

2025 PRIORITIES



When it comes to health care, children aren't just little adults. The same is true of children's hospitals, which have very different needs than adult hospitals. As Congress and the administration develop health care policies in 2025, we encourage you to prioritize and consider the unique needs of children and the children's hospitals that serve them.

CHA AND CHILDREN'S HOSPITALS ASK FEDERAL POLICYMAKERS TO

1. Protect and strengthen Medicaid policy to improve child health.

Medicaid is the single largest health insurer for children in the United States, covering some 37 million children. Nearly **3 million children in military-connected families** are covered by or eligible for Medicaid. On average, 50% of children's hospitals' patients are covered by Medicaid, and in 2023, **40.6% of children in small towns and rural areas** were enrolled in Medicaid.

- ▶ Pass the bipartisan [Accelerating Kids' Access to Care Act](#), which 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.
- ▶ Protect Medicaid from policies and cuts that would negatively impact access to care for children, including efforts to significantly restructure the program and/or reduce payments, including supplemental payments.
- ▶ Continue focus on congressionally-mandated oversight of Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) to ensure children can receive needed health care services.

2. Prevent proposals that jeopardize children's access to care.

Congress must consider the unique and harmful impact certain health care policies can have on access to care for children and adolescents, especially in rural and underserved areas. We urge Congress to look at how changes to vital programs could impact the ability of children, especially with complex medical needs, to get care closer to home.

- ▶ Oppose site neutral policies, including eliminating "facility fees" or other policies that reduce support for, and would have a negative impact on, pediatric care.
- ▶ Protect the 340B program from changes that could impede children's hospitals' ability to serve low-income, uninsured, and underinsured pediatric patients.

3. Bolster federal support for the pediatric workforce.

Pediatrics shortages are more prevalent among providers who deliver specialized care, such as pediatric advanced practice nurses, acute care nurses, and pediatric medical tech professionals (e.g., pediatric respiratory technicians, pediatric pharmacists).

- ▶ Support \$778 million in FY26 for the [Children's Hospitals Graduate Medical Education](#) program (CHGME) to boost the number of pediatricians and pediatric specialists.
- ▶ Expand eligibility for existing loan repayment and scholarship programs to the pediatric workforce.
- ▶ Invest in hospital-based pediatric nurse and other clinician training and retraining.
- ▶ Increase support for the pediatric workforce through Medicaid.
- ▶ Prevent DSH cut from moving forward.

4. Make federal investments to address the children's mental health crisis.

In the last year, 29% of adolescents reported poor mental health, and one in five reported having seriously contemplated suicide. The kids' mental health crisis has caused an increase in boarding in children's hospitals. Compared to before the pandemic, 84% of hospitals are boarding more youth patients, and 75% report longer boarding stays.

- ▶ Strengthen mental health investment in Medicaid.
- ▶ Bolster community-based systems of care.
- ▶ Invest in pediatric mental health workforce and infrastructure.
- ▶ Permanently extend and enhance telehealth flexibilities.
- ▶ Improve implementation of the mental health parity law.
- ▶ Ensure support for mental health crisis services and suicide prevention designed to address the unique needs of children and teens.

To learn more about these topics and our work, visit childrenshospitals.org/advocacy.