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May 9, 2025

The Honorable Susan Collins
Chair
Committee on Appropriations
United States Senate

The Honorable Patty Murray
Vice Chair
Committee on Appropriations
United States Senate

The Honorable Tom Cole
Chairman
Committee on Appropriations
United States House of Representatives

The Honorable Rosa DeLauro
Ranking Member
Committee on Appropriations
United States House of Representatives

Dear Chair Collins, Vice Chair Murray, Chairman Cole and Ranking Member DeLauro,

On behalf of the more than 200 children's hospitals and the millions of children and families we serve, thank you for your continued attention to the needs of pediatrics nationwide. As you develop the Fiscal Year (FY) 2026 Labor, Health and Human Services, and Education Appropriations legislation, we ask you to include increased funding for these key programs, which have broad support from the pediatric community, to strengthen the pediatric health care workforce, improve children's access to mental health services across a variety of settings, ensure children's needs are a key part of disaster/emergency planning, and boost funding for pediatric medical research.

Children's hospitals serve as a vital safety net for children across the country, regardless of insurance status – including those who are uninsured or underinsured – and more than half of the children we care for at children's hospitals are enrolled in Medicaid or the Children's Health Insurance Program. Children with the most serious, chronic, and complex conditions rely on children's hospitals for care. Children's hospitals also train the majority of the nation's pediatricians and pediatric subspecialists and play a major role in training the next generation of the non-physician pediatric workforce and pediatric behavioral health professionals. When natural disasters and other emergencies strike, communities across the country look to children's hospitals to meet the unique medical needs of impacted children and families. Additionally, children's hospitals shape the future of medicine as global leaders in pediatric research, developing new treatments and cures to improve children's health and save lives.

While the Trump administration considers how best to organize the U.S. Department of Health and Human Services and seeks to align agencies and programs with their goals, we urge Congress to continue to prioritize the health of our nation's children through the annual appropriations process. Regardless of how agency structures may shift over time, the funding requests below reflect essential functions to strengthen pediatric health care and the health and well-being of all children.

Children's hospitals' most urgent FY 2026 funding priorities include:

- **$778 million for the Children's Hospitals Graduate Medical Education (CHGME) program.**
- **$30 million for the Pediatric Subspecialty Loan Repayment Program (PSLRP).**
- **$1.51 billion for Title VII and Title VIII health professions workforce programs.**
- **$31 million for the Pediatric Mental Health Care Access Program.**
- **$23.605 million for Project Linking Actions for Unmet Needs in Children's Health.**

- **$15 million for Infant and Early Childhood Mental Health Grants.**
- **$24.334 million for the Emergency Medical Services for Children (EMSC) Program.**
- **$7 million for the Pediatric Disaster Care Program.**
- **$51.303 billion for the National Institutes of Health (NIH).**

Pediatric Health Care Workforce Priorities

$778 million for the Children's Hospitals Graduate Medical Education (CHGME) Program. The CHGME program plays a critical role in supporting the training of the majority of the next generation of pediatricians and pediatric specialists at 59 of the nation's children's hospitals. While the CHGME program has helped the nation make great strides toward a more robust pediatric physician workforce, serious shortages in many pediatric specialties persist.

We appreciate the funding increase for FY24 to $390 million, which has carried over for FY25 through the FY25 Continuing Resolution (CR). Unfortunately, federal funding to train pediatric providers through CHGME still lags far behind and further increases are needed to put CHGME on the pathway to more equitable footing with other federal physician training programs. 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 physician training in adult versus children's care. That is why we urge the committee to move faster to close the gap with adult-focused training programs by providing **$778 million** for CHGME for FY 2026 to ensure our nation's children have access to the quality health care they need.

$30 million for the Pediatric Subspeciality Loan Repayment Program (PSLRP). Our **$30 million** request for the PSLRP will help address serious and persistent shortages within the pediatric subspecialty workforce, such as pediatric surgical specialists and child and adolescent psychiatrists. These shortages are impeding timely access to care for children and adolescents.

The PSLRP incentivizes entry into critical pediatric subspecialty fields by providing up to $35,000 in loan repayment annually to qualifying health professionals who practice in or serve an underserved area or population for a minimum of two years. While we appreciated the $10 million provided in FY 2024 and carried over in the FY25 CR, the applicant pool for the program far exceeds its capacity. Additional resources for the PSLRP will enable the program to reach more pediatric providers to ensure that children requiring specialized care can receive the treatment they need when they need it. We ask the committee to provide **$30 million** for this vital program and to work with the Health Resources and Services Administration (HRSA) on ways to ensure it is meeting the program's objectives. Additionally, we ask that you encourage HRSA to work with stakeholders to ensure the program works as intended.

$1.51 billion for Title VII and Title VIII health care workforce programs. Across the health care sector, we are experiencing a serious workforce shortage, including in pediatrics. Pediatric clinical care is very labor-intensive and takes more time and emotional stamina, leading to higher rates of burnout and turnover. Furthermore, the intensive level of training – and the cost and time needed for that training – is deterring far too many individuals from entering pediatrics across a wide range of clinical fields, which impacts the ability of children's hospitals to quickly fill existing vacancies. Therefore, we strongly support **$1.51 billion** for Title VII and VIII programs, which aim to advance the skills, expertise, and wellbeing of our health care workforce. This funding will support and strengthen programs to grow the behavioral health workforce, address nurse faculty shortages, strengthen nursing workforce development, establish and expand partnerships between K-12 schools and health systems to develop the health care career pipeline, and provide scholarships to disadvantaged students, among others.

