



CHILDREN'S HOSPITALS: *Champions for Children's Health*





600 13TH ST., NW, SUITE 500
WASHINGTON, DC 20005
p | 202-753-5500
f | 202-347-5147

16011 COLLEGE BLVD., SUITE 250
LENEXA, KS 66219
p | 913-262-1436
f | 913-262-1575

WWW.CHILDRENSHOSPITALS.ORG

Dear Member of Congress,

Congratulations on being elected to the 118th Congress! We know that you have a number of legislative priorities this Congress aimed at benefiting your communities back home and we ask that supporting the unique needs of children's hospitals and the children we serve be included on that list.

The Children's Hospital Association (CHA) represents more than 220 hospitals and health systems—from 49 states—that provide care for children and teens from all over the country and the world. Our hospitals are regional centers with the goal of meeting the health care needs of children in your state and community. We serve the majority of children with serious, chronic and complex conditions, providing 95% of all pediatric cancer care, and most children in need of major surgery. In addition to caring for children in your state, our 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.

This Congress, CHA is focusing on ways to improve the health of children by:

- Boosting the pediatric workforce, especially through the Children's Hospitals Graduate Medical Education Program (CHGME).
- Investing in pediatric mental health.
- Safeguarding children's health coverage through Medicaid and the Children's Health Insurance Program (CHIP).
- Ensuring children's hospitals have the resources to take care of children.

As you know, our children's hospitals are dealing with an increase in respiratory illnesses, a mental health crisis and other health care needs all at the same time, so support from members of Congress, like yourself, is critical to ensure we have the resources and capacity to best take care of our nation's children. We look forward to working with you to help America's children grow and develop into thriving adults.

Sincerely,

A handwritten signature in cursive script that reads 'Elizabeth Brown'.

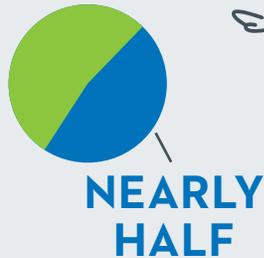
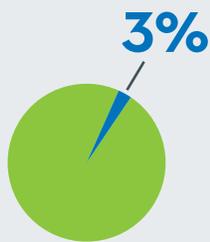
Elizabeth Brown
Vice President, Federal Affairs
Children's Hospital Association

Champions for Children's Health

ABOUT CHILDREN'S HOSPITALS

Children's Hospital Association represents more than 200 hospitals and health systems—from 49 states—that provide care to children and teens from all over the country and the world. Children's hospitals include acute care and specialty hospitals. They are independently organized and governed by their communities or as part of larger health care systems.

Children's hospitals account for only 3% of all hospitals in the U.S., but they treat nearly half of children admitted to hospitals.



Children's hospitals are regional centers, meeting the health care needs of children who live nearby as well as those who must travel long distances, even across state lines.

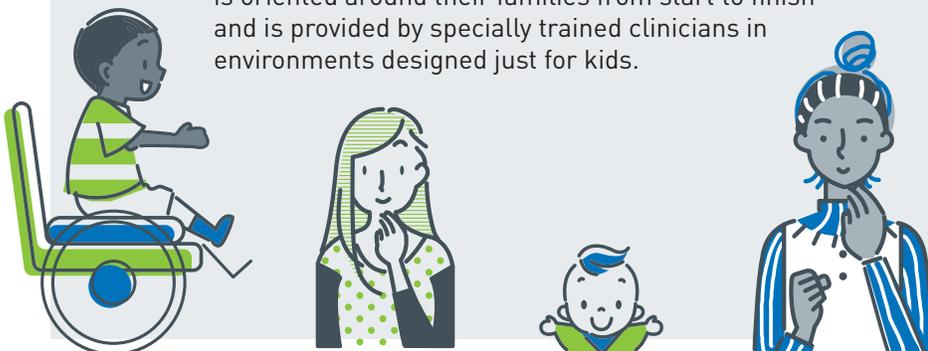


Children's hospitals serve the majority of children with serious, chronic and complex conditions, providing 95% of all pediatric cancer care, and most children in need of major surgery.



Children's hospitals train more than 50% of all pediatricians and the majority of pediatric subspecialists—including child and adolescent psychiatrists—in the U.S., as well as pediatric nurses, therapists, advanced practitioners and technicians.

