

April 5, 2023

Thomas J. Nasca, MD, MACP
President and Chief Executive Officer
Accreditation Council for Graduate Medical Education
401 North Michigan Avenue, Suite 2000
Chicago, IL 60611

Dear Mr. Nasca,

On behalf of the Autism Society of America, I am submitting comments in response to the recent changes in Pediatric Residency education proposed by the Accreditation Council for Graduate Medical Education (ACGME), the body that governs Pediatric Residency programs that will affect the care of individuals with Autism and other developmental disabilities (DD).

The Autism Society is the oldest and largest national organization representing individuals with Autism and their families. The Autism Society works to create connections, empowering the Autism community with the resources they need to live fully. According to the CDC, one in 36 individuals are diagnosed with Autism. Our work is supported by a panel of interdisciplinary professionals and Autistic advisors.

Currently, there is already a severe shortage of Developmental-Behavioral Pediatricians (DBPs) in the United States. DBPs are uniquely qualified to care for youth with Autism and other developmental disabilities and to provide education in Pediatrics residency programs on this population's needs and medical home requirements. DBPs have expertise in diagnosing Autism and other intellectual and developmental disabilities and developing plans for appropriate interventions to help them achieve their full potential.

The changes being proposed will result in fewer developmental pediatricians that are able to screen, diagnose, and support individuals. Parents of children with Autism already have to wait too long (6 to 9 months) to receive screening and diagnosis leading to delays in interventions. Research has shown that the earlier an individual receives a diagnosis and interventions, the better the outcomes throughout their lives.

We believe that more pediatricians and other health care providers should be trained in the specialty of screening, diagnosing and treating developmental disabilities, not less. Rather than waiving the requirement for pediatric training programs to have DBP faculty, shortages in DBP faculty members could be addressed by encouraging institutions without DBP faculty to provide joint appointment and joint salary support for DBP faculty located at partnering institutions or in private practice. This cross-pollination of DBP faculty, using in-person experiences and/or leveraging technology for distance learning, could increase access to board-certified DBP physicians in developmental-behavioral specialist “deserts,” increase resident exposure to DBP faculty, and increase teaching opportunities across institutions.

Thank you for considering these comments. Please feel free to contact me for more information or questions.

Sincerely,



Christopher S. Banks