May 17, 2022

The Honorable Rosa DeLauro
Chair, Committee on Appropriations

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

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

The Honorable Kay Granger
Ranking Member, Committee on
Appropriations
U.S. House of Representatives
Washington, DC20515

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 thank you for the inclusion of first-time funding for the Pediatric Subspecialty Loan Repayment Program (PSLRP) in Fiscal Year (FY) 2022 and request \$30 million in funding for PSLRP in the House FY 2023 Labor, Health and Human Services (HHS), Education and Related Agencies appropriations bill.

The initial funding for PSLRP in FY 2022 is allowing the Health Resources and Services Administration (HRSA) to begin the important work of implementing PSLRP after Congress reauthorized this program on a bipartisan basis. The new program will provide loan repayment for pediatric medical subspecialists, pediatric surgical specialists, and child mental health professionals who care for children in underserved areas, addressing critical shortages of these highly trained professionals by lessening financial disincentives for pursuing pediatric specialty training. An increased investment in FY 2023 will ensure this much-needed support can reach additional pediatric medical subspecialists, pediatric surgical specialists, and child mental health professionals.

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 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.

Children are currently facing a mental health crisis exacerbated by the COVID-19 pandemic. Many children have experienced 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, during the pandemic. Unfortunately, there are too few child mental health professionals to care for these children, including a shortage of child psychiatrists in every state. Data also suggest that the pandemic has resulted in significantly higher rates of suicidal behavior in youth, and suicide is now the second leading cause of death among young people ages 10 to 24.

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

Timely access to care from pediatric medical subspecialists, pediatric surgical specialists, and child mental health professionals 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.

Now is a crucial time to increase investments in the pediatric medical subspecialty, pediatric surgical specialty, and child mental health workforce. PSLRP's bipartisan support is a reflection of Congress's recognition of the importance of addressing critical pediatric health care workforce shortages. An investment of \$30 million in the coming year will allow HRSA to ensure more communities have access to subspecialty and child mental health care by addressing underlying economic factors that are driving subspecialty shortages so children can access the care they need.

As you deliberate the Fiscal Year 2023 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 Dermatology 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 & Immunology

American College of Cardiology

American College of Obstetricians and Gynecologists

American College of Rheumatology

American Pediatric Society

American Psychiatric Association

American Psychoanalytic Association

American Society of Hematology

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

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

Eating Disorders Coalition for Research, Policy & Action

Endocrine Society

Global Alliance for Behavioral Health and Social Justice

International Foundation for 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

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

Pediatric Pulmonology Training Directors Association (PEPTDA)

Prevent Blindness

REDC Consortium

Societies for Pediatric Urology

Society for Adolescent Health and Medicine

Society for Pediatric Research

Society of Developmental & Behavioral Pediatrics The National Alliance to Advance Adolescent Health The Society of Thoracic Surgeons ZERO TO THREE

¹ 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.

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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.

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