March 2, 2021

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   Washington, DC 20515
U.S. House of Representatives
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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 request $50 million in funding for the Pediatric Subspecialty Loan Repayment
Program (PSLRP, Section 775 of the Public Health Service Act) in the House Fiscal Year (FY) 2022 Labor,
Health and Human Services (HHS), Education and Related Agencies appropriations bill. Understanding
the need to support child access to pediatric medical and mental health care amid the COVID-19
pandemic, last year Congress reauthorized this important program in the Coronavirus Aid, Relief, and
Economic Security (CARES) Act. We are asking you to complete the job by funding this critically
important program.

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 subspecialty 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 are experiencing 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, last year.¹ Data also suggest that the pandemic has
resulted in significantly higher rates of suicidal behavior in youth.² Unfortunately, there are too few
child mental health professionals to care for these children, including a shortage of children
psychiatrists in every state.³
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.\textsuperscript{iv} 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.\textsuperscript{v} Additionally, traveling long distances for care may increase families' risk of exposure to the novel coronavirus, when telehealth is not a medically appropriate or available alternative.

Timely access to care from pediatric subspecialists 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. This testing and diagnosis is not as effective or efficient via telehealth and therefore the pandemic has been increasing already long appointment wait times.

Now is a crucial time to invest in the pediatric subspecialty and child mental health workforce. Congress rightly recognized the importance of addressing critical health care workforce issues in the CARES Act by reauthorizing several of the Title VII Health Professions Programs administered by the Health Resources and Services Administration (HRSA), notably including the PSLRP. An initial investment of $50 million in the coming year would allow HRSA to implement this program and begin to address subspecialty and child mental health shortages in communities nationwide.

PSLRP will provide qualifying child health professionals with up to $35,000 in loan repayment annually in exchange for practicing in an underserved area for at least two years. This targeted financial support would help address high medical school or other graduate school debt that serves as a barrier to training in pediatric medical, surgical, and mental health subspecialties. Such relief would help address underlying economic factors that are driving subspecialty shortages and ultimately ensure that children can access the care they need.

As you deliberate the Fiscal Year 2022 appropriations package, we strongly urge you to include $50 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 or Cynthia Whitney at cwhitney@aacap.org.

Sincerely,

AANS/CNS Joint 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 Art Therapy Association
American Association for Pediatric Ophthalmology and Strabismus
American Association for Psychoanalysis in Clinical Social Work
American Association of Child & 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 Epilepsy Society
American Pediatric Society
American Psychiatric Association
American Psychoanalytic Association
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
American Thoracic Society
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 (CoPS)
Depression and Bipolar Support Alliance
Eating Disorders Coalition for Research, Policy & Action
Endocrine Society
Global Alliance for Behavioral Health and Social Justice
International Foundation for Autoimmune & Autoinflammatory Arthritis (AiArthritis)
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 System
North American Society for Pediatric and Adolescent Gynecology
North American Society for Pediatric Gastroenterology, Hepatology and Nutrition
Pediatric Endocrine Society


iv Ibid.

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