

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



NYS AAP - Chapter 2

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July 24, 2019

RE: The EMPOWER for Health Act of 2019, HR 2781

Dear Representative,

As representatives of the over 1,500 members of the New York State American Academy of Pediatrics (NYS AAP) - Chapter 2, who live and work on Long Island, we are writing to request co-sponsorship of HR 2781, the **Educating Medical Professionals and Optimizing Workforce Efficiency and Readiness for Health Act of 2019**.

This bipartisan bill, introduced by your colleagues Reps. Janice Schakowsky and Michael Burgess, would reauthorize the Pediatric Subspecialty Loan Repayment Program and provide education debt relief for pediatric sub-specialists who work in underserved areas after completing their medical training.

This bill not only has the potential to improve healthcare access for children across the country, but may also address the significant physician shortages in many pediatric sub-specialty disciplines. Further, as pediatric sub-specialists are more likely than general pediatrician to engage in research, this bill may also partially resolve issues related to the weakening pipeline of pediatric scientists, which has been eroded in light of decades of decreased extra-mural and National Institutes of Health research funding.

The total amount of educational debt held by students is now estimated at 1.2 Trillion Dollars. Medical students and physicians hold a disproportionate share of educational debt. Nationally, the cost of a medical education has far surpassed inflation. According to the American Association of Medical Colleges, **the median cost of a four-year medical school education for a student in the Class of 2015 ranges from \$225,000 to almost \$300,000** (1). Annual Tuition for medical students approaches \$60,000 per year according the Association of American Medical Colleges (2).

Not surprisingly, the median educational debt for a medical school graduate is now \$180,000. Ten percent of graduates have a combined undergraduate and medical graduate debt burden of over \$300,000 (3).

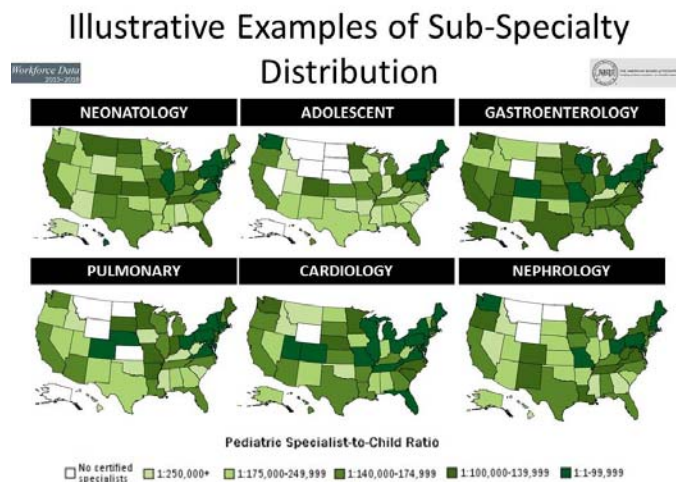
This financial stress informs a medical school graduate's choice of which career to pursue (4-6). According the Bureau of Labor and Statistics, **pediatricians are at the lowest end of the physician income spectrum**, with a median income (across ALL levels of experience) of \$163,350 (7). These conditions have contributed to a disparity in the geographic distribution of pediatricians (8).

Sadly, the situation is often worse for pediatric subspecialists, who undergo additional years of post-medical graduate training beyond the 3 required for pediatrics before entering the workforce. However, despite this increased training, **many pediatric sub-specialists are paid equally or less** than their general pediatric colleagues - an aspect of pediatric healthcare which differs significantly from adult medicine (9).

Thus, additional years of pediatric sub-specialty training actually results in a negative financial decision as opposed to not pursuing sub-specialty care for 8 of 11 fields (11). For example, it is estimated that a pediatric emergency medicine sub-specialist will earn \$305,000 less over a career than if he/she has remained a general pediatrician and declined an additional 3 years of training. For pediatric infectious disease specialists, the lifetime loss of income is \$870,995. Modelling \$35,000 in annual loan repayment costs DOES NOT equalize the lifetime economic loss of most pediatric sub-specialty care, but simply minimizes its impact (11).

