

SUPPORT THE PEDIATRIC HEALTH CARE WORKFORCE

The future of children's health is directly tied to the strength of our workforce.

Policymakers must work with children's hospitals to develop, implement, and resource innovative ways to recruit, retain, and strengthen the pediatric workforce, ensuring kids get the care they need, when they need it.

THE PEDIATRIC WORKFORCE

The pediatric workforce includes pediatricians, pediatric subspecialists, and non-physician pediatric providers (e.g., pediatric nurse practitioners, pediatric nurses, pediatric medical techs, pediatric physical therapists and other pediatric allied health clinicians). These providers receive special training to care for kids of all backgrounds, ages, stages of development, and at varying levels of complexity.

Unlike adult health care where the largest shortages are among primary care providers, pediatric workforce shortages are most prevalent among pediatric physician subspecialists, advanced practice nurses, home care nurses, respiratory technicians, mental health providers, pharmacists, and others who are vital to supporting children and their families.

BOLSTERING FEDERAL SUPPORT FOR THE PEDIATRIC WORKFORCE

There are many ways to bolster the pediatric workforce for the future, such as:

- **Boost** FY 2026 funding to \$778 million for the Children's Hospitals Graduate Medical Education (CHGME) program, the only national program focused on training a pipeline of pediatricians and pediatric subspecialists.
- **Strengthen**, and increase funding for, the Pediatric Specialty Loan Repayment Program.
- **Ensure** federal policies and programs support and bolster the pediatric workforce (e.g. loan forgiveness, career academies, provider well-being support, and other learning and outreach programs).
- **Increase** support for the pediatric workforce through Medicaid.

ACCORDING TO A CHA WORKFORCE ASSESSMENT

>=13

week wait times or longer were reported for children in need of subspecialty appointments in genetics, developmental-behavioral pediatrics, neurology, and dermatology.¹

3 out of 4

shortages reported as most severe are in neurological, behavioral, and mental health specialties.¹

35%

of respondents reported a severe or major shortage of registered nurses.¹

1. "Pediatric Workforce Assessment in Children's Hospitals (Fall 2023)," Children's Hospital Association, 2024. *Note: Information obtained from 56 children's hospitals from September through October 2023.

FACTORS DRIVING WORKFORCE SHORTAGES

Pediatric workforce shortages stem from a variety of factors. Some mirror those driving overall health care workforce shortages – an increase in retirements, the rise of workplace violence, and a shortage of nursing faculty to train the next generation. Some, however, are unique to pediatrics and can impact children's access to timely care:

Finances

Reimbursement for pediatric providers is low given that Medicaid/CHIP, the single largest health insurers for children in the US, have historically low payment rates. Furthermore, one children's hospital reported that onboarding a pediatric nurse can take up to three months or longer and can cost \$45,000 or more. These costs, and any extra costs incurred by the individual associated with professional certification and licensure, are typically not reimbursed by third-party payers or covered by federal programs.

Training

Pediatric physician and non-physician subspecialists must spend additional time in school and in clinical training to develop the expertise needed to treat children with serious, complex, or chronic conditions. They must learn to use pediatric-appropriate equipment, such as tiny tubing for preemies, as well as child-appropriate medications and dosing. They also learn to support family members who may be under a great deal of stress.

Scholarship and loan forgiveness programs

Most scholarship and loan forgiveness programs are primary care- and adult-focused, which limits their availability within the pediatric specialty provider pipeline and creates recruitment and retention challenges for hospitals.

Burnout and turnover

Delivering pediatric clinical care is not only labor intensive and emotionally challenging, but rising incidents of workplace violence have exacerbated burnout and turnover. Children's hospitals face difficulty replacing clinical caregivers as there is a limited supply of trained pediatric providers to fill vacancies.

Many physicians that trained at CHGME hospitals practice in the state where they completed their residency training.²

>55%

of both pediatricians and pediatric specialists are trained at CHGME hospitals.²

50%

Per resident funding for CHGME is just 50% 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.³

Children make up approximately 23%⁴ of the population, but just

1.7%

⁵

of total federal graduate medical education spending in the U.S. is on CHGME.

45%

of the areas served by CHGME-funded hospitals are rural.⁶

1. "Pediatric Workforce Assessment in Children's Hospitals (Fall 2023)," Children's Hospital Association, 2024. *Note: Information obtained from 56 children's hospitals from September through October 2023.
2. "Children's Hospitals Graduate Medical Education Program Academic Year 2023-2024," p1-2, Health Resources & Services Administration, 2025.
3. "Comparative Analysis of GME Funding Programs for Children's Hospitals and General Acute Care Teaching Hospitals," Dobson DaVanzo & Associates, LLC., March 2022.
4. "Population Distribution by Age," Kaiser Family Foundation, 2023.
5. "Physician Workforce: HHS Needs Better Information to Comprehensively Evaluate Graduate Medical Education Funding," United States Government Accountability Office, March 2018.
6. "Children's Hospitals Graduate Medical Education Payment Program Evaluation Academic Years 2018-2023," p1-7, Health Resources & Services Administration, November 2024.

Find more resources on our workforce priorities at
childrenshospitals.org/PedWorkforce.