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September 7, 2023

The Honorable Charles Schumer  
Majority Leader  
United States Senate  
Washington, DC 20510

The Honorable Kevin McCarthy  
Speaker  
United States House of Representatives  
Washington, DC 20515

The Honorable Mitch McConnell  
Republican Leader  
United States Senate  
Washington, DC 20510

The Honorable Hakeem Jeffries  
Democratic Leader  
United States House of Representatives  
Washington, DC 20515

Dear Majority Leader Schumer, Speaker McCarthy, Republican Leader McConnell and Democratic Leader Jeffries,

On behalf of the more than 200 children's hospitals and the children and families we serve, the Children's Hospital Association (CHA) thanks you for the work you have done this Congress to address the unique health needs of children. We write to request additional action this year on long sought-after bipartisan, bicameral policies designed to improve children's mental and physical health, support the pediatric health care workforce, cut red tape to ensure children get the care they need when they need it and ensure children's hospitals have the resources to take care of our pediatric patients.

At a time when our children's hospitals continue to be flooded with children dealing with mental health crises and are preparing for another season of respiratory illnesses and other health care needs, it is critical that Congress take action before the end of the year to sustain children's hospitals' ability to provide high-quality, timely and appropriate care to our nation's children. Our children cannot wait for needed federal support.

Congress can best support the immediate needs of our nation's children by:

- **Bolstering support for the pediatric workforce.**
- **Making investments to address the children's mental health emergency.**
- **Preventing Medicaid Disproportionate Share Hospital (DSH) cuts.**
- **Passing the bipartisan Accelerating Kids' Access to Care Act.**

## Bolstering Support for the Pediatric Workforce

Our country's ability to continue to meet the health needs of children—now and into the future—requires innovative approaches to recruit, retain and bolster the pediatric physician and non-physician workforce, like pediatric advanced practice nurses, acute care nurses and pediatric medical techs. A national investment in the health care workforce must include ensuring that our system has the full range of clinical and non-clinical pediatric providers needed to deliver optimal care to children.

In pediatrics, shortages are more prevalent among specialty care providers, (such as pediatric oncologists, child and adolescent psychologists and pediatric intensive care nurses) compared to adult medicine, where a majority of the shortages are in primary care. Children's hospitals reported an increase of more than 76% in the quarterly turnover

rate among registered nurses from the first quarter of 2019 to the third quarter of 2021.<sup>1</sup> We are seeing a decline in the number of pediatric specialty residents by as much as 20% to 40%.<sup>2</sup>

It is imperative that meaningful policy solutions are advanced to strengthen the pediatric workforce pipeline and address recruitment and retention across the spectrum of both licensed and non-licensed pediatric providers and specialists. Solutions must include dedicated investments in the pediatric workforce to support a diverse pediatric health and mental health workforce that is prepared to deliver culturally and developmentally appropriate care.

Those solutions should include:

- Support of the Children’s Hospitals Graduate Medical Education program (CHGME), to boost the number of pediatricians and pediatric specialists.
- Expanding the eligibility for existing workforce loan repayment and scholarship programs to pediatric non-physician clinicians.
- Investments in hospital-based pediatric nurse and other clinician training and retraining.
- Increased support for the pediatric workforce through Medicaid.

### **Support a Robust Children’s Hospitals Graduate Medical Education Program (CHGME)**

As we face a critical pediatric provider shortage, CHGME is vital to ensuring our children and their families have access to the routine and specialized care they need. CHGME is the only federal program focused exclusively on the training of pediatricians and pediatric specialists—robust funding for the program is critical to the national goal of provided needed care to children, including children in military-connected families and those in underserved and rural communities.

Since its inception, CHGME has helped the nation make great strides towards a more robust pediatric workforce to care for all children, but serious shortages in 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. As Congress works to reauthorized CHGME this year, we reiterate our support for a clean bipartisan reauthorization of this necessary program, without any policy changes. Additionally, we are grateful for the funding Congress has proposed for the program and recognize that Congress is demonstrating its steadfast support of children’s health. We are hopeful that you can maintain this support without any policy riders as you seek to complete your work for Fiscal Year 2024.

