October 12, 2017

The Honorable Roy Blunt
U.S. Senate
Washington, DC 20510

The Honorable Jack Reed
U.S. Senate
Washington, DC 20510

The Honorable Billy Long
U.S. House of Representatives
Washington, DC 20515

The Honorable Joe Courtney
U.S. House of Representatives
Washington, DC 20515

Dear Senators Blunt and Reed and Representatives Long and Courtney:

On behalf of organizations dedicated to improving the health and well-being of children and adolescents, we write to endorse H.R. 3767 and S. 989, the Ensuring Children’s Access to Specialty Care Act of 2017. We see this legislation as a needed step toward curbing today’s demonstrated critical shortage of pediatric medical subspecialists, pediatric surgical specialists, and pediatric mental health specialists to help provide children with timely access to the vital health services they need. Thank you for their introduction.

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 developmental pediatric specialist is 14.5 weeks, 8.9 weeks for neurology, and 7.5 weeks for child and adolescent psychiatry, 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 specialty and subspecialty providers 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. H.R. 3767 and S. 989 would modify the National Health Service Corps (NHSC) loan repayment program to allow pediatric subspecialists working in underserved areas to participate. Currently, pediatric subspecialists are not eligible for this program. Your legislation correctly
recognizes the serious shortages that exist in pediatric subspecialties and will give the Health Resources and Services Administration (HRSA) the ability to begin to address them in a meaningful way.

Thank you for your dedication to the health and well-being of children. We look forward to working with you to pass this important legislation.

Sincerely,

AANS/CNS Section on Pediatric Neurological Surgery
Academic Pediatric Association
Advocacy Council of ACAAI
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 of Child and 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 Medical Genetics and Genomics
American College of Rheumatology
American College of Surgeons
American Medical Association
American Orthopaedic Society for Sports Medicine
American Pediatric Society
American Pediatric Surgical 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
American Society of Plastic Surgeons
American Thoracic Society
American Urological Association
Arthritis Foundation
Arthroscopy Association of North America
Association of Maternal & Child Health Programs
Association of Medical School Pediatric Department Chairs
Association of University Centers on Disabilities
Child Neurology Foundation
Child Neurology Society
Children’s Hospital Association
Congress of Neurological Surgeons
Eating Disorders Coalition
Endocrine Society
Heart Rhythm Society
Lupus and Allied Diseases Association, Inc.
Lupus Foundation of America
March of Dimes
Mental Health America
National Association of Pediatric Nurse Practitioners
National Association of Psychiatric Health Systems
National Council for Behavioral Health
National Eating Disorders Association
National Organization for Rare Disorders
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
Residential Eating Disorders Consortium
Scoliosis Research Society
Societies for Pediatric Urology
Society for Adolescent Health and Medicine
Society for Pediatric Dermatology
Society for Pediatric Research
The Depression and Bipolar Support Alliance
The National Alliance to Advance Adolescent Health
The Society of Thoracic Surgeons