Society of Pediatric Neurosurgeons

American Thoracic Society

Arthritis Foundation

Association of Maternal & Child Health Programs

Association of Medical School Pediatric Department Chairs

Association of Pediatric Programs Directors APPD

Child Neurology Society

Childhood Arthritis and Rheumatology Research Alliance (CARRA)

Children's Hospital Association

Congress of Neurological Surgeons

Council of Pediatric Subspecialties

Eating Disorders Coalition for Research, Policy & Action

Endocrine Society

International Foundation for Autoimmune & Autoinflammatory Arthritis

March of Dimes

National Association for Children's Behavioral Health

National Coalition for Infant Health

National Infusion Center Association

Nemours Children's Health System

North American Society for Pediatric and Adolescent Gynecology

North American Society for Pediatric Gastroenterology, Hepatology and Nutrition

Pediatric Endocrine Society

Pediatric Orthopaedic Society of North America

Pediatric Policy Council

Pediatric Pulmonology Training Director's Association

Scoliosis Research Society

Society for Developmental and Behavioral Pediatrics

Society for Pediatric Research

The National Alliance to Advance Adolescent Health

U.S. Pain Foundation

i Children's Hospital Association. "Pediatric Workforce Shortages Persist." https://www.childrenshospitals.org/Issues-and-Advocacy/Graduate-Medical-Education/Fact-Sheets/2018/Pediatric-Workforce-Shortages-Persist. January 19, 2018. Accessed January 4, 2019.

[&]quot;Frintner MP, Mulvey HJ, Pletcher BA, Olson LM. "Pediatric Resident Debt and Career Intentions." Pediatrics. 2013. Rochlin JM, Simon HK. "Does Fellowship Pay: What is the Long-Term Financial Impact of Subspecialty Training in Pediatrics?" Pediatrics. 2011 Feb;127(2):254-60.

iii Werner RM, Polsky D. "Comparing the Supply of Pediatric Subspecialists and Child Neurologists." Journal of Pediatrics. 2005 Jan; 146(1):20-5.

^{Iv} United States Census Bureau. 2017 National Population Projections Tables. "Table 2. Projected age and sex composition of the population." https://www.census.gov/data/tables/2017/demo/popproj/2017-summary-tables.html. Accessed January 4, 2019.