May 17, 2023

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

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

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

Dear Chair Granger, Chair Aderholt, and Ranking Member DeLauro:

On behalf of organizations dedicated to improving the health and well-being of children and adolescents, we write to thank you for your continued support for the Pediatric Subspecialty Loan Repayment Program (PSLRP) and request $30 million in funding for PSLRP in the House Fiscal Year (FY) 2024 Labor, Health and Human Services (HHS), Education and Related Agencies appropriations bill.

With initial funding for PSLRP provided in the FY 2022 and FY 2023 omnibus spending legislation, the Health Resources and Services Administration (HRSA) has been able to undertake the work of developing the infrastructure and funding criteria necessary to administer this new, innovative program. HRSA is now expected to begin accepting applications for its initial round of loan repayment this summer. We are closer than ever before to making loan repayment for pediatric medical subspecialists, pediatric surgical specialists, and child mental health professionals a reality thanks to your bipartisan leadership. An increased investment in FY 2024 will ensure that this much-needed support can reach additional pediatric medical subspecialists, pediatric surgical specialists, and child mental health professionals.

Serious shortages of pediatric medical subspecialists, pediatric surgical specialists, child and adolescent psychiatrists, and other pediatric mental health professionals are impeding access to care for young people. Without a federal investment in the pediatric medical subspecialty, pediatric surgical specialty, and child mental health workforce, children will continue to face long wait times for subspecialty care, need to travel long distances to receive that care, or go without care altogether.

Child health professionals are witnessing soaring rates of depression, anxiety, trauma, loneliness, and suicidality in their young patients. For this reason, leading child health organizations have declared a National Emergency in Child and Adolescent Mental Health.1 Young people were already facing challenges to their mental health, and the COVID-19 pandemic only made them worse. The
declaration has served as an urgent call for policymakers to recognize the state of children’s mental health as a national emergency and to take bold, comprehensive action to address it. Bolstering the workforce of highly trained child mental health professionals, currently in short supply in every state, is one important piece of a comprehensive approach to addressing this national emergency.ii

Ideally, children requiring specialized care should have access to the care they need close to their communities, but this is often not the case. Millions of children reside 1.5 hours or more from access to needed specialty care.iii One quarter of children in the United States, for instance, live greater than a 55-mile drive away from a pediatric rheumatologist, complicating care for children with juvenile arthritis.iv

Timely access to care from pediatric medical subspecialists, pediatric surgical specialists, and child mental health professionals is critical to managing chronic conditions and treating serious acute illness. Severe shortages of developmental-behavioral pediatricians, for example, result in children waiting an average of 5-6 months for the autism testing and diagnosis needed to be able to receive important early intervention services.

Now is a crucial time to increase investments in the pediatric medical subspecialty, pediatric surgical specialty, and child mental health workforce. PSLRP’s bipartisan support is a reflection of Congress’s recognition of the importance of addressing critical pediatric health care workforce shortages. An investment of $30 million in the coming year will allow HRSA to ensure more communities have access to subspecialty and child mental health care by incentivizing highly trained health care professionals to pursue subspecialty training and provide care to children from underserved areas.

As you deliberate the Fiscal Year 2024 appropriations package, we strongly urge you to include $30 million in funding for PSLRP. Thank you for your consideration of this issue and for your longstanding commitment to investing in child mental and physical health. If you have any questions, please contact James Baumberger at jbaumberger@aap.org.

Sincerely,

AANS/CNS Section on Pediatric Neurological Surgery
Academic Pediatric Association
American Academy of Dermatology Association
American Academy of Neurology
American Academy of Ophthalmology
American Academy of Pediatrics
American Association for Pediatric Ophthalmology and Strabismus
American Association for Psychoanalysis in Clinical Social Work
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 Psychiatric Association
American Society of Hematology
American Society of Nephrology
American Society of Pediatric Hematology/Oncology
American Society of Pediatric Nephrology
American Society of Pediatric Neurosurgeons
Ann & Robert H. Lurie Children’s Hospital of Chicago
Anxiety and Depression Association of America
Arthritis Foundation
American Society of Pediatric Otolaryngology
Association of Maternal & Child Health Programs
Association of Medical School Pediatric Department Chairs
Association of University Professors of Ophthalmology
Boston Children's Hospital
Child Neurology Society
Childhood Arthritis and Rheumatology Research Alliance (CARRA)
Children's Hospital Association
Children's Hospital Colorado
Children's Hospital of Philadelphia
Children's Wisconsin
Congress of Neurological Surgeons
Council of Pediatric Subspecialties
Eating Disorders Coalition for Research, Policy, & Action
Endocrine Society
Global Alliance for Behavioral Health and Social Justice
International Foundation for Autoimmune & Autoinflammatory Arthritis
International OCD Foundation
Lupus and Allied Diseases Association, Inc.
March of Dimes
National Association of Pediatric Nurse Practitioners
National Coalition for Infant Health
Nemours Children's Health
North American Society for Pediatric Gastroenterology, Hepatology and Nutrition
North American Society of Pediatric and Adolescent Gynecology
Pediatric Endocrine Society
Pediatric Infectious Diseases Society
Pediatric Policy Council
Pediatric Pulmonary Training Directors Association (PEPTDA)
Prevent Blindness


iii Ibid.

iv https://www.aacap.org/aacap/Advocacy/Federal_and_State_Initiatives/Workforce_Maps/Home.aspx