Behavioral & Mental Health Priorities

$31 million for the Pediatric Mental Health Care Access Program, which supports the development and expansion of pediatric mental health telehealth consultation programs in 45 states and Washington, D.C., as well as several tribal organizations and territories. Integrated care, including through telehealth consultation supported by this program, can improve identification of mental and behavioral health needs in children and streamline connections to care. Integrating mental health with primary care has been shown to substantially expand access to mental health professionals, increase children's utilization of behavioral health services, and improve pediatric provider's knowledge of mental health. The bipartisan Safer Communities Act authorized an expansion of the program, with goals of reaching all 50 states and extending into emergency departments and schools. Progress toward these goals is underway, and the funding increase to **$31 million** will enable the Pediatric Mental Health Care Access Program to maintain its current footprint, while facilitating access to mental health support for children across the country.

$23.605 million for Project Linking Actions for Unmet Needs in Children's Health (LAUNCH), which promotes healthy development among children from birth through age 8. Early childhood is a critical period for social, emotional, cognitive, behavioral and physical development. Improving access to preventative behavioral and mental health services, including through education and support for parents and caregivers, can improve outcomes for children. Project LAUNCH funds training for the mental health workforce, screenings for young children, referrals for evidence-based services, and community-based partnerships that support families with young children. We support **level funding of $23.605 million** for Project LAUNCH, to promote healthy development and school readiness in children.

$15 million for Infant Early Childhood Mental Health (IECMH) Grant Program. The IECMH Grant Program aims to improve mental health outcomes for children up to age 12, through access to pediatric mental health interventions. Grant funds support the development of sustainable programs and services for children experiencing symptoms of mental illness or who are at risk of developing a serious emotional disturbance. Grantees provide access to a wide range of pediatric mental health services, including multi-generational approaches that support families, and training to expand the capacity of the pediatric mental health workforce. To stem the child and adolescent mental health crisis, we must expand early intervention and treatment for young and school-aged children. We strongly urge the continuation of the IECMH Grant program with at **least level funding of $15 million.**

Priorities for Disaster & Emergency Preparedness for Children

$24.334 million for the Emergency Medical Services for Children (EMSC) Program. The EMSC program is the only federal program dedicated to improving emergency care for children, who have unique physical, mental and social needs that must be addressed in an emergency. Through state partnership grants, the EMSC program helps ensure that hospitals and ambulances are properly equipped for pediatric emergencies, provides pediatric training to paramedics and first responders, and improves the systems that allow for efficient, effective pediatric emergency medical care. CHA supports **$24.334 million** to enable this essential bipartisan program to continue to ensure that children's needs are prioritized during emergencies.

$7 million for the Pediatric Disaster Care Program (PDCP). The PDCP was created to ensure regional capabilities and capacity to meet children's unique physical and mental health care needs during a disaster, pandemic, or public health event. Children represent some 25% of the total U.S. populations and caring for children requires specialized training, equipment, supplies, and pharmaceuticals that may not be readily available during a disaster. The PDCP funds three Pediatric Disaster Care Centers of Excellence, based at children's hospitals, that are actively developing coordinated pediatric care plans in their regions, improving statewide medical surge capacity for pediatric care, educating and training

the health care and medical workforce on preparedness and response gaps for children, and conducting regional exercises. The **$7 million** will help these centers continue to do their vital work for children.

Pediatric Research Priorities

$51.303 billion for the National Institutes of Health (NIH). Children's hospitals are leaders in groundbreaking medical research into pediatric health conditions and life-saving treatments. We urge robust funding for the NIH to support pediatric research into a wide range of medical conditions that impact children, including childhood cancers, rare diseases, and mental and behavioral health. It is crucial that the distinct developmental and physiological different needs of children are included in studies and clinical trials across the NIH. Furthermore, the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) is the only institute dedicated specifically to understanding children's development and improving the health of children, beginning with prenatal care. Therefore, we also **request $1.891 billion for FY26 for NICHD.**

In the past year, there have been many proposed changes to the structure, policies, and procedures of the NIH. We urge appropriators to solicit the recommendations and feedback of the pediatric medical research community along with the broader research community as it considers any reforms. As with pediatric medical care broadly, research in pediatrics is unique, requiring methodologies that take into consideration that children continue to grow and develop. While NICHD is distinctly focused on maternal and child health, lifesaving and health promoting discoveries for children have been funded across institutes, including the National Cancer Institute, the National Heart, Lung, and Blood Institute, and others. We urge greater investment in pediatric medical research across NIH and stand ready as a resource on the role the federal research enterprise plays in advancing children's health, in partnership with children's hospitals.

Ensuring children's access to the highest quality care requires continued investment, particularly in growing the pediatric workforce and supporting medical research that will advance pediatric treatments. We urge you to prioritize funding for children's health and the providers who care for them in FY26. Children's hospitals are committed to working with you to continue to improve the health of our nation's children. If we can be of any additional assistance, please contact Cynthia Whitney at Cynthia.Whitney@childrenshospitals.org.

Sincerely,



Leah Evangelista
Chief Public Affairs and Brand Officer
Children's Hospital Association