Investing in children’s doctors is investing in children’s futures

Providing the best possible care to our children starts with providing access to the best children’s doctors, now and in the future. Children’s Hospitals Graduate Medical Education (CHGME) is a longstanding federal program that funds the training of pediatricians and pediatric specialists at eligible children’s hospitals. These doctors go on to provide care in every state and in every type of setting—in cities, rural communities, suburbs and everywhere in between. To help strengthen this program, children’s hospitals call on Congress to provide $465 million for CHGME.

CHGME is a program that works

The children’s hospitals that receive CHGME represent just 1% of all hospitals but train approximately half of the nation’s pediatricians—more than 7,000 annually. Since CHGME was created in 1999, children’s hospitals receiving support have increased overall residency training levels by 113% and increased the number of pediatric subspecialists they train by 206%. In the majority of pediatric specialist fields, more than 65% of pediatric residents are trained at children’s hospitals receiving CHGME funds. In some fields, including pediatric rehabilitation medicine and pediatric anesthesiology, nearly all doctors receive their training at CHGME hospitals.
CHGME helps address the growing demand for specialized pediatric care

Unlike adult medicine, the greatest pediatric workforce shortages are in the specialty fields. As the population of children with complex medical conditions grows, demand for specialty medical and mental health services continues to increase. Thanks to CHGME, children’s hospitals have developed training programs in highly specialized fields needed by children with complex conditions like congenital heart disease, spina bifida, cancer and behavioral health concerns.

CHGME supports innovation

CHGME allows children’s hospitals to innovate within their residency programs to help future children’s doctors better serve their communities. Examples include initiatives to promote access to care in rural areas, support for research to better monitor care after a hospital stay, or ways to improve the community that extend beyond hospital walls.

We must strengthen CHGME

Our nation’s future depends on enhancing the pediatric workforce to sustain access to care for children and families in need. While the CHGME program has been effective, its funding levels continue to fall far short of what is needed, threatening the sustainability of critical pediatric training programs. Simultaneously, continuous budget pressures from Medicaid are harming hospitals’ capacity to fill the funding gaps. CHGME’s ability to sustain current training levels—let alone the increases needed in areas like pediatric development and behavioral health—is incredibly vulnerable.