May 17, 2022

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

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

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

On behalf of organizations dedicated to improving the health and well-being of children and adolescents, we write to thank you for the inclusion of first-time funding for the Pediatric Subspecialty Loan Repayment Program (PSLRP) in Fiscal Year (FY) 2022 and request $30 million in funding for PSLRP in the House FY 2023 Labor, Health and Human Services (HHS), Education and Related Agencies appropriations bill.

The initial funding for PSLRP in FY 2022 is allowing the Health Resources and Services Administration (HRSA) to begin the important work of implementing PSLRP after Congress reauthorized this program on a bipartisan basis. The new program will provide loan repayment for pediatric medical subspecialists, pediatric surgical specialists, and child mental health professionals who care for children in underserved areas, addressing critical shortages of these highly trained professionals by lessening financial disincentives for pursuing pediatric specialty training. An increased investment in FY 2023 will ensure 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.

Children are currently facing a mental health crisis exacerbated by the COVID-19 pandemic. Many children have experienced disruptions in their daily lives, isolation from peers and supportive adults, loss of family members from COVID-19, and increased family stress, all of which can impact mental health. The Centers for Disease Control and Prevention published data showing that the proportion of child emergency department visits that were for mental health reasons increased
24% for children 5 to 11 and 31% for children 12 to 17, during the pandemic. Unfortunately, there are too few child mental health professionals to care for these children, including a shortage of child psychiatrists in every state. Data also suggest that the pandemic has resulted in significantly higher rates of suicidal behavior in youth, and suicide is now the second leading cause of death among young people ages 10 to 24.

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. 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.

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 addressing underlying economic factors that are driving subspecialty shortages so children can access the care they need.

As you deliberate the Fiscal Year 2023 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 and Adolescent Psychiatry
American Association of Neurological Surgeons
American Association of Orthopaedic Surgeons
American College of Allergy, Asthma & Immunology
American College of Cardiology
American College of Obstetricians and Gynecologists
American College of Rheumatology
American Pediatric Society
American Psychiatric Association
American Psychoanalytic 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
American Society of Pediatric Otolaryngology
Anxiety and Depression Association of America
Arthritis Foundation
Association of Maternal & Child Health Programs
Association of Medical School Pediatric Department Chairs
Child Neurology Society
Childhood Arthritis and Rheumatology Research Alliance
Children's Hospital Association
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 Arthritis
International OCD Foundation
Lupus and Allied Diseases Association, Inc.
March of Dimes
National Association for Children's Behavioral Health
National Association of Pediatric Nurse Practitioners
National Coalition for Infant Health
Nemours Children's Health
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
Pediatric Pulmonology Training Directors Association (PEPTDA)
Prevent Blindness
REDC Consortium
Societies for Pediatric Urology
Society for Adolescent Health and Medicine
Society for Pediatric Research


Ibid.

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