

July 17, 2019

The Honorable Jan Schakowsky
U.S. House of Representatives
Washington, DC 20515

The Honorable Michael Burgess, MD
U.S. House of Representatives
Washington, DC 20515

Dear Representative Schakowsky and Ranking Member Burgess:

On behalf of organizations dedicated to improving the health and well-being of children and adolescents, we write in support of Section 4 of your legislation, the EMPOWER for Health Act of 2019 (H.R. 2781), which would reauthorize the Pediatric Subspecialty Loan Repayment Program. Support for pediatric subspecialists is a needed step toward curbing today's demonstrated critical shortage of pediatric medical subspecialists, pediatric surgical specialists, and child and adolescent psychiatrists to help provide children with timely access to the vital health services they need. We appreciate your commitment to ensuring a robust and well-trained health care workforce to care for America's children.

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 pediatric genetics specialist is 20.8 weeks, 18.7 weeks for a developmental pediatric specialist, and 12.1 weeks for a pediatric pain management palliative care specialist, 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 subspecialists 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. Support for pediatric subspecialty loan repayment will help ameliorate shortages by providing a financial incentive for trainees to choose careers in pediatric subspecialties.

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 Neurological Surgeons
American College of Allergy, Asthma & Immunology
American College of Cardiology
American College of Rheumatology
American Epilepsy Society
American Pediatric Society
American Pediatric Surgical Association
American Society of Pediatric Hematology/Oncology
American Society of Pediatric Nephrology
American Society of Pediatric Neurosurgeons
American Thoracic Society
Arthritis Foundation
Association of Maternal and Child Health Programs
Association of Medical School Pediatric Department Chairs
Association of Pediatric Program Directors
Child Neurology Society
Childhood Arthritis and Rheumatology Research Alliance
Children's Hospital Association
Congress of Neurological Surgeons
Council of Pediatric Subspecialties
Endocrine Society
International Foundation for Autoimmune & Autoinflammatory Arthritis
Lupus and Allied Diseases Association, Inc.
National Association of Pediatric Nurse Practitioners
National Infusion Center Association
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 Policy Council
Pediatric Pulmonology Training Directors Association

Society for Developmental and Behavioral Pediatrics
Societies for Pediatric Urology
Society for Adolescent Health and Medicine
Society for Pediatric Dermatology
Society for Pediatric Research
Society of Critical Care Medicine
The National Alliance to Advance Adolescent Health
The Society of Thoracic Surgeons

CC: The Honorable Anna Eshoo, Chair, Subcommittee on Health, Committee on Energy and
Commerce
The Honorable Frank Pallone, Chair, Committee on Energy and
Commerce
The Honorable Greg Walden, Ranking Member, Committee on Energy and Commerce

¹Frintner MP, Mulvey HJ, Pletcher BA, Olson LM. "Pediatric Resident Debt and Career Intentions." *Pediatrics*. 2013. Rochlin JM, Simon HK. "Does Fellowship Pay: What is the Long-Term Financial Impact of Subspecialty Training in Pediatrics?" *Pediatrics*. 2011 Feb;127(2):254-60.

²Werner RM, Polsky D. "Comparing the Supply of Pediatric Subspecialists and Child Neurologists." *Journal of Pediatrics*. 2005 Jan; 146(1):20-5.

³Federal Interagency Forum on Child and Family Statistics. *America's Children in Brief: Key National Indicators of Well-Being, 2012*. Available at: <http://childstats.gov/americaschildren/health.asp>