

January 31, 2014

Sylvia Mathews Burwell  
Director  
Office of Management and Budget  
725 17th Street, NW  
Washington, DC 20503

Dear Ms. Burwell:

On behalf of organizations dedicated to improving the health and well-being of children and adolescents, we write to thank you for your consistent support for the Pediatric Subspecialty Loan Repayment Program, a provision of the Affordable Care Act, and to request that you again include it in the President's Fiscal Year 2015 budget. The number of pediatric medical subspecialists, pediatric surgical specialists, and pediatric mental health specialists today is inadequate to meet the growing health needs of America's children. While we were disappointed that the program did not receive funding in Fiscal Year 2014, we are encouraged at the progress made with its first-time inclusion in a committee-passed appropriations bill. We respectfully request that the Pediatric Subspecialty Loan Repayment Program, Section 775 of the Public Health Service Act (42 U.S.C. 295f), be recognized as a critical priority and strongly urge the Administration to again request \$5 million for the program in Fiscal Year 2015.

There is not only a shortage but a significant disparity in the geographic distribution of pediatric subspecialists trained to treat children with special health care needs, 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 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. 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. Children's hospitals also reported extended vacancies, 12 months or longer, for certain pediatric subspecialist positions, which contribute to the difficulty of accessing pediatric subspecialty care in a timely manner.<sup>1</sup> Wait times outside children's hospitals can be much longer. When timely access to pediatric specialty and subspecialty 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.<sup>2</sup> 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;<sup>3</sup> 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.<sup>4</sup> This number is expected to grow to 101.6 million by 2050, increasing demand for pediatric health care services.

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 as a provision of the Affordable Care Act. 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.

As you complete work on the President's Fiscal Year 2015 budget, we strongly urge you to again recommend funding within the Health Resources and Services Administration to provide initial funding for this program. Our nation desperately needs specialists specifically trained to treat the growing number of American children with serious physical and mental health conditions. It is vital that initial funding for this program be provided as soon as possible. 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 Neurological Surgeons

American Association of Orthopaedic Surgeons

American College of Rheumatology

American College of Surgeons  
American Medical Association  
American Osteopathic Association  
American Pediatric Society  
American Psychiatric Association  
American Psychoanalytic Association  
American Psychological Association  
American Society of Pediatric Hematology/Oncology  
American Society of Pediatric Nephrology  
American Thoracic Society  
Arthritis Foundation  
Association of Medical School Pediatric Department Chairs  
Child Neurology Foundation  
Child Neurology Society  
Children and Adults with Attention-Deficit/Hyperactivity Disorder  
Children's Hospital Association  
Congress of Neurological Surgeons  
Depression and Bipolar Support Alliance  
March of Dimes  
National Alliance to Advance Adolescent Health  
National Association of Pediatric Nurse Practitioners  
North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition  
Pediatric Infectious Diseases Society  
Pediatric Orthopaedic Society of North America

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<sup>1</sup> 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>.

<sup>2</sup> American Board of Pediatrics.

<sup>3</sup> 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.

<sup>4</sup> 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>