
Children's Hospital Association Statement for the Record

Senate Health, Education and Labor Committee Hearing "Examining Health Care Workforce Shortages: Where Do We Go From Here?" February 16, 2023

On behalf of the nation's more than 220 children's hospitals and the children and families we serve, thank you for holding this hearing, "Examining Health Care Workforce Shortages: Where Do We Go From Here?" It is vital that Congress act this year to address the health care workforce strains facing the nation and we urge you to pay particular attention to the pediatric workforce, which is experiencing significant challenges. The future of children's health in our nation is directly tied to the strength of our pediatric workforce and it is imperative that meaningful policy solutions are advanced to strengthen the pediatric workforce pipeline and to address recruitment, retention and diversity across the spectrum of pediatric providers and specialists.

In particular, the Children's Hospitals Graduate Medical Education (CHGME) program must be reauthorized this year. CHGME is the only national program focused on the training of pediatricians and pediatric subspecialists. Each year, CHGME-funded children's hospitals train thousands of general pediatricians, and pediatric specialists like child and adolescent psychiatrists, pediatric surgeons, pediatric cardiologists, dentists, podiatrists and more. This year's reauthorization of the National Health Service Corps is another opportunity for this committee to explore new and innovative policies to address the unique staffing challenges, especially for pediatric nurses, our nation's children's hospitals face to help ensure that the children, adolescents and young people we serve get the specialized care they need.

Children's hospitals are pediatric workforce training hubs, including training 50% of all pediatricians and a majority of the pediatric specialists in the United States as well as pediatric nurses, therapists, advance practitioners and technicians. Though they make up just 1% of all hospitals in the nation, CHGME-funded children's hospitals provide close to one-third of the inpatient hospital care received by children covered by Medicaid. We look forward to partnering with this committee to find workable and sustainable solutions to today's and tomorrow's pediatric workforce challenges.

Pediatric Provider Shortages

Over the last few years, most children's hospitals experienced unprecedented pediatric volumes driven by a substantial increase in childhood respiratory illnesses, like respiratory syncytial virus (RSV) and COVID-19 and compounded by the ongoing surge in mental health visits. The unparalleled numbers of children in need of specialized inpatient pediatric care have placed an extraordinary burden on our frontline providers, exacerbating persistent pediatric workforce shortages that have existed for years. Staff retention is a critical issue for children's hospitals and being chronically understaffed is restricting the care they can provide to pediatric patients. We are seeing nurses and other bedside staff reducing their work hours, with many others leaving health care completely. Most children's hospitals have been forced to rely on temporary staffing agencies to fill their workforce gaps at considerably higher costs than pre-pandemic levels, further straining financial resources. At the same time, some

children's hospitals have had to reduce their care capacity, with some forced to temporarily close entire pediatric intensive care units and other critical services.

Pediatric specialty care provided at a children's hospital requires extra time, monitoring, specialized medications and equipment, and specially trained health care providers who are compassionate and understand kids of all ages and from all backgrounds. Children's hospitals are increasingly the only places in their state and region with the breadth of pediatric specialists and subspecialists, the pediatric-appropriate medical equipment and other resources required to treat children, particularly those with rare and complex clinical conditions. Children with medical complexity or specialized health care needs rely on the care that they can only receive at a children's hospital by pediatric specialists.

The pediatric workforce shortages are happening across the hospital— from pediatric specialists, such as pediatric pulmonologists, to pediatric nurses and nurse practitioners to pediatric respiratory and speech therapists. Overall, we are seeing a decline in the number of medical students pursuing a career in pediatrics. In the last several years, there has been a significant decrease in the number of filled pediatric residency positions, with some pediatric specialty residencies having 20 to 40 percent fewer applicants. During that time, a number of adult specialties experienced an increase in applicants.¹ This decline is not a result of a decrease in positions or opportunities, but the result of inequities in reimbursement and the availability of targeted loan repayment programs, combined with the additional education and training needed to develop the unique skills needed to treat children.

