
Children's Hospital Association Statement for the Record

House Energy and Commerce Committee Subcommittee on Health Hearing, "Examining Proposals that Provide Access to Care for Patients and Support Research for Rare Diseases."

June 14, 2023

On behalf of the more than 200 nation's children's hospitals and the millions of children and families we serve, the Children's Hospital Association is submitting this statement for the record for today's legislative hearing. We appreciate the committee taking up several bills today that will help the patients and families children's hospitals and the specialized physicians important to their care serve, such as the PREEMIE Reauthorization Act and the Sickle Cell Disease and Other Heritable Blood Disorders Research, Surveillance, Prevention and Treatment Act. We urge the committee to promptly move legislation to reauthorize the Children's Hospitals Graduate Medical Education (CHGME) program, the only federal program focused exclusively on the training of pediatricians and pediatric specialists, without making any policy changes to this vital program. CHGME is critical to the national goal of providing needed care for America's children, including children in military families and those in underserved rural and urban communities. To this end, we support Rep. Schrier's bill, H.R. 3841, which would be a clean, five-year reauthorization of CHGME. In doing so, Congress can build upon its legacy of overwhelming bipartisan support for reauthorizing this critical program. We appreciate Rep. Schrier introducing H.R. 3841 and look forward to it moving promptly and in a bipartisan fashion.

As we face a critical pediatric provider shortage, CHGME is vital to ensuring our nation's children and their families have access to the routine care they need. The purpose of the program is to train doctors. How those physicians provide care is dependent on the scope of state law and what is supported by medical evidence in consultation with consenting families. CHA opposes tying the availability of physician training funding to any type of care provided at a hospital independently of its training programs as is suggested in H.R. 3887, which is why we oppose this legislation. To do so only threatens the critical pipeline of needed pediatricians.

Congress created the bipartisan CHGME program in 1999 recognizing that a dedicated source of support for training pediatricians and pediatric specialists in children's hospitals was key to building and sustaining a robust pediatric workforce and providing access to care for our nation's children. CHGME was established specifically to address the disparity between the funding that adult-focused hospitals access through Medicare Graduate Medical Education (GME) and the funding children's hospitals receive to train the pediatric physician workforce. Because children's hospitals care for extremely few children covered by Medicare, they receive very little Medicare GME funding—the primary source of federal support for training physicians. Before CHGME, pediatric physician training programs suffered from minimal federal support, leading to shortages of pediatricians which created access to care challenges for the nation's children. These challenges continue today.

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Children's hospitals are pediatric workforce training hubs, responsible for training the next generation of pediatricians and pediatric specialists as well as pediatric nurses, therapists, advanced practitioners and technicians. They also serve as a vital safety net for all children regardless of insurance status, including those that are uninsured, underinsured and enrolled in Medicaid and the Children's Health Insurance Program (CHIP). Children's hospitals serve the majority of children with serious, chronic, and complex conditions, providing **95% of all pediatric cancer care**, and care to most children in need of major surgery.

CHGME children's hospitals have the patient volume necessary to train pediatric specialists. The residents and fellows whose training is supported by CHGME learn from experienced pediatric-focused practitioners, gain hands-on experience treating highly complex cases and participate in pediatric research ensuring the highest quality of care.

The Success of CHGME

Since its inception, CHGME has enabled children's hospitals to dramatically increase pediatric physician training overall and grow the supply of pediatric specialists. The 59 children's teaching hospitals that now receive CHGME support train **more than half of all pediatricians and pediatric subspecialists**, including pediatric cardiologists, child and adolescent psychiatrists, and pediatric oncologists. In some fields, such as pediatric rehabilitation medicine, virtually all physicians receive their training at CHGME children's hospitals. CHGME children's hospitals also train adult medical specialists, such as family medicine residents, who rotate through for their pediatrics training. In 2022, **over 15,000 pediatric residents trained in CHGME children's hospitals**.

Furthermore, CHGME is critical to the national goal of providing comprehensive and timely access to care for all of America's children. CHGME-trained physicians provide critical access to care to **children in military families and children in underserved rural and urban communities, serve as medical homes and address health care disparities**. Although CHGME-funded hospitals make up just 1% of all hospitals nationwide, these hospitals provide close to one-third of the inpatient hospital care received by children covered by Medicaid.

It is also important to note that approximately **60% of CHGME-funded physicians** who complete their training programs choose to practice in the states where they complete their residency – ensuring access to care for some of the most underserved children. This was critically important as the COVID-19 pandemic, RSV and the children's mental health crisis exacerbated existing pediatric workforce shortages and created a record-breaking demand for access to children's health care.

The Continuing Need for CHGME

While the CHGME program has helped the nation make great strides toward a more robust pediatric workforce to care for our nation's children, serious shortages in many pediatric specialties persist. Addressing those shortages by bolstering our pediatric workforce training programs is more important than ever as our nation's youth are grappling with a worsening mental, emotional, and behavioral health crisis. We cannot keep up the momentum to enhance the pediatric workforce and remove barriers to children's access to both physical and mental health care without the CHGME program.

Again, we urge the committee to promptly move Rep. Schrier's legislation (H.R. 3841) to reauthorize CHGME without making policy changes to this vital program. CHGME is an essential training program to our country's pediatric health care and ensuring children now and in the future have access to the specialized care they need.