March 21, 2019

The Honorable Roy Blunt
Chairman
Subcommittee on Labor, Health and Human Services, Education and Related Agencies
Senate Committee on Appropriations

The Honorable Patty Murray
Ranking Member
Subcommittee on Labor, Health and Human Services, Education and Related Agencies
Senate Committee on Appropriations

Dear Chairman Blunt and Ranking Member Murray,

The Children’s Hospitals Graduate Medical Education (CHGME) program is the most vital investment we make as a nation in strengthening the pediatric workforce and access to care for children. Children’s hospitals are grateful for your leadership in making strong funding for the CHGME program a bipartisan priority.

CHGME has proven integral to developing and maintaining training programs that target the unique needs of children. CHGME recipient hospitals—only 1 percent of all hospitals—train 50 percent the nation’s pediatricians and the majority of pediatric specialists, more than 7,000 annually. Since the program’s inception in 1999, CHGME has succeeded in improving access to care for children who rely on these providers by increasing the numbers of pediatric residents and pediatric specialty residents trained to serve them.

But despite this strong progress, we are at risk of falling behind on children’s health. The current level of support provided for training kids’ doctors through CHGME is declining against levels provided per trainee in the Medicare Graduate Medical Education (Medicare GME) program. In FY 2019, CHGME was funded by Congress at $325 million. At that level, the average CHGME payment per full-time equivalent (FTE) resident equates to approximately $70,000. By comparison, Medicare GME payments to general acute care hospitals are currently approximately $137,000 per resident. This shortfall continues to grow. Projections show that by 2023, without additional investments, CHGME funding will continue to decline compared to Medicare GME support, falling to just over 40 percent.

This growing funding gap isn’t sustainable, as it is being made up through the clinical operations of our children’s hospitals, hospitals with the nation’s highest Medicaid payor burden. Even sustaining pediatric training programs at children’s hospitals to meet the needs of children requires our increased national commitment. We ask Congress to strengthen federal investments in CHGME and the children it serves by working towards a program fully funded at GME per-trainee levels comparable to those we commit to adults’ health. We must ensure a strong foundation for children’s health care across the country and into the future.

Providing an equal level of support for training kids’ doctors can be achieved by funding the CHGME program at $635 million annually. Congress should make it a priority to strengthen investment in the pediatric workforce to levels equal to that supported by Medicare on a per-trainee basis within the next five years. As a first step towards this goal, children’s hospitals ask Congress to provide $400 million for CHGME in FY 2020.

Champions for Children’s Health
Failing to provide equal support for training kids’ doctors risks the future supply of pediatricians and places a lower priority on ensuring the best possible care and outcomes for our children. It also risks the gains achieved over the past two decades in strengthening the pediatric workforce. Children’s hospitals have developed training programs in highly specialized disciplines to meet the unique needs of children, such as pediatric neurology, pediatric pulmonology, pediatric cancer and specialized pediatric surgery. For most of these disciplines, only a small number of institutions provide training.

Additionally, ongoing workforce shortages persist. These gaps need to be addressed, most acutely among pediatric specialties such as developmental pediatrics, child and adolescent psychiatry, and pediatric genetics and genomics—CHGME is mission critical to meeting this need.

Recognizing Congress has a responsibility to carefully consider the nation’s spending priorities, we suggest children’s access to their pediatricians be among the top priorities. We respectfully request that Congress take a step forward for children’s health and provide $400 million in funding for CHGME for FY 2020. Children’s hospitals are grateful to Congress for a long history of bipartisan support for CHGME and we look forward to working together to advance children’s care.

Thank you again, and very best regards,

Mark Wietecha
President and Chief Executive Officer
Children’s Hospital Association