December 19, 2013

The Honorable Tom Harkin
Chair
Labor-HHS-Education Subcommittee
United States Senate
Washington, DC 20510

The Honorable Jerry Moran
Ranking Member
Labor-HHS-Education Subcommittee
United States Senate
Washington, DC 20510

The Honorable Jack Kingston
Chair
Labor-HHS-Education Subcommittee
United States House of Representatives
Washington, DC 20515

The Honorable Rosa DeLauro
Ranking Member
Labor-HHS-Education Subcommittee
United States House of Representatives
Washington, DC 20515

Dear Chairman Harkin, Chairman Kingston, Ranking Member Moran, and Ranking Member DeLauro:

We write to you out of concern that the number of pediatric mental health specialists, pediatric medical subspecialists, and pediatric surgical specialists today is inadequate to meet the growing health needs of America’s children. We respectfully request that as you negotiate an FY 2014 Labor-Health and Human Services (HHS)-Education Appropriations bill that the Pediatric Subspecialty Loan Repayment program, as authorized under Section 775 of the Public Health Service Act (42 U.S.C. 295f), be recognized as a critical national priority and funded at $5 million.

According to a 2012 survey conducted by the Children’s Hospital Association, appointment wait times for certain pediatric subspecialty care far exceed the prevailing benchmark of two-weeks in children’s hospitals. According to survey respondents, the average time for a developmental pediatric specialist is 14.5 weeks, 8.9 weeks for neurology, and 7.5 weeks for child and adolescent psychiatry. Children’s hospitals also reported extended vacancies, 12 months or longer, for certain pediatric subspecialty positions, which contribute to the difficulty of accessing pediatric subspecialty care in a timely manner.¹ Wait times outside children’s hospitals can be much longer. When timely access to pediatric specialty providers occurs, the result is better outcomes. Longer lag times between symptom onset, including mental illness, and treatment may not only result in poorer outcomes, but also in greater costs to patients and the health care system.

Shortages threaten to become more severe as fewer medical students choose careers in pediatric mental health care and pediatric subspecialties. At the same time, the mean age of pediatric subspecialists exceeds 50 years.² There are three primary economic disincentives that discourage medical students from pursuing careers in pediatric subspecialties: 1) additional training beyond their primary training (2-3 years on average), 2) high loan debt due to longer training; and 3) average Medicaid reimbursement that is 30 percent less than Medicare.

The shortage of pediatric specialists is compounded by the growing number of children in the United States. In 2011, there were 73.9 million children in the United States, 1.5 million more than in 2000.³ This number is expected to grow to 101.6 million by 2050, increasing demand for pediatric health care services.

² American Board of Pediatrics.
The Pediatric Subspecialty Loan Repayment program will help ameliorate shortages by providing a financial incentive for students to choose careers in pediatric mental health and pediatric subspecialties. Section 775 requires the Secretary of HHS to establish and implement a pediatric specialty loan repayment program. Eligible participants must agree to work full-time for not less than two years in a pediatric medical subspecialty, a pediatric surgical specialty, or in child and adolescent mental and behavioral health in a health professional shortage area or a medically underserved area as determined by the Secretary. In return, the program will pay up to $35,000 in loan repayment for each year of service, for a maximum of three years. The law authorizes $30 million per year for loan repayments for pediatric medical specialists and pediatric surgical specialists and $20 million for each year for loan repayments for child and adolescent mental and behavioral health professionals.

Our nation desperately needs specialists specifically trained to treat the growing number of American children with serious physical and mental health conditions. We strongly urge you to appropriate $5 million within the Health Resources and Services Administration to provide funding for this program. Even though our request falls far below the authorized level, it is anticipated that $5 million would allow for 64 initial two-year awards in FY 2014. Thank you for giving this request all appropriate consideration.

Sincerely,

Academic Pediatric Association
American Academy of Child and Adolescent Psychiatry
American Academy of Neurology
American Academy of Ophthalmology
American Academy of Otolaryngology—Head and Neck Surgery
American Academy of Pediatrics
American Association for Marriage and Family Therapy
American Association for Pediatric Ophthalmology and Strabismus
American Association of Orthopaedic Surgeons
American College of Cardiology
American College of Rheumatology
American College of Surgeons
American Medical Association
American Osteopathic Association
American Pediatric Society
American Psychiatric Association
American Psychological Association
American Society of Pediatric Hematology/Oncology
American Thoracic Society
Arthritis Foundation
Association of Maternal and Child Health Programs
Association of Medical School Pediatric Department Chairs
Balanced Mind Foundation
Child Neurology Foundation
Child Neurology Society
Children and Adults with Attention-Deficit/Hyperactivity Disorder
Children’s Hospital Association
Council of Pediatric Subspecialties
March of Dimes
National Alliance on Mental Illness