

October 14, 2025

Thomas J. Engels  
Administrator  
Health Resources and Services Administration  
U.S. Department of Health and Human Services  
C/O HRSA Information Collective Clearance Officer  
Room 14NWH04  
5600 Fishers Lane  
Rockville, MD 20857

**Re: OMB #0906-0058. Revision.**

Dear Administrator Engels,

Thank you for the opportunity to respond to the information collection request, *Substance Use Disorder Treatment and Recovery Loan Repayment Program and the Pediatric Specialty Loan Repayment Program (OMB #0906-0058. Revision)*. We are pleased that the Health Resources and Services Administration (HRSA) is exploring ways to assess and reduce administrative burden related to the Pediatric Specialty Loan Repayment Program (PSLRP) application and employment verification forms. As strong supporters of this critical program, we want to ensure its success in addressing the financial challenges faced by the nation's pediatric subspecialists, so children have access to needed care, as Congress intended. We look forward to working with you to enhance the quality, utility, and clarity of these forms, while reducing burden on providers and employment sites.

The PSLRP was created to address the serious shortages of pediatric medical subspecialists, pediatric surgical specialists, and pediatric mental health providers across the United States, which directly impact access to needed specialty care for children, especially those with serious, chronic, or complex health care needs. Our comments below highlight aspects of both the application and the employment verification forms that can be streamlined and/or should be modified to ensure that eligible providers can benefit from the program. These include data fields and questions that are:

- Not relevant to the PSLRP.
- Confusing and not reflective of the PSLRP statutory and/or program requirements.

Pediatric subspecialists and pediatric mental health providers have faced major obstacles in applying and qualifying for and receiving awards since the first year of the program's implementation in 2023. Many of those challenges stem from the program's implementation design which uses the National Health Service Corps (NHSC) platform as its basis and is reflected in the various application forms. The NHSC program framework does not reflect the substantial differences between adult and pediatric care overall and between primary and pediatric specialty care more specifically, nor does it reflect congressional intent.

Therefore, we respectfully provide our recommendations for ways to streamline and improve the application and verification forms that are within your current statutory authority. In particular, it is critical that you delink the program platform from your existing loan repayment programs for primary care providers and separate the application from the Substance Use Disorder Treatment and

Recovery Loan Repayment Program (STAR LRP), including modifying all relevant language in the forms to delete references to primary care and refocus on pediatric specialty care.

Our specific observations and recommendations are below.

### **PSLRP Application Form**

We urge you to review the application form for any misrepresentations of PSLRP requirements and make needed corrections to ensure that it aligns with the program's application guidance and statutory requirements.

Errors in the form include:

- Numerous references and requirements (including documentation requirements) related to the STAR LRP
  - For instance, the application requests information regarding whether the applicant possesses a DATA 2000 Wavier, which is not relevant to determining eligibility for PSLRP or selecting awardees.
- Questions about the provision of, and training in, primary care.
  - For example, the application asks applicants to note whether they possess a certification in a primary care specialty, which is not required for PSLRP. Rather, applicants must be training or practicing in a pediatric subspecialty as detailed in the Application and Program Guidance and on the HRSA website. Initial residency prior to a pediatric subspecialty fellowship can be in a variety of practice areas, such as pediatrics or surgery.
- Ambiguous and confusing references related to working in Health Professional Shortage Areas (HPSAs) and/or Medically Underserved Areas and Populations (MUA/Ps), including those specifically designated for mental health, which is not a PSLRP requirement.
  - In particular, the application mistakenly refers to the use of HPSA, MUA, and MUP scores when assessing applicants, which HRSA has stated is not the case.
- Finally, the application requires applicants to document whether they provide telehealth services, which is irrelevant to the program.

It is critical that the application clearly, succinctly and accurately reflects the specific program requirements for the PSLRP. Without changes to ameliorate the errors noted above, potential applicants will continue to be deterred from applying.

### **Employment Verification Form**

We urge you to review the employment verification form to ensure that all language and requirements reflect actual program policy and align with the application guidance. Similar to the application, there are questions and certification requirements that reference primary care and the STAR LRP and are misleading about the service obligation requirements. In particular, we note the following confusing and inaccurate language (indicated in italics and highlighted) in the form:

- **Instructions** on page 1.  
*Please list the name and physical address, for each of the Pediatric Specialty LRP-approved service sites where the Pediatric Specialty LRP applicant is currently providing primary care and mental/ behavioral, direct-patient services*

for your organization. The PSLRP is focused on pediatric subspecialty, not primary, care services. In addition, this language implies that the provider must provide BOTH primary care and mental health services, which is not the case.

- **Applicant Information** on page 2.
  - Is the (Insert Applicant Name) currently working, or will work as a (Insert Applicant Discipline) at (Insert Site Name) STAR-approved service site(s) you have listed above?  
This question is irrelevant to the PSLRP program.
  - Will (Insert Applicant Name) directly provide culturally appropriate oral and written language services to limited English proficiency patients?  
This is not a PSLRP requirement. Rather, the statute and program guidance require the applicant to have *familiarity* with evidence-based methods including culturally and linguistically competent health care.
- **Employment Information** on page 2.
  - Total hours (Insert Name) work per week at the site(s) per the Pediatric Specialty LRP Clinical Practice Requirements.  
This question does not reflect the clinical hours requirements that were put into effect in the 2025 application guidance, which defines full-time employment as a minimum of 160 hours per month.
  - (Insert Applicant Name) serve a Medically Underserved Population (MUP) and your site receives reimbursement from the Centers for Medicare and Medicaid (CMS) for those services.  
This question is incomplete and does not align with statutory language and program requirements, which require the individual to work in, or for a provider serving, a Health Professional Shortage Area or Medically Underserved Area, or serve a Medically Underserved Population. Therefore, the certification request should be updated to ensure that the statement is correct for those clinicians who are serving in or providing care to patients from a HPSA or MUA in addition to serving an MUP as the statement currently provides.
- **Service Type Verification** on page 2.  
The list of PSLRP-approved sites does not include hospitals (including children's hospitals) and does include certain sites that are, in fact, not PSLRP-eligible sites (i.e., Federal Bureau of Prisons, Immigration and Customs Enforcement Correction Facilities, and State Correctional Facility). Other questions in this section should be reviewed for their relevance to the PSLRP program requirements. For example, HRSA should consider whether it is necessary for the site to verify that the applicant is self-employed or an independent contractor and/or if they have a financial interest in the site.
- **Certify Request** on page 3.
  - I certify that the applicant serves a medically underserved population (MUP) and my site receives reimbursement from the Centers for Medicare and Medicaid (CMS) for those services.  
As noted above, this certification is incomplete and does not align with program requirements, which require the individual to work in, or for a provider serving, a Health Professional Shortage Area or Medically Underserved Area, or serve a Medically Underserved Population.

- *I certify that the applicant will directly provide culturally appropriate oral and written language services to limited English proficiency patients.*

As noted above, this is not a requirement of the PSLRP.

Thank you again for the opportunity to provide comments on this information collection request. It is critical that the program's forms accurately and completely reflect the statutory and programmatic requirements and are simplified and streamlined to reduce unnecessary administrative burden. We appreciate HRSA's efforts to support pediatric subspecialty care and look forward to continuing to work with you to ensure that the PSLRP program fulfills its intended purpose of addressing the severe pediatric subspecialty shortages facing the nation so children can have timely access to the care they need.

Sincerely,

American Academy of Pediatrics  
Children's Hospital Association