CHILDREN'S HOSPITAL ASSOCIATION

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The Children's Hospital Association (CHA) 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, thank you for your continued attention to the needs of pediatric patients and providers nationwide. As you develop the Fiscal Year (FY) 2027 Labor, Health and Human Services, and Education Appropriations legislation (LHHS), we ask you to prioritize funding for pediatric-focused programs to strengthen the pediatric health care workforce, improve children's access to mental health services, ensure children's needs are a key part of disaster/emergency planning, and boost funding for pediatric medical research, including:

- **$1.02 billion for the Children's Hospitals Graduate Medical Education (CHGME) program (HRSA).**
- **$30 million for the Pediatric Specialty Loan Repayment Program (PSLRP) (HRSA).**
- **$1.59 billion for Title VII and Title VIII health professions workforce programs (HRSA).**
- **$45 million for the Lorna Breen Health Care Provider Protection program (HRSA/NIOSH/CDC).**
- **$31 million for the Pediatric Mental Health Care Access program (HRSA).**
- **$24.334 million for the Emergency Medical Services for Children (EMSC) Program (HRSA).**
- **$7 million for the Pediatric Disaster Care Program (PDCP) (ASPR).**
- **$51.303 million for the National Institutes of Health (NIH).**
- **$35 million for the U.S. Centers for Disease Control and Prevention (CDC), $25 million for the National Institutes of Health (NIH), and $1 million for the National Institute of Justice (NIJ) to conduct public health research into firearm morbidity and mortality prevention.**

$1.02 billion for the Children's Hospitals Graduate Medical Education program to show similar support for physicians trained at CHGME hospitals as those trained through adult-focused GME programs**.** We know CHGME is a strongly bipartisan program, and we appreciate the funding increase for FY26 to $395 million. 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 and to ensure children can access needed care. Given current funding levels, **CHGME will only receive 38% of what Medicare pays on a per resident basis to Medicare GME**

hospitals in FY27, leaving a longstanding and growing gap between funding for these programs.

Continued investment in CHGME allows participating children's hospitals to have national reach and system-wide impact. For example, **CHGME hospitals serve children and teens from 99.6% of all counties in the U.S. and territories. Forty-five percent of the communities where these children live are rural.** Without immediate congressional action to strengthen CHGME funding, pediatric physician shortages will persist and worsen, further limiting timely access to care for children nationwide.

$30 million for the Pediatric Specialty Loan Repayment Program to help address serious and persistent shortages within the pediatric subspecialty workforce, such as pediatric neurologists, child and adolescent psychiatrists, and others. As you know, these shortages are impeding timely access to care for children and adolescents, so we are grateful for the $10 million you provided in FY26. The PSLRP incentivizes entry into critical pediatric subspecialty fields. However, the program's annual applicant pool far exceeds its capacity. Therefore, additional resources are necessary to enable it to reach more pediatric providers, so children who require 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 encourage the Health Resources and Services Administration (HRSA) to work with stakeholders to ensure the program works as intended.

$1.59 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. Therefore, we strongly support **$1.59 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.

$45 million for the Lorna Breen Health Care Provider Protection program. Children's hospitals have reported high rates of staff burnout and turnover, with nurses and other bedside staff reducing their work hours or leaving health care completely. Delivering pediatric clinical care is especially labor-intensive and can be emotionally challenging. Workplace violence also factors into pediatric clinicians' decisions to leave. When clinicians leave, children's hospitals face unique challenges since fewer trained pediatric providers are available to backfill those positions, placing even more stress on the remaining staff. Funding the Lorna Breen program is vital to ensure organizations,

like children's hospitals, can support the mental and behavioral health needs of providers at our hospitals.

$31 million for the Pediatric Mental Health Care Access Program. The program 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.

$24.334 million for the Emergency Medical Services for Children 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. 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 23% of the total U.S. population 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, and providing educating, and training.

$51.303 billion for the National Institutes of Health. 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

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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 $1.923 billion for FY27 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, including children's hospitals, 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.

$35 million for the Centers for Disease Control and Prevention, $25 million for the National Institutes of Health, and $1 million for the National Institute of Justice to conduct public health research into firearm morbidity and mortality prevention. Firearms are the leading cause of death for children and teens in the United States. Every day, seven children and teens die from firearm injuries, and approximately 720 children each year are left with permanent disabilities following nonfatal shootings. Together, these agencies play complementary roles in advancing rigorous, data-driven research to better understand the causes, risk and protective factors, and effective prevention strategies for firearm-related injuries and deaths. Dedicated funding will support pediatric-specific research examining the unique developmental, behavioral, and social factors that place infants, children, and adolescents at risk, as well as evidence-based interventions to reduce unintentional injuries, suicide, and violence exposure among youth. Continued investment in this funding will advance research-based, informed-prevention efforts, and protect the health and safety of children, families, and communities.

Ensuring children's access to the highest quality care requires continued investment. We urge you to prioritize funding for children's health and the providers who care for them. 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 Elizabeth Brown at **elizabeth.brown@childrenshospitals.org**.

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