The shortages we are experiencing amongst pediatric subspecialists is exacerbated by a severe pediatric nursing shortage, particularly nurses with the needed specialized training to work in a children's hospital. While nursing shortages occurred before the pandemic, they have been made worse by the COVID-19 pandemic, the more recent pediatric respiratory illness surges, and the mental health crisis facing our children and youth. Children's hospitals reported an increase of more than 76% in the quarterly turnover rate among registered nurses from the first quarter of 2019 to the third quarter of 2021.²

The pediatric nursing shortage is particularly problematic for children's hospitals, given the complexity of the health issues that they treat. Pediatric intensive care nursing requires a higher level of training and expertise, which limits the pool of nurses who can fill staffing gaps. Furthermore, pediatric nurses practicing at children's hospitals are at greater risk of burnout than nurses in other settings. Pediatric nursing is very labor-intensive and takes more time and emotional stamina than may be required for other patients. Pediatric nurses face multiple demands as they care for especially complex patients and try to balance the needs of their child patients and family members.

The drivers of the current nursing shortage that is confronting children's hospitals nationwide began prior to the pandemic. They include nursing school enrollment numbers that fell short of the projected demand for nursing services, coupled with a shortage of faculty to teach those seeking a nursing career. The additional training requirements that are needed to practice as a pediatric specialty nurse must be met through additional time in nursing school and onsite clinical training at a children's hospitals. In addition, a significant number of nurses are reaching retirement age, and COVID-19 led to a surge of nurses choosing to retire as a result of pandemic-related challenges and stress.

¹ *Pediatrics* (2021) 147 (6): e2020013292. <https://doi.org/10.1542/peds.2020-013292>

² Source: PROSPECT, the Children's Hospital Association and the nation's only financial and operational comparative data set for pediatrics.

We are also facing a severe shortage of pediatric home care nurses who have the very specialized skill set to care for children with medical complexity. Too often, children cannot be discharged home safely from the hospital because home care nursing support is not available, meaning they must remain in the hospital for weeks or even months until home support can be provided. Like the shortages affecting other types of pediatric nurses, these challenges are not new but have gotten worse in recent years.

The shortages of pediatric mental health providers are particularly troubling as our nation's children and youth continue to confront significant mental health challenges but are often unable to get the tailored care they need when they need it. There are too few pediatric mental health providers to ensure kids have access to the full continuum of care, from inpatient services to outpatient community-based services and supports. As a result, more and more children and families in crisis are suffering, waiting for beds in hospital emergency departments, while awaiting alternative placement options. Pediatric mental health workforce shortages are persistent and projected to increase over time. Nationally, there are approximately 8,300 practicing child and adolescent psychiatrists and only 5.4 clinical child and adolescent psychologists per 100,000 children 18 years of age and younger, far fewer than needed to meet the existing and increasing demand. Shortages also exist for other vital pediatric mental health specialties critical to improving early identification and intervention for children with mental health needs. Additionally, there is a dire shortage of minority mental health providers, which represents an added burden on racial and ethnic minority communities who already face inequitable access to care. More dedicated support for a larger and more diverse pediatric workforce is critical to addressing children's mental health needs now and into the future.

A key component of the future of pediatric care will be the development of a workforce that is responsive to the changing landscape of our communities while remaining focused on the goal of providing comprehensive and high-quality services required to deliver optimal child health. Solutions must be pediatric-specific and not based on Medicare metrics as children's hospitals operate outside of the Medicare program and care for very large numbers of pediatric Medicaid beneficiaries. Several key opportunities for congressional action to address our pediatric health and mental health workforce challenges are highlighted below.

Congressional Action Needed

Reauthorize CHGME. Congress must act this year to reauthorize CHGME. The program was established in 1999 because Congress recognized that a dedicated source of support for training in children's hospitals was necessary to strengthen the pediatric workforce. CHGME was created specifically to address the disparity between the funding that adult hospitals get through Medicare GME and the lack of federal funding for children's hospitals' training of the pediatric physician workforce. Children's hospitals do not care for Medicare-eligible adults so they are not eligible for Medicare GME support.

