CHILDREN'S HOSPITAL ASSOCIATION

March 10, 2026

Children's Hospital Association Statement for the Record
U.S. House Ways & Means House Subcommittee on Health: "Advancing the Next Generation of America's Health Care Workforce"

The Children's Hospital Association is the nation's leading advocate for children's health, uniting children's hospitals to improve care and amplify impact. On behalf of the more than 200 children's hospitals and the millions of children and families we serve, we appreciate the Committee's attention to strengthening the health care workforce and improving access to care in communities across the country. Ensuring that children can access timely, specialized care requires continued federal commitment for a strong and sustainable pediatric workforce. As the Committee examines solutions to health care workforce shortages, it is imperative that children's health needs are reflected in these discussions.

To address the unique challenges facing the pediatric workforce, we need **pediatric-focused federal policies** that strengthen the **pediatric workforce** pipeline and support the training, recruitment, and retention of clinicians who specialize in pediatric care.

Pediatric Workforce Shortages are Different

The pediatric workforce faces unique challenges that differ in important ways from the broader health care workforce. In adult health care, workforce shortages are often concentrated in primary care. In contrast, pediatric shortages are more prevalent among specialty providers, including pediatric physician subspecialists, advanced practice nurses, mental and behavioral health providers, respiratory therapists, and other pediatric clinicians.

Pediatric care relies on a highly specialized workforce trained to care for children across all ages and stages of development. Pediatric providers must complete additional training to diagnose and treat conditions that are chronic, complex, and unique to children. They learn to use specialized equipment, including tiny tubing for premature infants and child-appropriate medications and dosing for children of varying ages and sizes. They must also be prepared to support families and caregivers navigating complex medical decisions.

The financial structure of pediatric care also differs from adult health care. Medicaid and the Children's Health Insurance Program (CHIP) cover nearly half of the nation's children, and more than half of patients treated at many children's hospitals. However, Medicaid reimbursement rates frequently fall below the cost of providing care. This financing structure contributes to lower earning potential for pediatric providers and can discourage clinicians from pursuing careers in pediatrics or pediatric subspecialties.

Shortages are particularly acute in several pediatric subspecialties—including developmental-behavioral pediatrics, medical genetics, neurology, and child and adolescent behavioral health—where training pipelines have not kept pace with growing demand. These shortages translate directly into access barriers for children and families. Children's hospitals report that families may wait more than 20 weeks

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for appointments in specialties such as developmental-behavioral pediatrics or medical genetics and more than 14 weeks for pediatric neurology care.

Pediatric workforce shortages extend beyond physicians. Children's hospitals report significant shortages among pediatric nurses and allied health professionals who play a critical role in the care continuum. In a recent assessment, 35% of respondents reported a severe or major shortage of registered nurses trained to care for children with complex conditions, and hospitals reported major or severe shortages of respiratory therapists (64%), imaging technicians (43%), and surgical technicians (29%).

Furthermore, burnout and violence against pediatric workers make retention and recruitment especially challenging for pediatrics. Delivering pediatric care can be emotionally demanding, particularly when caring for children with serious or life-threatening conditions. Rising incidences of workplace violence have also contributed to workforce strain. Pediatric units rank among the more dangerous hospital settings for staff, and large percentages of nurses and other health care staff have reported experiencing 1 or 2 violent incidents on their pediatric units in the last year.[1] When clinicians leave due to burnout or safety concerns, children's hospitals face unique challenges replacing them because the supply of trained pediatric providers is already limited.

Addressing Financial Barriers

Sustainable education financing and debt relief is essential to pediatric workforce sustainability as they face extended training periods and lower compensation than their adult-focused counterparts. For example, pediatric subspecialists invest in years of graduate education followed by residency training and additional fellowship training before entering the workforce. However, compensation in pediatric specialties is frequently lower than in many adult specialties, due in part to the large share of pediatric care financed through Medicaid and CHIP. Low Medicaid/CHIP reimbursement leads to lower lifetime earning potential, which can discourage medical students and residents from entering pediatrics in the first place, particularly in underserved and rural areas.

These challenges extend beyond physicians. Pediatric nurses, behavioral health providers, therapists, and allied health professionals often require graduate level education or specialized certification, entailing additional full-time study and clinical training that further delays earning potential.

Therefore, it is vital that federal education policies and programs support the training of pediatric clinicians, including federal student loan programs that serve as the primary source of financing for graduate education for many pediatric clinicians. Recent proposals that limit access to federal student loan programs or impose new borrowing caps for graduate and professional education may have unintended consequences for pediatric workforce development by discouraging trainees from entering pediatric fields that already face significant shortages.