Children's hospitals provide care that is designed for kids' physical and mental health and development, is oriented around their families from start to finish and is provided by specially trained clinicians in environments designed just for kids.



Types of pediatric specialized care



Emergency



Oncology



Medically complex



Organ transplantation



Behavioral/mental health



Pediatric intensive care



Neonatal intensive care



Primary care



Community health

WHAT DO CHILDREN'S HOSPITALS AND HEALTH SYSTEMS DO?



MORE THAN 50% OF U.S. CHILDREN

rely on Medicaid and CHIP for their insurance coverage.

1.

Provide vital, age-appropriate, quality health care to all children, regardless of their family's ability to pay.



2.

Educate future pediatric providers.



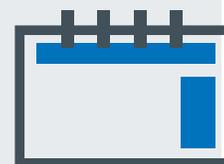
3.

Drive discovery and innovative treatments through pediatric research.



4.

Collaborate with their communities to improve children's health.



From emergency care to wellness visits, children's hospitals and health systems provide unparalleled, high-quality care supporting all children's health and well-being

**24 HOURS
A DAY,
365 DAYS
A YEAR.**

Contact Us:

Elizabeth Brown
elizabeth.brown@childrenshospitals.org
(202) 753-5366

Cynthia Whitney
cynthia.whitney@childrenshospitals.org
(202) 753-5328

The Children's Hospitals Graduate Medical Education Program (CHGME)



Who does CHGME train?



~14,000

residents were trained in CHGME hospitals in 2021.¹

50%

of all pediatricians are trained by CHGME hospitals.²

60%

of all pediatric specialists are trained by CHGME hospitals.²



Two-thirds of CHGME-funded physicians who complete their training programs choose to practice in the state where they completed their residency.³

The future of children's health in our nation is directly tied to the strength of our pediatric workforce. Congress created the Children's Hospitals Graduate Medical Education (CHGME) program in 1999 to recognize that a dedicated source of support for training pediatricians and pediatric specialists in children's hospitals was critical to ensuring a robust pediatric workforce. Prior to the establishment of the CHGME program, freestanding children's hospitals received almost no Medicare Graduate Medical Education (GME) funding—the primary source of federal support for training physicians. CHGME has enabled children's hospitals to dramatically increase pediatric physician training and significantly increase the number of pediatricians and pediatric specialists who care for the nation's children—the area of greatest shortage in children's health care. **The CHGME program needs to be reauthorized this year before it expires on Sept. 30, 2023.**

Which hospitals receive CHGME funding?

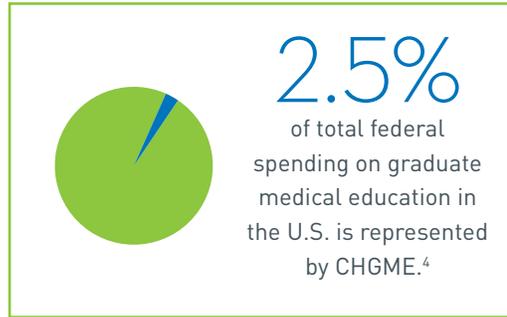
Though CHGME-funded hospitals make up just 1% of all hospitals nationwide, these children's hospitals provide close to one-third of the inpatient hospital care received by children covered by Medicaid. An adult-based teaching hospital may offer pediatric training but since the system receives GME funds through Medicare for its overall training program, it is not eligible for CHGME.

59

children's hospitals, which primarily serve children under the age of 18 and have an accredited pediatric training program, receive CHGME funds.

How is CHGME funded?

Unlike Medicare GME, CHGME is a discretionary grant program administered by the Health Resources and Services Administration (HRSA). It receives an annual appropriation and must be reauthorized every five years.



How is CHGME different from other federally supported physician training programs?

