



April 12, 2013

The Honorable Jack Kingston  
House Appropriations Subcommittee  
on Labor, HHS and Education  
2358 Rayburn House Office Building  
Washington, D.C. 20515

The Honorable Rosa DeLauro  
House Appropriations Subcommittee  
on Labor, HHS and Education  
2358 Rayburn House Office Building  
Washington, D.C. 20515

Dear Chairman Kingston and Ranking Member DeLauro:

As you work on the Fiscal Year 2014 Labor, Health and Human Services, Education and Related Agencies Appropriations Act, **the Arthritis Foundation and the American College of Rheumatology write to urgently request \$5 million for the Pediatric Subspecialty Loan Repayment Program**, Section 775 of the Public Health Service Act (42 U.S.C. 295f). We are asking that Congress recognize this critical need by providing program funding in Fiscal Year 2014. President Obama's FY 2014 budget requests Congress to appropriate \$5 million for the Pediatric Subspecialty Loan Repayment Program.

Arthritis is a disabling and painful disease that affects 50 million adult Americans, and **almost 300,000 children – nearly 1 in 250 children – are living with a form of juvenile arthritis (JA)**. JA is one of the most common childhood diseases, affecting more children than cystic fibrosis and muscular dystrophy.

There is a severe shortage of pediatric rheumatologists in the United States, with fewer than 250 board-certified, practicing pediatric rheumatologists, primarily clustered in and around large cities. **In fact, 11 states do not have a single board-certified, practicing pediatric rheumatologist, and 7 states have only one.** As a result, the hundreds of thousands of patients with juvenile rheumatic disease have severely limited access to the care they need. Further, the average pediatric rheumatologist is in his or her low-to-mid 50s. While the access and care situation is extremely challenging now, it will worsen unless more doctors enter the field.

**Due to the scarcity of pediatric rheumatologists, only one-fourth of children with JA are currently able to see a pediatric rheumatologist.** Even when a child with JA is able to see a pediatric rheumatologist, often the indirect costs to the parents of travel and lost time from work and school are many multiples of the direct health care costs. The other 75 percent of JA patients currently see either pediatricians, who tend not to be adequately trained to care for children with juvenile arthritis, or adult rheumatologists, who are not trained to deal with pediatric issues – whether the stunted bone growth that can result from arthritis and its treatment, or the special requirements of providing treatment to an adolescent. There are also significant increased costs of having physicians, nurse practitioners, and ER or acute care centers see these children when unnecessary tests and imaging are ordered, or ineffective medications are used. Similar challenges exist for other pediatric cognitive subspecialties and their patients.

There are many long-term benefits and cost savings to be achieved with access to appropriate care from a pediatric rheumatologist. **Early and appropriate treatment by a pediatric rheumatologist can prevent permanent joint and organ damage.** If this damage is allowed to occur, eventually the patient will require far more expensive and extensive interventions, and may be unable to work or raise a family.

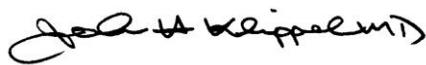
The lack of access to appropriate care ensures many of these children and their families will face significant economic and personal hardships now and into the future. The costs to the workforce and society will continue to be borne through the loss of potential workers and their associated spending and taxes, as well as through the potential need for the patient to receive disability payments, Medicaid and Medicare coverage, or other outlays.

**The Pediatric Subspecialty Loan Repayment Program was created to help ameliorate these harmful shortages.** Eligible participants must agree to work full-time for not less than two years in a pediatric medical subspecialty, like pediatric rheumatology, in a health professional shortage area or a medically underserved area. 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 authorizing legislation allows for up to \$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.

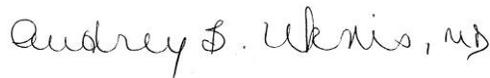
The number of pediatric rheumatologists is seriously inadequate to meet the health needs of America's children. As you complete work on the LHHS bill, **we strongly urge you to recommend a \$5 million appropriation, within the Health Resources and Services Administration, to provide initial funding for this program.** Our nation desperately needs specialists, like pediatric rheumatologists, specifically trained to treat the growing number of American children with arthritis.

**It is vital that initial funding for this program be provided as soon as possible.** Thank you for giving this request all appropriate consideration. If you have questions, please contact Adam Cooper of the American College of Rheumatology at [acooper@rheumatology.org](mailto:acooper@rheumatology.org) or Kimberly Beer of the Arthritis Foundation at [kbeer@arthritis.org](mailto:kbeer@arthritis.org).

Sincerely,



John H. Klippel, MD  
President and CEO  
Arthritis Foundation



Audrey B. Uknis, MD  
President  
American College of Rheumatology