### **Expand Eligibility for Existing Workforce Loan Repayment and Scholarship Programs**

The intensive level of training—and the cost and time needed—deters far too many individuals from entering the pediatric nursing, pediatric behavioral health and allied health fields. Existing loan forgiveness and scholarship programs can be difficult for pediatric providers to access because the programs tend to be primary care or adult-focused. Expanding eligibility for these programs to the pediatric non-physician clinical workforce can help alleviate that financial burden. In addition, financial assistance should be made available to cover the costs of pediatric nursing certifications, such as the Certified Pediatric Nurse and the Certified Pediatric Emergency Nurse certifications. Pediatric nursing specialty certification programs are professionally recognized programs that offer additional training and continuing education to equip pediatric nurses to work in demanding settings like children’s

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<sup>1</sup> PROSPECT, the Children’s Hospital Association and the nation’s only financial and operational comparative data set for pediatrics.

<sup>2</sup> *Pediatrics* (2021) 147 (6): e2020013292. <https://doi.org/10.1542/peds.2020-013292>.

hospitals. While some children’s hospitals try to help their pediatric nurses cover the costs of these programs, federal grant support would help ensure more widespread access.

### **Invest in Hospital-Based Pediatric Training and Retraining**

Some children’s hospitals currently invest their own resources into home-grown recruitment programs to address nursing and allied health workforce shortages. Often these programs recruit, train and onboard individuals from diverse and underserved backgrounds, connecting to mentors and academic support. Children’s hospitals are also investing in retraining programs to enable clinical staff to move up the clinical career ladder or to learn new clinical skills that will enable them to fill critical workforce gaps. Many children’s hospitals also devote staff and financial resources to partner with technical community colleges and vocational schools to provide pediatric clinical training for nursing assistant and medical assistant students. Federal support for these types of initiatives would enable their widespread adoption and long-term sustainability.

### **Increase Support for the Pediatric Workforce Through Medicaid**

Payments to pediatric subspecialists are lower than payments to their adult counterparts.<sup>3</sup> In large part, the lower compensation is linked to historically low Medicaid reimbursement rates. Medicaid is the single largest health insurer for children in the United States and more than half of all children are enrolled in Medicaid or the Children’s Health Insurance Program (CHIP). Children with medical complexities or specialized health care needs are more likely to receive care from pediatric specialists practicing in a children’s hospital and to be enrolled in Medicaid. Those lower payment rates are a key factor in pediatric workforce shortages and related access challenges for children, including within pediatric behavioral health where low reimbursement rates and persistent workforce shortages converge, resulting in too few pediatric providers participating in Medicaid.

## **Making Investments to Address the Children’s Mental Health Emergency**

The mental health challenges facing our children continue to grow. A report from earlier this year shows that 1 in 5 high school students contemplated suicide and 1 in 10 attempted suicide one or more times in 2021.<sup>4</sup> Since 2019, children’s hospitals have seen a 50% increase in emergency department visits related to suicide and self-injury and a 30% increase in inpatient stays. This trajectory predates the pandemic—with emergency department visits for suicide and self-injury more than tripling since 2016.<sup>5</sup> As the crisis continues, we need urgent, robust and comprehensive support from Congress to help America’s children.

We have worked closely with key committees and a number of congressional offices on bipartisan solutions to address this ongoing crisis through boosting the pediatric behavioral health workforce, bolstering community-based services, investing in pediatric mental health infrastructure and investing in Medicaid.

### **Pass the Bipartisan H.R. 2412, Helping Kids Cope Act**

The Helping Kids Cope Act was introduced earlier this year by Reps. Lisa Blunt Rochester, D-Del., and Brian Fitzpatrick, R-Pa., with the goal of addressing the unique challenges of the ongoing national emergency in children’s mental health, by targeting investment to support pediatric providers and services.

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<sup>3</sup> Pediatrics (2021) 148 (2): e2021051194. <https://doi.org/10.1542/peds.2021-051194>.

<sup>4</sup> “[Youth Risk Behavior Survey Data Summary & Trends Report](#),” Centers for Disease Control and Prevention, February 2023.

<sup>5</sup> CHA (2023). Mental Health Trends Report (Analysis of CHA PHIS data from 2016-2022). Unpublished report.

Specifically, H.R. 2412 will:

- Support community-based pediatric mental health services and innovative solutions to increase care coordination and integration and facilitate early intervention.
- Invest in the pediatric mental health workforce through enhanced training and recruitment and retention of pediatric providers.
- Expand capacity to provide care to children across the continuum of care, including for those who require inpatient treatment and step-down levels of care.

### **Invest in Pediatric Mental Health Care through Federal Medicaid**

We strongly recommend meaningful Medicaid investments to enhance the low reimbursement rates that pediatric behavioral health providers currently receive and tailor approaches to recruit and retain a robust pediatric behavioral health workforce, including physician and non-physician providers. This investment is critically needed now to support the workforce and increase children's access to needed care.

