May 24, 2024

The Honorable Tom Cole  
Chair, Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

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

The Honorable Robert Aderholt  
Chair, Subcommittee on Labor, Health and  
Human Services, Education, and Related Agencies  
U.S. House of Representatives  
Washington, DC 20515

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

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 House Fiscal Year (FY) 2025 Labor, Health and Human Services (HHS), Education and Related Agencies appropriations bill. With this investment, the Health Resources and Services Administration (HRSA) will be able to ensure more communities have access to specialized pediatric care by expanding the number of loan repayment awards it is able to make.

Serious shortages of pediatric medical subspecialists, pediatric surgical specialists, child and adolescent psychiatrists, and other pediatric mental health professionals are impeding children’s access to needed care. 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, growing pediatric subspecialty shortages are leading to more children waiting longer for an appointment and traveling longer distances to receive care.

For example, severe shortages of pediatric geneticists and developmental-behavioral pediatricians can result in families waiting up to 5 months for an appointment, while children in need of a pediatric neurologist may have to wait for 3 months before they can see a provider. One quarter of children in the United States live greater than a 55-mile drive away from a pediatric rheumatologist, which can cause additional stress and burden due to disrupted family schedules and lost time at school, when a child with juvenile arthritis needs care. Delaying care can result in delayed diagnosis, delayed treatment and intervention, and potentially harmful consequences.

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 expense required to become a pediatric subspecialist can make pediatric subspecialty training and practice financially infeasible. Pursuing subspecialty training requires forgoing a salary for two to four additional years while receiving specialized training, often accruing 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 commitment to practice in an underserved area for three years.

Now is a crucial time to increase investments in the pediatric medical subspecialty, pediatric surgical specialty, and child mental health workforce. In October 2023, HRSA made the first-ever PSLRP awards thanks to Congress’s bipartisan investment in this critical program. However, the number of eligible pediatric subspecialists far outstripped available funding, highlighting the significant unmet demand for loan repayment. With $30 million in FY 2025, HRSA would be able to double the number of awards it is able to provide, ensuring 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.

Without additional federal investments 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. As you deliberate the FY 2025 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 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 Epilepsy Society
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 of Pediatric Otolaryngology
The National Alliance to Advance Adolescent Health
The Society of Thoracic Surgeons
West Virginia Children’s Hospital Collaborative