Since its inception, CHGME has enabled children's hospitals to dramatically increase pediatric training overall, and in particular, grow the supply of pediatric specialists. The 59 independent children's teaching hospitals that now receive CHGME support train more than 60% of all pediatric specialists – including 65% of all pediatric surgeons and most physicians in some fields like pediatric rehabilitation – and 50% of all pediatricians. In 2021, CHGME hospitals trained about 14,000 pediatric residents and fellows.

Beyond sustaining a critical supply of pediatricians, CHGME has enabled children's hospitals and their residents to provide significant value to the patients and communities they serve by advancing the quality of pediatric medical education, providing care for vulnerable and underserved children, and pioneering community-based pediatric

training. The residents and fellows whose training is supported by CHGME learn from experienced practitioners. They provide critical access to care for children in rural and urban underserved communities, provide medical homes, and address health care disparities. Close to two-thirds of CHGME-funded physicians who completed their training programs choose to remain and practice in the state where they completed their residency. CHGME is critical to the national goal of ensuring comprehensive and timely access to care for America's children, including children in military families and those in underserved rural and urban communities.

Provide \$738 million for CHGME in FY 2024. Funding CHGME at \$738 million for FY 2024 is the critical step needed to help children's hospitals sustain their teaching missions and create a strong pediatric workforce pipeline for our children. Overall federal funding for CHGME currently represents just 2% of total federal spending on GME. CHGME funding support represents about half of the support provided to adult hospitals through Medicare GME and will decline to close to 46% of Medicare GME by 2026 if action is not taken. That gap in federal investments is contributing to worsening pediatric workforce shortages. CHGME funding needs to be better aligned with the funding provided to other types of provider training programs to ensure we can continue to take care of our nation's children, especially during health crises like we just experienced with RSV and flu and the ongoing mental health crisis.

Address the pediatric mental health workforce shortage. Congress must address the urgent need to relieve pressure on the existing pediatric mental health workforce, as well as invest in its long-term expansion across disciplines to meet the ongoing and growing mental health needs of our children. Additional targeted funding for HRSA is needed to support training and development in children's hospitals, pediatric practice and clinical settings and related mental health disciplines providing pediatric behavioral health. These targeted programs can help mitigate the need for those interested in pursuing a career in the mental health field to take on a substantial amount of debt or front the cost of their education and training.

Expand existing HRSA programs to target pediatric clinicians. Existing loan forgiveness programs can sometimes be difficult for pediatric providers – physicians, nurses and allied health providers – to access. We, therefore, support strengthening the Pediatric Subspecialty Loan Repayment program, which provides loan forgiveness for pediatric subspecialists, including mental health providers, practicing in underserved areas.

Possible additional approaches to mitigate pediatric workforce challenges that we encourage the committee to explore include ways to expand access to current workforce development and loan relief programs – in addition to the Pediatric Subspecialty Loan Repayment Program – to ensure that they are accessible to providers in pediatric subspecialty fields. Examples include modifications to the National Health Service Corps and the Health Professions Shortage Areas requirements to expand their pediatric workforce footprint in vulnerable rural and urban settings; direct support to children's hospitals and related training entities to expedite the move of pediatric clinicians from the classroom to the bedside; and targeted funding to implement and expand pediatric nursing and other pediatric health professionals loan forgiveness programs. We also urge Congress to exercise its oversight responsibilities to monitor and assess workforce funding and initiatives for their impact on pediatrics, and to investigate private sector actions that are impacting children's hospitals' nurse retention and recruitment, such as those of nurse staffing agencies.

In addition, we encourage the committee to explore how to sustainably expand the reach of programs, such as the Minority Fellowship Program and similar efforts, to enhance support for the participation of fellows who plan to serve pediatric populations. The value of a diverse pediatric health and mental health workforce prepared to deliver culturally and developmentally appropriate care cannot be overstated. While all mental health professionals receive

training that prepares them to provide care with cultural sensitivity and awareness, the ability of a child, adolescent and their family to connect and identify with a mental health professional can be critical. Shared cultural beliefs and experiences can further strengthen therapeutic relationships and lead to better outcomes for kids and families.

Thank you again for your commitment to improving the current health care workforce shortage. Children's hospitals and their affiliated providers stand ready to partner with you to advance workforce policies that will make measurable improvements in the lives of our nation's children. Children need your help now.