



## AACAP Fiscal Year 2025 Appropriations Requests

Program Name	Agency	FY24 Level	President's Request	AACAP FY25 Request
Childrens Hospital Graduate Medical Education	HRSA	\$390 M	\$385 M	\$758 M
Pediatric Mental Health Access Grants	HRSA	\$13 M	\$13 M	\$13 M
Primary & Behavioral Health Care Integration	SAMHSA	\$55.87 M	\$55.87 M	\$60 M
Primary and Behavioral Health Care Integration Program Technical Assistance Center	SAMHSA	\$1.99 M	\$1.99 M	\$3M
Pediatric Subspecialty Loan Repayment Program	HRSA	\$10 M	\$10 M	\$30M
Mental Health and SUD Parity Implementation	Labor	\$0	\$2 M	\$10M
Community Mental Health Services Block Grant	SAMHSA	5% set aside	10% set aside	10% set aside
Minority Fellowship Program	SAMHSA	\$11 M	\$11 M	\$25 M
Substance Use Disorder Treatment & Recovery (STAR) Loan Repayment Program	HRSA	\$40 M	Request is within BWHET	\$50 M

### AACAP Report Language Request

**Pediatric Subspecialty Loan Repayment Program:** *The Committee is concerned that the 2023 PSLRP application process did not adequately reflect the way pediatric subspecialty care is provided. The Committee is also concerned that pediatric medical subspecialists, pediatric surgical specialists, and child and adolescent psychiatrists, were underrepresented in the initial awards of the program despite the intent of the program when it was created. The Committee directs HRSA to work with stakeholders to ensure that the program's application process includes clinical hour requirements and site eligibility criteria that are consistent with actual pediatric subspecialty practice and reflects the regionalization of pediatric specialty care. The Committee also directs HRSA to develop award criteria that ensure that more applicants with significant medical school debt can benefit from the program.*

**Request Justification:** When Congress enacted this important program, its intent was to address the significant shortages facing pediatric medical subspecialists, pediatric surgical specialists, and child and adolescent psychiatrists, as well as the shortages facing other pediatric mental health professionals. These shortages continue and are impeding access to care for children with serious physical and mental health needs in underserved areas. Without a sufficient federal investment in the workforce of pediatric medical subspecialists, pediatric surgical specialists, and child and adolescent psychiatrists, children will continue to face long wait times for subspecialty care, need to travel long distances to receive that care, or go without care altogether.