December 18, 2013

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

On behalf of the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition (NASPGHAN), I am concerned that the number of pediatric medical subspecialists, including pediatric gastroenterologists, is inadequate to meet the growing health needs of America’s children. I therefore respectfully ask you to provide an FY 2014 appropriation of $5 million for the Pediatric Subspecialty Loan Repayment program.

Over the past decade, the demand for pediatric gastroenterology services has grown as a result of an increase in the incidence and prevalence of a number of conditions and diseases that we manage and treat. For example, the prevalence of obesity has resulted in otherwise rare diseases to become routine, including fatty liver disease in children – an obesity-associated condition that is now frequently seen in our practices. Inflammatory bowel disease (IBD) is also a condition managed by pediatric gastroenterologists. An estimated one million Americans are living with IBD, with nearly 1 in 4 patients diagnosed under 20 years of age. IBD is a chronic condition without a medical cure and commonly requires a lifetime of care.

The demand for pediatric subspecialists is increasing as fewer residents are choosing careers in pediatric subspecialties and as the current 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). We believe $5 million is a modest but important investment toward ensuring that the pipeline of pediatric subspecialists is adequate to meet current and future patient demand.

I thank you for your consideration of our request as you begin negotiations on an FY 2014 Labor-Health and Human Services-Education Appropriations bill. Should you have any questions, please do not hesitate to contact Camille Bonta, NASPGHAN’s Washington representative, at cbonta@summithealthconsulting.com or (202) 320-3658.

Sincerely,

[Signature]

Athos Bousvaros, M.D.
NASPGHAN President