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February 2, 2021

Topher Spiro  
Associate Director for Health  
White House Office of Management and Budget  
725 17<sup>th</sup> Street, NW  
Washington, D.C. 20503

Dear Mr. Spiro:

The health and safety of children and families is a shared priority as we combat the COVID-19 pandemic and its related challenges. We are eager to work with the Biden Administration to ensure children's access to care and sustain the nation's pediatric safety net serving all children.

The future of children's health in our nation is directly tied to the robustness of the pediatric workforce. The Children's Hospitals Graduate Medical Education (CHGME) program, part of the Bureau of Health Workforce under the Health Resources and Services Administration (HRSA), supports the training of pediatric providers who go on to care for children living in every state.

This program has enjoyed continuous bipartisan support since its inception and Congress has a demonstrated track record of providing program funding through the appropriations process. Strong support from administration in the initial budget of President Biden's term in office would send a positive signal to the children's health community. We urge the president to include strong funding for CHGME at a level of \$485 million in the FY 2022 budget.

The CHGME program is the most vital investment we make as a nation in strengthening the pediatric workforce and access to care for children. CHGME recipient hospitals—only 1% of all hospitals—train 50% of the nation's pediatricians and the majority of pediatric specialists—more than 7,000 annually. It represents just 2% of total federal spending on graduate medical education (GME). Since the program's inception in 1999, CHGME has significantly increased the numbers of pediatric residents and pediatric specialty residents, and 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.

Unfortunately, despite progress, we are at risk of falling behind on children's health. Multiple indicators suggest a crisis is looming for children's access to care. Ongoing workforce shortages persist, most acutely among pediatric specialties such as developmental pediatrics, child and adolescent psychiatry, and pediatric genetics and genomics.

Furthermore, 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 2021, CHGME was funded at \$350 million. At that level, the average CHGME payment per full-time equivalent (FTE) resident equates to approximately \$75,000. By comparison, Medicare GME payments to general acute care hospitals are currently approximately \$153,000 per resident. This shortfall continues to grow. Without additional investments,

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CHGME funding will decline to 45% of Medicare GME by 2024. This growing funding gap is not sustainable, as it is being made up through the clinical operations of our children's hospitals, hospitals with some of the nation's highest Medicaid payor mixes. Sustaining and growing pediatric training programs at children's hospitals to meet the needs of children requires an increased national commitment.

Increased funding for pediatric workforce training programs is even more important as we respond to the emergence and spread of COVID-19 within our communities. Residency and fellowship programs are being tremendously impacted during this time due to a shift in health care services and the need to provide medicine in a time of crisis. Many residents are seeing their programs put on suspension for a few weeks or are being asked to provide services in different capacities.

Children's hospitals support closing the gap between support under CHGME and Medicare GME within three years. As a first step towards this goal, children's hospitals will ask Congress to provide \$485 million for CHGME in FY 2022. We respectfully request that the White House send an unmistakable signal that strengthening children's access to care is a top priority by including funding of \$485 million for the program in the President's FY 2022 budget submission.

We look forward to working with you to improve child health in this country.

Very best regards,

A handwritten signature in black ink, appearing to read "Mark Wietecha". The signature is fluid and cursive, with the first name "Mark" being larger and more prominent than the last name "Wietecha".

Mark Wietecha  
Chief Executive Officer  
Children's Hospital Association