This system discourages physicians from entering pediatric sub-specialty fields such as child neurology and behavioral pediatrics and has resulted in wait times of several weeks or more and long commutes for parents to seek care for their children who suffer from serious illnesses. According to the American Board of Pediatrics, there are only 270 certified pediatric rheumatologists and only 40 pediatric toxicologists in the NATION (8). It has also resulted in both a nation-wide shortage and maldistribution of pediatric sub-specialty physicians (12). Adult medicine has roughly 36 specialists for every 100,000 patients, while in pediatrics, there are only 13 per 100,000 children (13).

This figure, taken from the American Board of Pediatrics Workforce data, illustrates the extent of these disparities, which notably exist for both high-paying and lower-paying specialties.



This has created shortages in areas where none would be expected. For example, though approximately 1 in 150 children are diagnosed with autism or autism-like disorders, areas of New York City and Manhattan, are designated as “medically-underserved areas” for many pediatric subspecialties, including child psychiatrists, neurologists and behavioral specialists according to the Health Resources and Services Administration (10).

According to the Health Resources Services Administration and the Children’s Hospital Association, these shortages create untenable wait times for certain sub-specialists. The average wait time is 8-9 weeks for pediatric neurologists and 7 weeks for a pediatric endocrinologist, with four states having none of these physicians (14).

Support for this proposed legislation may also address issues with the physician-scientist pipeline. Within pediatrics, physician-researchers are more likely to be subspecialists, and thus creating mechanisms to support development of these specialty-trained pediatric physicians may result in more researchers.

As the funding and purchasing power of grants supported by the National Institutes of Health (NIH) has been reduced over the past 2 decades, the number of physician-scientists opting out of research careers in favor of more lucrative clinical care opportunities has increased.

The NIH funding environment is the worst it has been in almost 2 decades. According to testimony provided by NIH Director Francis Collins, the NIH has lost 22% of its purchasing power since 2003. The result has been the worst climate for federally funded research in a generation (15).

This has had a significant impact on the number of researchers within pediatrics and has reduced the amount of federally-supported research being done. Young investigators have been especially affected by these financial constraints. When NIH grant applications are considered, established investigators, with their prior experience with grants and proven track-record of publications, have an advantage in obtaining renewals of existing grant funds. Young investigators who lack such experience and have yet to establish credibility as NIH scientists must compete for an ever-limited number of NEW grant funds. According to the American Academy of Pediatrics, the percentage of NIH principal investigators 36 and younger was approximately 3% in 2010, down from 18% in 1982. Not surprisingly, the number of established investigators over the age of 66 has increased steadily over the same time span. Over the next decade the United States will cease to be the world leader in biomedical research (16).

Supporting loan repayment in exchange for clinical work in an underserved area may influence subspecialists to pursue research careers. Given the financial issues outlined above, many of these physicians are motivated toward clinical care, which funds salaries and allows for timely loan repayment and financial planning, which is critically important as physicians don't begin to earn salaries commensurate with their training until their early 30s.

House Resolution 2781 addresses both the clinical and scientific workforce problems by incentivizing pediatric subspecialists to practice in underserved areas by rendering them eligible for the National Health Service Corps loan repayment program.

This program provides loan repayment and scholarship opportunities for providers who serve two years in a high need or underserved areas. Though this bill does not fully correct the extra lifetime financial burden created by choosing a career in pediatric sub-specialization, it will motivate more pediatricians to pursue subspecialty training by mitigating educational debt issues and providing critical health access to children who are often out of reach of pediatric subspecialty care.

Simply put, this bill is a **WIN FOR CHILDREN AND PEDIATRICIANS.**

I urge you to make the health and well-being of children one of your top priorities by co-sponsoring this legislation and by seeking out colleagues and asking them to consider co-sponsorship of this important legislative bill.

Sincerely,

A handwritten signature in black ink, appearing to read 'S. Shah', with a stylized flourish extending to the right.

Shetal I. Shah, MD, FAAP
President, NYS AAP - Chapter 2

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