There are several noteworthy differences between CHGME and Medicare GME:

- CHGME is the primary training program for pediatric specialists, helping to alleviate the current shortage in pediatric specialists across the country.
 - Medicare and other HRSA-based training programs, such as the Teaching Health Centers program, focus on training primary care providers with a greater focus on adult providers.
- CHGME is a discretionary program. Congress must appropriate funds annually.
 - In contrast, Medicare GME payments are mandatory, do not need to be appropriated annually and do not need to be reauthorized.
- The amount of CHGME funding for an individual children's hospital is limited by the size of the annual appropriation. Changes in funding to one hospital affects the funding of other hospitals.
 - In contrast, Medicare GME is open ended and based on the size of its approved residency training programs, the number of Medicare-recognized residents and its Medicare inpatient volume. Therefore, increasing Medicare GME funds to one hospital does not affect the funds paid to another.
- Per resident funding for CHGME is just 51% of the amount that Medicare pays for resident training in general acute care teaching hospitals, leaving a longstanding and growing gap between physicians training in adult versus children's care.⁵
 - Per resident funding for CHGME is generally static and does not grow annually like Medicare GME.

1. "[Children's Hospitals Graduate Medical Education \(CHGME\) Payment Program](#)," Health Resources and Services Administration, May 2021.

2. CHA analysis of 2020 American Medical Association Graduate Medical Education Database.

3. "[Report on Residents](#)," Association of American Medical Colleges, December 2021.

4. "[Physician Workforce: HHS Needs Better Information to Comprehensively Evaluate Graduate Medical Education Funding](#)," U.S. Government Accountability Office, March 2018.

5. "[Comparative Analysis of GME Funding Programs for Children's Hospitals and General Acute Care Teaching Hospitals](#)," Dobson DaVanzo, March 2022.

Who does CHGME train?

CHGME hospitals train civilian and military:



pediatricians and pediatric specialists.



child and adolescent psychiatrists.



pediatric dentists and podiatrists.



family medicine and other adult specialists for their pediatric rotations.¹

MOST

physicians in some fields like pediatric rehabilitation receive their training at CHGME hospitals.²

The residents whose training is supported by CHGME funds learn from experienced pediatric-focused practitioners, participate in pediatric research and provide critical access to care for underserved communities.

Contact Us

Elizabeth Brown
elizabeth.brown@childrenshospitals.org
(202) 753-5366

Front right photo: Sarah Lassen, Scottish Rite for Children; Dallas



Photo: Allyn DiVito, Johns Hopkins All Children's Hospital, St. Petersburg, Florida

MEDICAID IS VITAL TO KIDS

42%

of Medicaid enrollees are children.

Source: Medicaid and CHIP Eligibility and Enrollment Performance Indicator Data

35 Million

of almost 78 million kids in the U.S. count on Medicaid at some point during the year.

Source: Statistical Enrollment Data System (SEDS)

> 6 Million

children with special health care needs rely on Medicaid and CHIP.

Source: KFF analysis of 2019 National Survey of Children's Health

Nearly
4 Million

kids in military-related families rely on Medicaid.

Source: America's Military Readiness and the Essential Role of Medicaid Report

Medicaid helps our kids lead better lives—it's a smart investment in the nation's future

Medicaid is vital—it covers kids in every state, from every background. It provides affordable coverage to children in working, lower-income families and to kids with special health care needs. This federal-state partnership is the largest source of children's health care coverage in the U.S.

Medicaid was designed with kids in mind

Medicaid provides children access to a comprehensive set of services through the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit. This benefit ensures Medicaid covers the preventive services all kids need—things like immunizations, well-child checkups, and vision and dental services. Medicaid is the nation's largest payer for behavioral health services. It also covers medically necessary care, so children can see a pediatric specialist or get the therapy they need.

Medicaid steps up for kids when they need it most

Most of our nation's sickest children get coverage through Medicaid. For kids born with or who develop serious medical conditions, Medicaid provides coverage or fills coverage gaps for services not covered by private insurance. No one plans for kids to get sick, but thankfully Medicaid is a safety net for all our children. Source: MACPAC response to SFC BH letter November 2021

Medicaid helps our kids reach their full potential

Medicaid helps kids grow into healthy and productive adults. Compared to uninsured children, those covered by Medicaid are more likely to have better health outcomes as adults, with higher school attendance and academic achievement. This leads to greater resiliency and success in careers and life.

Source: Medicaid Works for Children | center on Budget and Policy Priorities (cbpp.org)

Kids with Medicaid rely on children's hospitals

Children's hospitals are at the core of the health care delivery system for children, bringing together teams of specialists to provide care not available in any other setting. Since they serve children from many states, children's hospitals must coordinate with multiple state Medicaid programs.



