October 9, 2018

The Honorable Lamar Alexander       The Honorable Patty Murray
Chairman                              Ranking Member
U.S. Senate Committee on Health,         U.S. Senate Committee on Health,
Education, Labor, and Pensions        Education, Labor, and Pensions
Washington, DC 20510                  Washington, DC 20510

Dear Chairman Alexander and Ranking Member Murray:

On behalf of organizations dedicated to improving the health and well-being of children and adolescents, we write to urge you to reauthorize loan repayment for pediatric subspecialists (Section 775 of the Public Health Service Act) as part of the effort to reauthorize the Title VII health professions workforce programs. Support for pediatric subspecialists is a needed step toward curbing today’s demonstrated critical shortage of pediatric medical subspecialists, pediatric surgical specialists, and child and adolescent psychiatrists to help provide children with timely access to the vital health services they need.

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 pediatric genetics specialist is 20.8 weeks, 18.7 weeks for a developmental pediatric specialist, and 12.1 weeks for a pediatric pain management palliative care specialist, 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. This number is expected to grow to 101.6 million by 2050, increasing demand for pediatric health care services.³

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. Support for pediatric subspecialty loan repayment will help ameliorate shortages by providing a financial incentive for trainees to choose careers in pediatric subspecialties.
Thank you for your dedication to the health and well-being of children. We look forward to working with you to improve child access to pediatric subspecialists.

Sincerely,

AANS/CNS Pediatric Section
Academic Pediatric Association
Advocacy Council of ACAAI
AIDS Alliance for Women, Infants, Children, Youth & Familiied
American Academy of Dermatology Association
American Academy of Ophthalmology
American Academy of Pediatrics
American Association for Pediatric Ophthalmology and Strabismus
American Association of Child & Adolescent Psychiatry
American Association of Hip and Knee Surgeons
American Association of Neurological Surgeons
American Association of Orthopaedic Surgeons
American College of Allergy, Asthma and Immunology
American College of Cardiology
American College of Rheumatology
American College of Surgeons
American Orthopaedic Society for Sports Medicine
American Pediatric Society
American Pediatric Surgical Association
American Psychiatric Association
American Society for Surgery of the Hand
American Society of Pediatric Hematology/Oncology
American Society of Pediatric Nephrology
American Society of Pediatric Neurosurgeons
American Society of Pediatric Otolaryngology (ASPO)
American Thoracic Society
Arthritis Foundation
Arthroscopy Association of North America
Association of Maternal & Child Health Programs
Association of Medical School Pediatric Department Chairs
Association of Pediatric Program Directors
Child Neurology Foundation
Child Neurology Society
Children’s Hospital Association
Congress of Neurological Surgeons
Council of Pediatric Subspecialties
Eating Disorders Coalition
Endocrine Society
Global Healthy Living Foundation
International Foundation for Autoimmune & Autoinflammatory Arthritis (IFAA)
Lupus and Allied Diseases Association
March of Dimes
Mental Health America
National Alliance on Mental Illness
National Association of Pediatric Nurse Practitioners
National Coalition for Infant Health
National Council for Behavioral Health
National Infusion Center Association
National Organization for Rare Disorders
Nemours Children's Health System
North American Society for Pediatric Gastroenterology, Hepatology and Nutrition
Pediatric Endocrine Society
Pediatric Orthopaedic Society of North America
Pediatric Policy Council
Scoliosis Research Society
Societies for Pediatric Urology
Society for Adolescent Health and Medicine
Society for Pediatric Dermatology
Society for Pediatric Research
The National Alliance to Advance Adolescent Health
The Society of Thoracic Surgeons
US Pain Foundation

CC: The Honorable Michael Enzi
The Honorable Jack Reed