

May 22, 2025

The Honorable Susan Collins
Chair, Committee on Appropriations
U.S. Senate
Washington, DC 20510

The Honorable Patty Murray
Vice Chair, Committee on Appropriations
U.S. Senate
Washington, DC 20510

The Honorable Shelley Moore Capito
Chair, Subcommittee on Labor, Health and
Human Services, Education, and Related
Agencies
U.S. Senate
Washington, DC 20510

The Honorable Tammy Baldwin
Ranking Member, Subcommittee on Labor,
Health and Human Services, Education, and
Related Agencies
U.S. Senate
Washington, DC 20510

Dear Chair Collins, Vice Chair Murray, Chair Capito, and Ranking Member Baldwin:

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 of the Pediatric Specialty Loan Repayment Program (PSLRP, Public Health Service Act Sec. 775) and request \$30 million in funding for PSLRP in the Senate Fiscal Year (FY) 2026 Labor, Health and Human Services (HHS), Education and Related Agencies (LHHSE) appropriations bill. This funding level will allow the Health Resources and Services Administration (HRSA) to ensure more communities have access to pediatric specialty care by expanding the number of loan repayment awards it is able to make. Investments in the pediatric subspecialty workforce are essential to addressing the serious challenges of chronic disease in children and ensuring young people can grow up healthy and thrive.

The United States' supply of pediatric medical subspecialists, pediatric surgical specialists, child and adolescent psychiatrists, and other pediatric mental health professionals is inadequate to meet children's unique health needs. Ideally, children requiring specialized care should be able to see a provider within a reasonable amount of time and as close to their homes as possible. However, pediatric subspecialty shortages are resulting in more children waiting longer for an appointment and having to travel long distances to receive necessary care. Children in need of some types of specialty care must wait close to 5 months or longer for an appointment with a pediatric subspecialist. For example, the wait time for an appointment with a specialist to diagnose whether a child has a developmental disorder such as ADHD or autism can be 4 $\frac{3}{4}$ months, while the wait time for an appointment with a specialist who can diagnose a genetic disorder can be 5 $\frac{1}{4}$ months.¹ Furthermore, the need to travel long distances to access care can cause additional stress and burden due to disrupted family schedules and lost time at school. Delaying care can result in delayed diagnosis, delayed treatment and intervention, and potentially harmful consequences.

¹"[Pediatric Workforce Assessment in Children's Hospitals](#) (Fall 2023)," Children's Hospital Association, 2024. *Note: Information obtained from 56 children's hospitals from September through October 2023.

The Pediatric Specialty Loan Repayment Program helps to ameliorate these shortages by addressing the financial barriers to training and practicing in a pediatric subspecialty. The additional time and expenses required to become a pediatric subspecialist can make pediatric subspecialist training and practice financially unfeasible. Pursuing subspecialty training typically requires forgoing a salary for two to four additional years while receiving specialized training, often leading to the accumulation of interest on outstanding educational debt. Further, pediatric subspecialists may earn less than general pediatricians because of the ways that pediatric health care is financed, or they earn more but not enough to compensate for lost earnings. The PSLRP helps to even out the financial burdens faced by pediatric subspecialists by providing \$100,000 in loan repayment in exchange for a three-year commitment to practice in an area where access is currently limited, or to provide care to children from these communities. This commitment helps address the economic factors that discourage individuals from subspecializing.

Now is a crucial time to increase investments in the pediatric medical subspecialty, pediatric surgical specialty, and child mental health workforce. Thanks to Congress' continued bipartisan investment in this critical program, HRSA was successfully able to issue PSLRP awards in 2023 and 2024. However, the number of interested and eligible pediatric subspecialists far outstripped available funding, highlighting the significant unmet demand for loan repayment. An investment of \$30 million in FY 2026 will allow HRSA to more than double the number of awards it is able to provide. This will ensure that more communities have access to pediatric subspecialty and child mental health care by incentivizing highly trained health care professionals to provide care to children from underserved areas.

As you consider the FY 2026 LHHSE bill, we strongly urge you to include \$30 million in funding for PSLRP. Thank you for your leadership and longstanding bipartisan commitment to investing in children's physical and mental health. If you have any questions, please contact Matt Mariani-Seltz at mmariani@aap.org.

Sincerely,

AANS/CNS Section on Pediatric Neurological Surgery
Academic Pediatric 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 and Immunology
American College of Cardiology
American College of Obstetricians and Gynecologists
American College of Rheumatology

American Pediatric Society
American Society of Hematology
American Society of Pediatric Hematology/Oncology
American Society of Pediatric Nephrology
American Society of Pediatric Neurosurgeons
American Society for Pediatric Otolaryngology
Ann & Robert H. Lurie Children's Hospital of Chicago
Anxiety and Depression Association of America
Arthritis Foundation
Association of Medical School Pediatric Department Chairs
Association of Pediatric Program Directors
Boston Children's Hospital
California Children's Hospital Association
Child Neurology Society
Children's Hospital Association
Children's Hospital Colorado
Children's Hospital Los Angeles
Children's Hospital Los Angeles Medical Group
Children's Hospital of Philadelphia
Children's Specialty Care Coalition
Children's Wisconsin
Congress of Neurological Surgeons
Connecticut Children's
Council of Pediatric Subspecialties (CoPS)
Eating Disorders Coalition for Research, Policy, and Action
El Paso Children's Hospital
Endocrine Society
Florida Association of Children's Hospitals
Global Alliance for Behavioral Health & Social Justice
International OCD Foundation
Loma Linda University Children's Hospital
Lupus and Allied Diseases Association, Inc.
MassGeneral for Children
MultiCare Health System
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 for Pediatric and Adolescent Gynecology
Pediatric Endocrine Society
Pediatric Orthopaedic Society of North America
Pediatric Policy Council

Prevent Blindness
Psychotherapy Action Network
REDC Consortium
Scoliosis Research Society
Seattle Children's
Societies for Pediatric Urology
Society for Developmental and Behavioral Pediatrics
Society for Pediatric Research
The Hospital and Healthsystem Association of Pennsylvania
The National Alliance to Advance Adolescent Health
The Society of Thoracic Surgeons
West Virginia Children's Hospital Collaborative