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May 13, 2024

The Honorable Patty Murray Chair Committee on Appropriations United States Senate

The Honorable Tom Cole Chairman Committee on Appropriations United States House of Representatives The Honorable Susan Collins Vice Chair Committee on Appropriations United States Senate

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

Dear Chair Murray, Vice Chair Collins, 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) 2025 Labor, Health and Human Services, and Education Appropriations legislation, we ask you to include increased funding for these key programs, with 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 vital pediatric research.

Children's hospitals serve as a vital safety net for all children across the country, regardless of insurance status and more than half of the children we care for at children's hospitals are enrolled in Medicaid and CHIP. Children with the most serious and complex conditions come to children's hospitals for care, including growing numbers of children in mental health crisis. Children's hospitals also train the majority of the nation's pediatric workforce, including the next generation of pediatricians, pediatric subspecialists, and pediatric behavioral health professionals. Additionally, they conduct the majority of pediatric research, which improves children's lives and provides hope for their families as well as work together to address the unique needs of children during emergencies or a disaster.

Children's hospitals' most urgent FY 2025 funding priorities include:

- \$758 million for the Children's Hospitals Graduate Medical Education (CHGME) program.
- \$30 million for the Pediatric Subspeciality Loan Repayment Program (PSLRP).
- \$1.51 billion for Title VII & Title VIII Health Resource and Services Administration (HRSA) workforce programs.
- \$1.25 billion for the Community Mental Health Services Block Grant (MHGB) and a 5% set aside for prevention and early intervention services.
- \$13 million for the Pediatric Mental Health Care Access Program.
- \$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), including \$1.891 billion for Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD).

Workforce Priorities

\$758 million for the Children's Hospitals Graduate Medical Education (CHGME). The CHGME program plays a critical role in training a 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 are grateful that you included an increase to the program (\$390 million) for FY 2024, which puts CHGME on the pathway to more equitable footing with other federal physician training programs; however, funding to train pediatric providers through CHGME still lags far behind. 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 physicians 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 **\$758 million** for CHGME for FY 2025 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). The **\$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 in pediatric subspecialty fields who practice in an underserved area for a minimum of two years. While we appreciate the \$10 million provided in FY 2024, the applicant pool for the program's inaugural year far exceeded 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 Health Resources and Services Administration on ways to ensure it is meeting program objectives.

\$1.51 billion for Title VII & Title VIII Health Resources and Services Administration (HRSA) 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 the pediatric field across a wide range of clinical fields, which impacts the ability of children's hospitals to quickly fill existing vacancies. 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, provide nurse faculty loan repayments, strengthen nurse 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

\$1.25 billion for the Community Mental Health Services Block Grant (MHBG) and a 5% set aside for prevention and early intervention and a greater focus on needed services for children. The MHBG awards

funding to states to support existing mental health services and/or to fund new activities for adults with serious mental illnesses and children with serious emotional disturbances (SED). The MHBG's current focus on services for adults with severe mental illness and children with SED, severely limits its utility in combatting the ongoing crisis in child and adolescent mental health. Early identification and intervention are critical to improve outcomes for children with mental and behavioral health needs, and to reduce the need for more costly interventions when their conditions are left untreated. Community-based mental health services must reach children who cannot yet be diagnosed or whose symptoms or condition are not considered a SED. We strongly support a prevention and early intervention set aside of at least 5% within the MHBG, which will enable and encourage states to spend a portion of these funds on upstream services, with children and adults. In order for this set aside to be successful, robust funding for the MHBG is necessary. We support a funding level of **\$1.25 billion** for FY25.

\$13 million for the Pediatric Mental Health Care Access Program. We are requesting **\$13 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 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 expanded funding is needed to bring the program to all 50 states, which is critical given the current children's mental health crisis.

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. Through state partnership grants, EMSC helps ensure that hospitals and ambulances are properly equipped to treat pediatric emergencies, to provide pediatric training to paramedics and first responders, and to improve the systems that allow for efficient, effective pediatric emergency medical care. CHA supports **\$24.334 million** to ensure this vital bipartisan program continues to ensure 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 about 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), including \$1.891 billion for Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD). Children's hospitals are regional centers for groundbreaking medical research into pediatric health conditions and life-saving treatments. We urge robust funding for the NIH, including the NICHD, 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's critical that the distinct developmental and physiological different needs of children are included in studies and clinical trials across the NIH. The NIH *All of US* Research Program aims to recruit participants into one of the most diverse health databases ever created, to enable researchers to study how our biology, lifestyle, and environment affect our health. For this database to be truly representative and to enable the study of health throughout the lifespan, the NIH must actively recruit all age groups, including children and adolescents. We strongly recommend report language urging the NIH to finalize recruitment protocols for the *All of Us* Research Program and other steps necessary to implement a multi-phase program geared for children.

Building on the important steps you have already taken to boost funding for children and the providers who care for them, we thank you and urge continued investment. We ask for more support to ensure children's access to the highest quality care. 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.

Sincerely,

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Leah Evangelista Chief Public Affairs Officer Children's Hospital Association