FOCUSING ON CHILDREN'S MENTAL HEALTH

Childhood Development Matters

While mental and behavioral health conditions can and do occur at any age, children and youth are uniquely vulnerable. By investing in prevention, surveillance and treatment, children will grow up healthier and develop the skills they need to go on to successful and fulfilling lives.

The Pandemic and Mental Health

During the COVID-19 pandemic, children and families have experienced tremendous stress driven by social isolation, financial insecurity and grief, exacerbating the crisis in children's mental health. As a result, children's hospitals have seen a steep rise in the number of emergency department (ED) and inpatient visits for suicidal thoughts or self-harm, with visits more than doubling since 2016.

Compared to 2016, children's hospitals across the U.S. in 2021 saw a:

31% increase in mental health inpatient visits for children and teens ages 3-18.⁶

153% increase in ED visits for suicide attempts and self-injury for kids ages 5 to 18.⁶

Nearly 100% increase in feeding and eating disorder inpatient visits for youth ages 10-18.⁶

1 in 5

children and adolescents experience a mental health condition in a given year¹

50%

of mental illnesses begin by age 14²

11 years

pass between when first symptoms appear and treatment begins³

14%

of suicides are youth and young adults between the ages of 10 and 24, making it the third leading cause of death⁴

4 in 10

teens in 2021 reported feeling sad or hopeless and 1 in 5 have contemplated suicide⁵

On the Front Lines

Children's hospitals, pediatricians and other mental health providers see first-hand the effect mental, emotional and behavioral conditions have on children and families. For children's hospitals, this means seeing a growing number of children in crisis and reporting a shortage of inpatient beds and safe, alternative placement options. Children presenting in children's hospital EDs for mental health conditions since the onset of the pandemic have been more likely to require admission and have had longer patient stays. As a result, too many children are boarding in hospital EDs.

Kids Can't Wait

The importance of investing in services, supports and workforces that promote access to necessary pediatric mental health care cannot be overstated. To address the crisis in children's mental health, support legislation that would:

- Strengthen mental health investment in Medicaid.
- Support the pediatric mental health workforce.
- Bolster community-based systems of care.
- Invest in pediatric mental health infrastructure.
- Extend and enhance telehealth flexibilities.

1. "[What is Children's Mental Health?](#)" Centers for Disease Control and Prevention, April 2019.

2. "[Lifetime Prevalence and Age-of-onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication](#)," National Institutes of Health, June 2005.

3. "[Mental Health Screening](#)," National Alliance on Mental Illness, May 2019.

4. "[Web-based Injury Statistics Query and Reporting System \(WISQARS\)](#)," Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.

5. "[Mental Health, Suicidality, and Connectedness Among High School Students During the COVID-19 Pandemic—Adolescent Behaviors and Experiences Survey](#)," Centers for Disease Control and Prevention, April 2022.

6. Pediatric Health Information System Database (PHIS), Children's Hospital Association.

7. "[Workforce Maps by State: Practicing Child and Adolescent Psychiatrists](#)," American Academy of Child & Adolescent Psychiatry, 2018.

8. Leyenaar J, Freyleue S, Bordonga A, et al., "Frequency and Duration of Boarding for Pediatric Mental Health Conditions at Acute Care Hospitals in the US," JAMA: Vol 326, No. 22, 2021.

From 2016-2019, visits by

**6 to 12
year olds**
for mental health care needs
doubled
in children's hospitals⁶

Currently, there are 14 child psychiatrists per 100,000 kids and teens. It is estimated the country needs

**47 per
100,000**⁷

The kids' mental health crisis has caused an increase in boarding. Compared to before the pandemic,

