

November 16, 2016

The Honorable Lamar Alexander
Chair
Committee on Health, Education, Labor,
and Pensions
United States Senate
Washington, DC 20510

The Honorable Patty Murray
Ranking Member
Committee on Health, Education, Labor,
and Pensions
United States Senate
Washington, DC 20510

The Honorable Fred Upton
Chair
Committee on Energy and Commerce
United States House of Representatives
Washington, DC 20515

The Honorable Frank Pallone
Ranking Member
Committee on Energy and Commerce
United States House of Representatives
Washington, DC 20515

Dear Chairman Alexander, Chairman Upton, Ranking Member Murray and Ranking Member Pallone:

On behalf of the undersigned organizations dedicated to ensuring a strong national pediatric workforce, **we write in support of Section 722 of the *Helping Families in Mental Health Crisis Act (H.R. 2646)*, which reauthorizes the Pediatric Subspecialty Loan Repayment Program (PSLRP) and urge this language be included in any final mental health conference package.**

Currently, there is not only a shortage but also a significant disparity in the geographic distribution of pediatric subspecialists trained to treat children in need of specialty care, resulting in many children in underserved areas not receiving timely or appropriate health care. Children and their families often face long waiting lists to see subspecialists or must travel long distances to find needed care. According to a recent 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. The survey showed that 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, citing just a few examples.

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

Timely access to pediatric subspecialty providers 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. The PSLRP will help ameliorate shortages by providing a financial incentive for providers to choose careers in pediatric mental health and pediatric subspecialties. 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 an underserved area. In return, the program will pay up to \$35,000 in loan repayment for each year of service, for a maximum of three years. Funding the PSLRP will be an important step forward in improving children's access to needed subspecialists, but fully addressing pediatric subspecialty shortages will require a multifaceted approach. The undersigned organizations also support the Ensuring Children's Access to Specialty Care Act (H.R. 1859/S. 2782), which would allow pediatric subspecialists to qualify for loan repayment in the National Health Service Corps.

As you deliberate a final mental health package this Congress, we urge that you include Section 722 of H.R. 2646 to reauthorize the PSLRP to ensure that children across the nation have access to the crucial mental health and subspecialty care needed for them to thrive.

Thank you for your dedication to the health and well-being of children. We look forward to working with you to reauthorize this important program.

Sincerely,

AANS/CNS Joint Section on Pediatric Neurosurgery
Academic Pediatric Association
American Academy of Allergy, Asthma & Immunology
American Academy of Dermatology Association
American Academy of Neurology
American Academy of Pediatrics
American Association for Pediatric Ophthalmology and Strabismus
American Association of Child & Adolescent Psychiatry
American Association of Neurological Surgeons (AANS)
American Association of Orthopaedic Surgeons
American College of Cardiology
American College of Medical Genetics and Genomics
American College of Rheumatology
American College of Surgeons
American Osteopathic Association
American Pediatric Society
American Pediatric Surgical Association
American Society of Pediatric Hematology/Oncology
American Society of Pediatric Nephrology
American Society of Pediatric Neurosurgeons
American Society of Pediatric Otolaryngology
American Thoracic Society
Arthritis Foundation
Association of Maternal & Child Health Programs

Association of Medical School Pediatric Department Chairs
Association of University Centers on Disabilities
Child Neurology Foundation
Child Neurology Society
Children's Hospital Association
Congress of Neurological Surgeons (CNS)
Eating Disorders Coalition
Endocrine Society
Family Voices
March of Dimes
National Alliance on Mental Illness
The National Alliance to Advance Adolescent Health
National Association of Pediatric Nurse Practitioners
National Organization for Rare Disorders
North American Society for Pediatric Gastroenterology, Hepatology and Nutrition
Pediatric Endocrine Society
Pediatric Infectious Diseases Society
Pediatric Orthopaedic Society of North America
Pediatric Policy Council
Scoliosis Research Society
Society for Pediatric Dermatology
Society for Pediatric Research
The Society of Thoracic Surgeons

¹ 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.

² Werner RM, Polsky D. "Comparing the Supply of Pediatric Subspecialists and Child Neurologists." *Journal of Pediatrics*. 2005 Jan; 146(1):20-5.

³ Federal Interagency Forum on Child and Family Statistics. *America's Children in Brief: Key National Indicators of Well-Being, 2012*. Available at: <http://childstats.gov/americaschildren/health.asp>.