The Honorable Joe Courtney  
U.S. House of Representatives  
2348 Rayburn House Office Building  
Washington, D.C. 20515

Dear Congressman Courtney:

The undersigned organizations offer their endorsement of the “Pediatric Subspecialty and Mental Health Workforce Reauthorization Act” (H.R. 1827). This bill will help to provide children and adolescents suffering from debilitating illnesses with improved access to pediatric subspecialists and pediatric mental and behavioral health clinicians. When timely access to pediatric specialty providers occurs, the result is better outcomes. Longer lag times between symptom onset and treatment may not only result in poorer outcomes, but greater costs to patients and the health care system.

It is critical that the number of pediatric specialists is adequate to meet the growing needs of America’s children. Clinical demand for pediatric specialists is rising as the incidence and prevalence of a number of conditions and diseases in the pediatric population has increased. For example:

- Appointments for child and adolescent psychiatric care far exceed the prevailing benchmark of a two-week wait time in children’s hospitals. The average wait time is 7.5 weeks.\(^1\)

- The prevalence of children with asthma has increased slightly from 8.7 percent of all children in 2001 to 9 percent (or 7 million) of all children in 2010.\(^2\)

- Arthritis affects 300,000 children in America – nearly 1 in 250; yet, there are less than 250 board certified, practicing pediatric rheumatologists in the United States. Eleven states lack any practicing board certified pediatric rheumatologists.\(^3\)

- Mental illness impacts 20 percent of our nation’s youth. Half of all lifetime cases of mental illness begin by age 14 and three quarters by age 24. Yet, the majority of those diagnosed do not receive treatment.

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\(1\) Children’s Hospital Association. “Pediatric Specialist Physician Shortages Affect Access to Care.” August 2012.  
\http://www.childrenshospitals.net/AM/Template.cfm?Section=Surveys&Template=/CM/ContentDisplay.cfm&ContentID=63293


\(3\) Arthritis Foundation. Available at: \http://www.arthritis.org/advocacy/advocacy-priorities/pediatricrheumatologist/
• The prevalence of obesity among children ages 6-17 has remained high at 18 percent in 2009-2010.4

• The prevalence of food and skin allergies has increased in children under age 18 years from 1997-2011.5

• There is currently a shortage of pediatric pulmonologists and sleep specialists in the United States. There is approximately one board-certified pediatric pulmonologist per 80,000 children in the United States, with much lower rate in rural areas.6

• There are more than 350,000 survivors of childhood cancer in the United States. Two-thirds are likely to experience at least one late effect of treatment, and almost one-fourth will face a late effect that is serious or life-threatening.7

• An estimated 1 million Americans are living with inflammatory bowel disease (IBD), with nearly 1 in 4 patients diagnosed under 20 years of age.8 IBD is a chronic condition without a medical cure and commonly requires a lifetime of care.

• Congenital heart disease (CHD) is our nation’s number one birth defect, representing nearly 1 in 110 births, or nearly 1 percent of U.S. births. Many CHD patients require a lifetime of specialized care, including multiple surgical and interventional procedures.9

The shortage of pediatric specialists is compounded by the growing number of children in the United States and aging pediatric specialist workforce. In 2011, there were 73.9 million children in the United States, 1.5 million more than in 2000.10 This number is expected to increase to 101.6 million by 2050, along with demand for pediatric health care services. At the same time, the mean age of pediatric subspecialists exceeds 50 years.11 With anticipated retirements, it is critical there be an adequate pipeline of pediatric subspecialists.

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

7 Children’s Cause Cancer Advocacy. Available at: http://www.childrenscause.org/legislation-survivorship
8 North American Society for Pediatric Gastroenterology, Hepatology and Nutrition. Available at: http://www.gikids.org/content/7/en/IBD
11 American Board of Pediatrics.
Medicare. Your bill reauthorizing the pediatric subspecialty and pediatric mental health specialist loan repayment program is an important step in encouraging students to choose careers in pediatric subspecialties and pediatric mental health care.

We appreciate your leadership to improve timely access to specialty health care for our nation’s children and look forward to working with you toward passage of H.R. 1827.

Sincerely,

American Academy of Child and Adolescent Psychiatry
American Academy of Neurology
American Academy of Otolaryngology - Head and Neck Surgery
American Academy of Pediatrics
American Art Therapy Association
American Association for Marriage and Family Therapy
American Association of Neurological Surgeons
American Association of Neurological Surgeons/Congress of Neurological Surgeons Joint Section on Pediatric Neurosurgery
American College of Cardiology
American College of Rheumatology
American College of Surgeons
American Psychiatric Association
American Society of Pediatric Nephrology
American Society of Pediatric Neurosurgeons
American Society of Plastic Surgeons
American Thoracic Society
Arthritis Foundation
Child Neurology Society
Children and Adults with Attention-Deficit/Hyperactivity Disorder
Children’s Hospital Association
Congress of Neurological Surgeons
Mental Health America
National Alliance on Mental Illness
National Federation of Families
North American Society for Pediatric Gastroenterology, Hepatology and Nutrition
School Social Work Association of America
The Society of Thoracic Surgeons