In addition, strengthening and expanding federal loan repayment to support pediatric clinicians would reduce financial barriers to entering pediatrics and support long-term sustainability. However, many existing federal scholarship and loan repayment programs are designed around adult-focused care or

[1] **Patient and Family Member Violent Situations in a Pediatric Hospital: A Descriptive Study.** Della J. Derscheid, MS, PhD, RN, Judith E. Arnetz, PhD, MPH, PT. Journal of Pediatric Nursing. Nov.-Dec. 2020

primary care delivery. In some cases, pediatric providers are ineligible for these programs due to geographic or practice setting requirements that do not reflect the way pediatric specialty care is provided.

Bolstering Pediatric Specialist Training

Children's hospitals play a central role in preparing the next generation of pediatric clinicians. They are major training sites for pediatricians and pediatric subspecialists who go on to practice in communities nationwide.

The **Children's Hospitals Graduate Medical Education (CHGME) program** is the only federal program solely dedicated to supporting the training of pediatricians and pediatric subspecialists in children's hospitals. CHGME-supported hospitals train 55% of the nation's pediatricians and pediatric subspecialists, including more than 90% of certain pediatric subspecialists, including pediatric pathologists, pediatric cardiac anesthesiologists, and pediatric rehabilitation specialists. These clinicians provide highly specialized care for children with complex medical conditions and are essential to ensuring access to advanced pediatric services. Since its founding in 1999, CHGME has contributed to 80% of the increase in the number of new pediatric specialists.

CHGME-supported hospitals serve children from 99.6% of counties across the U.S. and its territories, with nearly half of these children living in rural communities. Despite its critical role in training the pediatric workforce, CHGME remains significantly underfunded compared to adult training programs. While children represent roughly one quarter of the U.S. population, CHGME accounts for only about 1.7% of total federal graduate medical education spending. As a result, CHGME hospitals face persistent disparities that can limit their ability to expand training programs to meet growing workforce demands.

Medicare Graduate Medical Education (GME) also plays an important role in supporting pediatric residency and fellowship training in children's hospitals located within larger academic medical centers. It supports the training of close to half of the nation's pediatricians and pediatric subspecialists. However, the number of Medicare-funded residency positions has been largely frozen for more than two decades, limiting the ability of pediatric teaching hospitals to expand training programs in response to changing population needs and growing workforce shortages. This is why we support the Resident Physician Shortage Reduction Act (H.R.4731/S.2439). Expanding the number of Medicare-supported residency and fellowship positions and fully supporting those positions would help strengthen the pediatric physician workforce pipeline.

Filling Pediatric Workforce Gaps

It is critical that changes to immigration and related workforce policies do not inadvertently weaken the pediatric health care workforce or limit children's access to care. International medical graduates and other internationally trained health professionals play an essential role in strengthening the pediatric workforce and filling workforce gaps. Many pediatric subspecialty positions remain difficult to fill with domestically trained clinicians alone, particularly in rural and underserved communities where workforce shortages are most pronounced.

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Visa programs, including the H-1B visa program, help enable internationally trained physicians and researchers to continue practicing in the United States after completing their training. These clinicians fill pediatric workforce gaps and provide specialized care for children that might otherwise be unavailable in certain communities.

Opportunities for Congressional Action

As Congress continues to examine policies affecting the health care workforce, CHA encourages policymakers to ensure children's health needs are reflected in these efforts.

- **Support robust funding for the CHGME program.** Work with congressional colleagues to sustain and strengthen this program, which trains the majority of the nation's pediatric subspecialists.

- **Strengthen physician training pathways through Medicare GME.** Support policies that strengthen pediatric residency and followship programs funded through Medicare GME, such as the *Resident Physician Shortage Reduction Act*.

- **Strengthen loan repayment and scholarship programs that support pediatric clinicians.** Support efforts to expand pediatric-specific loan repayment programs, such as the Pediatric Subspecialty Loan Repayment Program and ensure pediatric providers can fully participate in federal workforce programs, including those authorized under Title VII and Title VIII.

- **Exempt health care professionals from new H-1B visa fee requirements.** Work with the Department of Homeland Security to ensure physicians and other health care professionals are exempt from proposed H-1B visa fee increases.

- **Ensure essential pediatric health professions are included in the professional degree definition for federal student loan programs.** Work with the Department of Education to ensure pediatric clinicians and researchers remain eligible for federal student loan programs supporting professional degree training.

- **Strengthen protections for pediatric health care workers.** Congress should enact the *Save Healthcare Workers Act* to improve protections for hospital workers and address workplace violence.

CHA appreciates the Committee's focus on strengthening the health care workforce and improving access to care in communities across the country. Ensuring that workforce policies account for the unique needs of children will help strengthen the pediatric workforce and improve access to care for children and families nationwide.

Children's hospitals stand ready to work with the Committee to advance policies that support the pediatric workforce and improve children's health.

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