Improve Children’s Access to Care
Increase funding for CHGME to Sustain the Pediatric Workforce

The Children’s Hospitals Graduate Medical Education (CHGME) program, created 20 years ago, is our most vital national investment in strengthening the pediatric workforce and expanding timely access to care for children. CHGME supports the training of half the nation’s pediatricians and most pediatric specialists and represents just 2% of total federal spending on graduate medical education. A growing gap between the federal investment in physician training for adults compared to children is contributing to worsening pediatric workforce shortages. Without action towards sustainability, an access-to-care crisis looms for children.

Maintain the Inclusion of $250 million for CHGME as Part of COVID-19 Supplemental Funding

The Health, Economic Assistance, Liability Protection, and Schools (HEALS) Act introduced in the Senate on July 27 includes an unprecedented increase of $250 million in CHGME funding. These additional funds will help strengthen the pediatric workforce that is essential to our ability to provide access to care and respond to the pandemic.

Provide $465 million for CHGME in FY 2021 Appropriations Bill

Funding for training children’s physicians through CHGME is half that provided per trainee in the Medicare GME program: $73,000 per resident versus $142,000 per resident. Every CHGME training slot is a financial loss for children’s hospitals. The funds used to close this training gap come from patient care revenue and these are under continued distress due to current events and the long-term pressure on Medicaid and supplemental payments to children’s hospitals. While Medicare GME funds for similar training are expected to grow 4% this year, without additional investments CHGME funding will decline to 45% of Medicare GME by 2023. CHGME funding requires a long-term investment by Congress to ensure the sustainability of the pediatric workforce pipeline for future generations.

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