



## IMPROVING ACCESS TO PEDIATRIC SUBSPECIALISTS: PEDIATRIC SUBSPECIALTY LOAN REPAYMENT

The current number of pediatric medical subspecialists, including pediatric gastroenterologists, is inadequate to meet the growing needs of America's children. To strengthen the pediatric subspecialty workforce, the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition (NASPGHAN) asks Congress to fund the Pediatric Subspecialty Loan Repayment Program at \$5 million in FY 2014.

### **PEDIATRIC SUBSPECIALTY LOAN REPAYMENT PROGRAM**

The Pediatric Subspecialty Loan Repayment Program is authorized at \$30 million per year (FY 2010-FY 2014) for loan repayments to pediatric medical specialists and pediatric surgical specialists. Regrettably, despite overwhelming need to strengthen our pediatric specialty workforce, the program has yet to be funded. The President's FY 2014 budget proposal includes \$5 million for the program, which would fund 64 initial two-year awards.

To receive loan repayment, eligible participants must agree to work full time for not less than two years in a pediatric medical specialty or a pediatric surgical specialty health professional shortage area or a medically underserved area as determined by the Secretary of the Department of Health and Human Services. In return, the program will pay up to \$35,000 in loan repayment for each year of service, for a maximum of three years.

Additionally, NASPGHAN seeks reauthorization of the program and supports legislation introduced in the House, the "Pediatric Subspecialty and Mental Health Workforce Reauthorization Act of 2013" (H.R. 1827), which would reauthorize the program through FY 2018.

### **WHY PEDIATRIC SUBSPECIALTY LOAN REPAYMENT IS NEEDED**

***Clinical demand for pediatric subspecialists is rising*** – Over the past decade, the pediatric population has experienced increases in the incidence and prevalence of a number of conditions and diseases. Demand for pediatric gastroenterology services has increased, as has the time caring for patients due to increased complexity of care.

According to a May 2012 survey of children's hospitals conducted by the Children's Hospital Association, gastroenterology was among six pediatric subspecialties with the most frequently reported vacancies of 12 months or longer in children's hospitals. Hospitals surveyed also responded that the pediatric specialist shortages that most affect their ability to deliver care are pediatric neurology, developmental pediatrics/behavioral medicine, pediatric gastroenterology, pediatric surgery, and pediatric neurosurgery. Shortages of pediatric subspecialists mean that many pediatric patients in need of subspecialty care must travel long distances or wait weeks, sometimes even months, to see a specialist.

***Fewer residents are choosing careers in pediatric subspecialties as the workforce ages*** – According to the American Board of Pediatrics, there are 1,274 pediatric gastroenterologists in the United States, of which 35 percent are over the age of 55. It is expected that 96 medical students will complete their residency training in pediatric gastroenterology in 2013. There are just sufficient pediatric gastroenterology fellowship applicants to cover current positions, but evidence strongly suggests that the current workforce does not meet demand. There are two primary economic disincentives that discourage medical students from pursuing careers in pediatric subspecialty medicine: longer training (2-3 years on average) with high loan debt, and average Medicaid reimbursement that is 30 percent less than Medicare (one in three children are covered by Medicaid, making it the largest payer of children's health care services).

Visit [www.naspghan.org](http://www.naspghan.org) for more information.