Medicaid is the largest payer for children's behavioral health services, but there continues to be serious access issues. According to a recent report on the state of America's mental health, about 60% of youth with major depression do not receive any mental health treatment.<sup>6</sup> We must enhance Medicaid reimbursement to keep existing mental health providers engaged in the Medicaid program and to show potential participants an appropriate and consistent financing stream for their work. This is crucial to make measurable improvements for the millions of children who rely on Medicaid.

### **Ensure Existing Federal Investments in Mental Health Support Pediatric Care**

While new investments designed specifically for pediatric providers and pediatric systems of care are urgently needed, we must also examine current programs and make needed changes to ensure they work to support care for children, as well as adults. The Community Mental Health Services Block Grant, administered by the Substance Abuse and Mental Health Services Administration, provides states with funding to support services for adults with Serious Mental Illness (SMI) and children with Serious Emotional Disturbance (SED). Unfortunately, this current structure limits the grants' ability to support the types of services children most often need, as many children require mental health care but do not have a diagnosis that is defined as a SED. Children's hospitals strongly support at least a 5% set-aside within the current program for prevention and early intervention services, which will enable the program to better address children's mental health.

## **Prevent Pending Medicaid DSH Cuts**

Hospitals are facing \$8 billion in annual payment cuts to the Medicaid Disproportionate Share Hospital program, which are scheduled to begin October 1 and continue for four years. These cuts would be devastating to many children's hospitals and their ability to provide care to the children they serve. We appreciate the calls from hundreds of bipartisan members of Congress to prevent these cuts, especially the work being done in the House of Representatives to advance H.R. 2665, Supporting Safety Net Hospitals Act, a bipartisan bill to eliminate the DSH cuts for two years. We ask Congress to take action immediately, through H.R. 2665 or another vehicle, to stop these cuts. America's children, their families and the hospitals that serve them cannot wait.

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<sup>6</sup> Reinert, M, Fritze, D. & Nguyen, T. (October 2022). "The State of Mental Health in America 2023" Mental Health America, Alexandria VA.

## Pass the Bipartisan Accelerating Kids' Access to Care Act

The bipartisan Accelerating Kids' Access to Care Act will improve children's access to needed out-of-state health care by streamlining the burdensome and time-consuming Medicaid provider screening and enrollment process.

Children and families relying on Medicaid often must travel to different states to receive care when the services they need are not available in their own state. This is particularly true for children with medically complex conditions, like cancer or other rare diseases, who must regularly access highly specialized providers found in children's hospitals, which are often treating children from many different states at any given time.

Today, children on Medicaid needing care outside their home states often experience delays because some state Medicaid programs require out-of-state providers to be screened and enrolled into their program even if the provider is already enrolled and in good standing with their home state Medicaid program and in Medicare.

This process of enrolling in multiple Medicaid programs consumes valuable time and resources, increases program costs and most importantly delays children's access to needed care.

### **The Accelerating Kids' Access to Care Act would:**

- Create a new pathway for pediatric providers to enroll in multiple state Medicaid programs if certain requirements are met, including that they are in the lowest category for potential program integrity issues and are enrolled in their home state Medicaid program.
- Only focus on the screening and enrollment of providers and not on authorization of care by an out-of-state provider nor payment rates for any such care, leaving both issues within the purview of state Medicaid agencies.

The Accelerating Kids' Access to Care Act has strong bipartisan support. The bill is led by Sens. Grassley, R-Iowa, and Bennet, D-Colo., and Reps. Trahan, D-Mass, and Miller-Meeke, R-Iowa, and a growing list of bipartisan supporters. This legislation will improve children's access to essential health care, while eliminating administrative burdens for providers and states.

We know you all have many tasks to tackle this fall, so we stand ready to partner with you to take the steps necessary to promote children's health and to enact policies to address the pediatric workforce shortage, national children's mental health emergency, stop Medicaid DSH cuts and eliminate administrative burden in Medicaid.

Children need your help now. Thank you for your support on these important issues.

All my best,



Mark Wietecha  
Chief Executive Officer  
Children's Hospital Association

CC: Chair Murray  
Chair Sanders  
Chairman Wyden

Ranking Member Collins  
Ranking Member Cassidy  
Ranking Member Crapo  
Chairwoman Granger  
Chair McMorris Rodgers  
Ranking Member DeLauro  
Ranking Member Pallone