CHILD ACCESS TO MENTAL HEALTH SPECIALISTS, MEDICAL SUBSPECIALISTS, AND SURGICAL SPECIALISTS

April 10, 2013

The Honorable Tom Harkin
Chair, Labor-HHS-Education Subcommittee
United States Senate
Washington, DC 20510

The Honorable Jerry Moran
Ranking Member, Labor-HHS-Education Subcommittee
United States Senate
Washington, DC 20510

The Honorable Jack Kingston
Chair, Labor-HHS-Education Subcommittee
United States House of Representatives
Washington, DC 20515

The Honorable Rosa DeLauro
Ranking Member, Labor-HHS-Education Subcommittee
United States House of Representatives
Washington, DC 20515

Dear Chairman Harkin, Chairman Kingston, Ranking Member Moran, and Ranking Member DeLauro:

We write to you out of concern that the number of pediatric mental health specialists, pediatric medical subspecialists, and pediatric surgical specialists today is inadequate to meet the growing health needs of America’s children. We respectfully request that the Pediatric Subspecialty Loan Repayment program, Section 775 of the Public Health Service Act (42 U.S.C. 295f), be recognized as a critical national priority and strongly urge Congress to provide it with $5 million in funding in the FY 2014 Labor-HHS-Education Appropriations bill.

The all too recent tragic events in Newtown, Connecticut, underscore the need to refocus attention on pediatric mental health. Mental illness is like any other disease in that the earlier it is identified and treated, the better the outcomes. However, when left untreated, these disorders can lead to serious consequences for children, their families, and our communities. Effective treatments are available, but sadly there is an average delay of 8 to 10 years between the onset of symptoms and intervention. The longer the lag time is between symptom onset and treatment, the more difficult and costly mental illness is to treat and the greater the burden becomes on our public health system. Unfortunately, however, there is a severe shortage of pediatric mental health care providers across the country. Without adequate availability of professionals trained to take care of youth with complex mental health problems, we cannot ensure that those who need care most have the ability to receive it.

According to a 2012 survey conducted by the Children’s Hospital Association, appointments for certain pediatric subspecialty care far exceed the prevailing benchmark of a two-week wait time in children’s hospitals. For example, according to survey respondents, the average time for a developmental pediatric specialist is 14.5 weeks; 8.9 weeks for neurology; and 7.5 weeks for child and adolescent psychiatry. Children’s hospitals also reported extended vacancies, 12 months or longer, for certain pediatric subspecialist positions, which contribute to the difficulty of accessing pediatric subspecialty care in a timely manner. ¹ Wait times outside children’s hospitals can be much longer.
There is a significant disparity in the geographic distribution of pediatric specialists across the country to treat these very sick children, resulting in many children in underserved rural and urban areas not receiving timely health care. Compounding the problem, fewer individuals are choosing careers in pediatric subspecialties and pediatric mental health care, while the existing workforce continues to age. Financial concerns, such as debt load, are a significant factor and a deterrent influencing career choice away from pediatric subspecialty.2,3

The Pediatric Subspecialty Loan Repayment program will help ameliorate these shortages. This section requires the Secretary of Health and Human Services to establish and implement a pediatric specialty loan repayment program. Eligible participants must agree to work full-time for not less than two years in a pediatric medical specialty, a pediatric surgical specialty, or in child and adolescent mental and behavioral health in a health professional shortage area or a medically underserved area as determined by the Secretary. In return, the program will pay up to $35,000 in loan repayment for each year of service, for a maximum of three years. The law authorizes $30 million per year for loan repayments for pediatric medical specialists and pediatric surgical specialists and $20 million for each year for loan repayments for child and adolescent mental and behavioral health professionals.

As you deliberate the Fiscal Year 2014 appropriations package, we strongly urge you to appropriate $5 million within the Health Resources and Services Administration to provide initial funding for this program. Our nation desperately needs specialists specifically trained to treat the growing number of American children with serious physical and mental health conditions. It is vital that initial funding for this program be provided as soon as possible. Thank you for giving this request all appropriate consideration.

Sincerely,

AANS/CNS Section on Pediatric Neurological Surgery
Academic Pediatric Association
American Academy of Child and Adolescent Psychiatry
American Academy of Neurology
American Academy of Ophthalmology
American Academy of Otolaryngology—Head and Neck Surgery
American Academy of Pediatrics
American Association for Marriage and Family Therapy
American Association for Pediatric Ophthalmology and Strabismus
American Association of Neurological Surgeons
American Association of Orthopaedic Surgeons
American College of Cardiology
American College of Rheumatology
American College of Surgeons
American Counseling Association
