

March 2, 2021

The Honorable Patrick Leahy
Chair, Committee on Appropriations
U.S. Senate
Washington, DC 20510

The Honorable Richard Shelby
Vice Chair, Committee on Appropriations
U.S. Senate
Washington, DC 20510

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

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

Dear Chair Leahy, Vice Chair Shelby, Chair Murray, and Ranking Member Blunt:

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 Senate 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.ⁱ Data also suggest that the pandemic has resulted in significantly higher rates of suicidal behavior in youth.ⁱⁱ Unfortunately, there are too few child mental health professionals to care for these children, including a shortage of children psychiatrists in every state.ⁱⁱⁱ

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.^{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.^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
Pediatric Orthopaedic Society of North America
Pediatric Policy Council

Prevent Blindness
School Social Work Association of America
Scoliosis Research Society
Societies for Pediatric Urology
Society for Adolescent Health and Medicine
Society for Developmental and Behavioral Pediatrics
Society for Pediatric Dermatology
Society for Pediatric Research
Society for Pediatric Urology
Society of Critical Care Medicine
The National Alliance to Advance Adolescent Health
The Society of Thoracic Surgeons
ZERO TO THREE

ⁱ Leeb RT, et al. “Mental Health–Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic — United States, January 1–October 17, 2020.” *MMWR Morb Mortal Wkly Rep.* 2020;69:1675–1680. DOI: <http://dx.doi.org/10.15585/mmwr.mm6945a3external icon>.

ⁱⁱ Hill RM, et al. “Suicide Ideation and Attempts in a Pediatric Emergency Department Before and During COVID-19.” *Pediatrics.* December 2020, e2020029280; DOI: <https://doi.org/10.1542/peds.2020-029280>.

ⁱⁱⁱ Turner A, et al. “Comparison of Number and Geographic Distribution of Pediatric Subspecialists and Patient Proximity to Specialized Care in the US Between 2003 and 2019.” *JAMA Pediatrics.* doi:10.1001/jamapediatrics.2020.1124. Published online May 18, 2020.

^{iv} Ibid.

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