

May XX, 2026

The Honorable Susan Collins
Chair, Committee on Appropriations
U.S. Senate
Washington, DC 20510

The Honorable Patty Murray
Vice Chair, Committee on Appropriations
U.S. Senate
Washington, DC 20510

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

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

Dear Chair Collins, Vice Chair Murray, Chair Capito, and Ranking Member Baldwin:

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 Senate Fiscal Year (FY) 2027 Labor, Health and Human Services (HHS), Education and Related Agencies (LHHSE) appropriations bill. This funding level will allow the Health Resources and Services Administration (HRSA) to ensure more communities have access to pediatric specialty care by expanding the number of loan repayment awards it is able to make.

The United States' supply of pediatric medical subspecialists, pediatric surgical specialists, child and adolescent psychiatrists, and other pediatric mental health professionals is inadequate to meet children's unique health needs. 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, existing pediatric subspecialty shortages are resulting in more children waiting longer for an appointment and having to travel long distances to receive necessary care.

These shortages carry real consequences for children and families. For example, shortages in behavioral, neurological, and mental health specialties are resulting in children across the country facing difficulties obtaining crucial care. In some instances, children are forced to wait on average close to 21 weeks for a medical genetics appointment, more than 20 weeks for a developmental-behavioral pediatric visit, and 14 weeks for a pediatric neurology appointment.¹ Traveling long distances to access care can cause additional stress and burden due to disrupted family schedules and lost time at school. Millions of children reside 80 miles or more from a pediatric subspecialist, depending on the subspecialty, underscoring the severity of geographic barriers

¹ ["Pediatric Workforce Shortages Persist,"](#) Children's Hospital Association, 2024.

to timely pediatric subspecialty care. Delaying care can result in delayed diagnosis, delayed treatment and intervention, and potentially harmful consequences.

In addition, the substantial time and expense required to become a pediatric subspecialist can make pediatric subspecialist training and practice financially unfeasible. Pursuing subspecialty training typically requires forgoing a salary for two to four additional years while receiving specialized training, often leading to the accumulation of interest on outstanding educational debt. Reimbursement for pediatric providers has also historically been low, driven in large part by lower reimbursement rates in the Medicaid program, which covers nearly half of all children, relative to other payors.² As a result, the majority of pediatric subspecialists have reported inadequate reimbursement as negatively impacting both recruitment and retention.³ In many subspecialties, the decision to pursue fellowship training – rather than practicing as a general pediatrician following primary residency – amounts to a loss in lifetime earnings of more than \$1 million.⁴ Taken together, these financial pressures can discourage trainees from entering the pediatric subspecialty profession altogether.⁵

Most existing federal loan forgiveness programs are adult-care focused and not aligned with the needs of the pediatric subspecialty workforce. As the only federal loan forgiveness program dedicated to pediatric subspecialists, the Pediatric Specialty Loan Repayment Program helps to ameliorate workforce shortages by addressing the financial barriers to training and practicing in a pediatric subspecialty. PSLRP provides \$100,000 in loan repayment for a three-year commitment to practice in areas where access is currently limited, or to provide care to children from these communities. This commitment helps counteract economic disincentives that discourage individuals from subspecializing and supports care for children across the country.

Thanks to Congress' continued bipartisan investment in this critical program, HRSA has successfully administered PSLRP since 2023. In FY25, HRSA was able to provide 84 awards to pediatric subspecialists and child behavioral health providers. However, the number of interested and eligible applicants continues to exceed available funding. An increased investment of \$30 million in FY 2027 will allow HRSA to further increase the overall number of awards it is able to provide. This will ensure that more communities have access to pediatric subspecialty and child mental health care by incentivizing highly trained health care professionals to agree to serve in or provide care to children from underserved areas.

As you consider the FY 2027 LHHSE bill, we strongly urge you to include \$30 million in funding for PSLRP. Thank you for your leadership and longstanding bipartisan commitment to investing in children's physical and mental health. If you have any questions, please contact Matt Mariani-Seltz at mmariani@aap.org.

Sincerely,

² “[Securing the Workforce for America's Children](#).” Children's Hospital Association, 2026.

³ “[Physician Compensation Report 2025](#).” Doximity.

⁴ Eva Catenaccio, Jonathan M. Rochlin, Harold K. Simon; Differences in Lifetime Earning Potential for Pediatric Subspecialists. *Pediatrics* April 2021; 147 (4): e2020027771. 10.1542/peds.2020-027771

⁵ “[The Future Pediatric Subspecialty Physician Workforce: Meeting the Needs of Infants, Children, and Adolescents](#),” p172, National Academies of Sciences, Engineering, and Medicine, 2023.

American Academy of Pediatrics

American Association of Child and Adolescent Psychiatry

American College of Rheumatology

American Society of Pediatric Nephrology

Arthritis Foundation

Children's Hospital Association

North American Society for Pediatric Gastroenterology, Hepatology and Nutrition

List in formation