**84% of
hospitals**
are boarding more youth
patients, and

**75% report
longer
boarding
stays**⁸

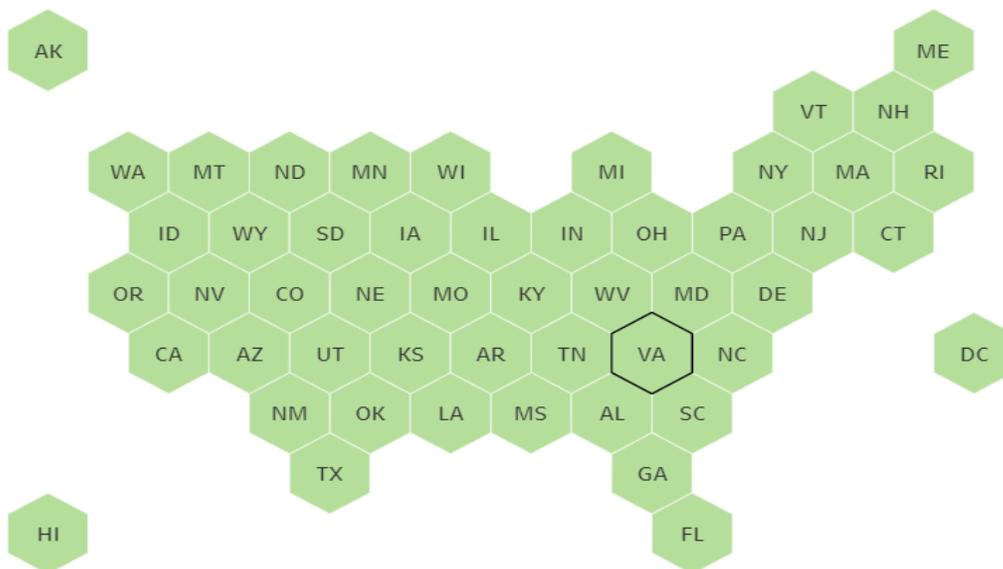
Explore Child Health Data at the State Level

This [dashboard](#) is designed to tell the story of the health of our nation's children in states and congressional districts across the country. Discover facts related to our children's health such as:

- Health insurance coverage.
- Access to health care services including children's hospitals.
- Special health care needs.
- Socioeconomic status.
- Adverse experiences food security.

The *State of Children's Health Data* is reliable, drawing data regularly from these credible sources: Centers for Medicare and Medicaid Services, American Community Survey, National Survey of Children's Health, Child and Adolescent Health Measurement Initiative, Kaiser Family Foundation and Children's Hospital Association.

Select your state to begin...



This resource is designed to be interactive, allowing you to choose the data you would like displayed. Data using the new congressional districts should be available in February 2023.



Staff Experts

The Children's Hospital Association (CHA) advances child health through innovation in the quality, cost and delivery of care. Representing 220 members, CHA is the voice of children's hospitals nationally. Children's hospitals are essential providers, setting the standard for the highest quality pediatric care while training the next generation of pediatricians. With its members, CHA champions policies that enable children's hospitals to better serve children; leverages its position as the pediatric leader in data analytics to facilitate national collaborative and research efforts to improve performance; and spreads best practices to benefit the nation's children.

CHA staff are eager and available to provide insight into the effects of impending legislation on children's health. Cumulatively, CHA's public affairs team has decades of experience understanding Medicare, Medicaid and the Children's Health Insurance Program. Please reach out to any member of the staff listed below for support.

Elizabeth Brown, Vice President, Federal Affairs – Elizabeth.Brown@childrenshospitals.org

Cynthia Whitney, Director, Federal Affairs – Cynthia.Whitney@childrenshospitals.org

Aimee Ossman, Vice President, Policy – Aimee.Ossman@childrenshospitals.org

Jan Kaplan, Director, Policy – Jan.Kaplan@childrenshospitals.org

Elleni Almandrez, Director, Advocacy and Communications: For press engagements or discussions with CHA's executive leadership – Elleni.Almandrez@childrenshospitals.org

Follow CHA on Social Media



facebook.com/childrenshospitals



[@hospitals4kids](https://twitter.com/hospitals4kids)



[Children's Hospital Association](https://www.linkedin.com/company/childrenshospitals)



The Children's Hospital Association (CHA) is the national voice of more than 220 children's hospitals, advancing child health through innovation in the quality, cost and delivery of care.



600 13TH ST., NW, SUITE 500
WASHINGTON, DC 20005

p | 202-753-5500

f | 202-347-5147

16011 COLLEGE BLVD., SUITE 250
LENEXA, KS 66219

p | 913-262-1436

f | 913-262-1575

CHILDRENSHOSPITALS.ORG

© Children's Hospital Association

Cover photos:

Juan Pulido, Children's Health, Dallas; Dallas

Stephen Travarca, Cleveland Clinic Children's; Cleveland, Ohio

Back photos:

Neil Crosby, East Tennessee Children's Hospital; Knoxville, Tennessee

Christopher Phillips, Children's Minnesota; Minneapolis