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June 24, 2024

The Honorable Ron Wyden
Chair, Senate Finance Committee
221 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Bob Menendez
528 Hart Senate Office Building
Washington, DC 20510

The Honorable John Cornyn
517 Hart Senate Office Building
Washington, DC 20510

The Honorable Bill Cassidy, MD
455 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Michael Bennet
261 Russell Senate Office Building
Washington, DC 20510

The Honorable Thom Tillis
113 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Catherine Cortez Masto
520 Hart Senate Office Building
Washington, DC 20510

The Honorable Marsha Blackburn
357 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Wyden and Sens. Menendez, Cornyn, Cassidy, Bennet, Tillis, Cortez Masto, and Blackburn:

On behalf of the nation's 200+ children's hospitals and the children and families we serve, thank you for providing this opportunity to respond to the Bipartisan Medicare Graduate Medical Education (GME) Working Group's Draft Proposal Outline and Questions for Consideration. As the National Academy for Sciences, Engineering and Medicine recently recommended, it is critical that any efforts to reform Medicare GME ensure that pediatric GME receives equitable and sufficient support.[1]

Medicare GME supports the training of close to 50% of the nation's pediatricians and pediatric subspecialists. It can and must play a role in addressing serious, ongoing shortages of pediatric medical subspecialists, pediatric surgical specialists, and pediatric mental health providers across the United States. Those shortages are directly impacting access to equitable care for children, especially those with serious, chronic or complex health care needs. Therefore, we urge you to prioritize strategies that bolster Medicare-supported pediatric subspecialty training in pediatric academic health centers that rely on the program. We look forward to working with you to advance workable and effective strategies that increase children's access to needed care.

[1] See The Future Pediatric Subspecialty Physician Workforce: Meeting the Needs of Infants, Children, and Adolescents Enhancing Education, Training, Recruitment, and Retention Policy Brief. 2023.

Pediatric Provider Shortages are Different

The workforce shortages in pediatrics are different than those for adults, primarily affecting pediatric specialty providers, particularly in subspecialties such as pediatric neurology, developmental behavioral pediatrics, genetics, pediatric pulmonology, adolescent medicine, and child and adolescent psychiatry. Children are facing wait times as long as 20+ weeks for a geneticist or a developmental-behavioral pediatrician and more than 14 weeks for an appointment with a pediatric neurologist. The shortages are particularly pronounced in behavioral health, with children waiting 10 weeks for a child and adolescent psychiatry appointment, at a time when the nation continues to experience a child mental health emergency.

The pediatric subspecialty physician shortages are the result of several unique factors that particularly affect the pediatric subspecialty workforce. Pediatric subspecialists require more and lengthier training than their adult counterparts to develop the unique set of skills and expertise to treat children. Subspecialty pediatric training takes an additional three years beyond that which is required for adult specialties.

The provision of pediatric specialty care requires time, monitoring, specialized medications and equipment, and specially trained health care providers who are compassionate, understand kids of all ages and from all backgrounds and are able to consider the whole family when caring for the child. Therefore, pediatric providers need training both in basic clinical care (i.e., the physiological aspects of care) and training in the developmental and psychological aspects of care. They need to learn how to use special-sized equipment, such as tiny tubing for preemies, child-appropriate medications and related dosing, for all stages of a child's development. They must also learn how to appropriately manage family members—parents, other caregivers and siblings—who may be under a great deal of stress.

The additional education and training time needed to develop those skills often leads to substantial debt on the part of the provider. Despite the extra years and financial commitment needed to become a pediatric subspecialist, salaries for pediatric subspecialists are lower than those for their adult counterparts and general pediatricians.[2] In large part, the lower compensation is linked to historically low Medicaid reimbursement rates. Children with medical complexity or specialized health care needs are more likely to receive care from pediatric subspecialists and to be enrolled in Medicaid. Lower anticipated earnings are a key factor in pediatric workforce shortages and related access challenges for children.

The Children's Hospitals Graduate Medical Education (CHGME) Program

CHGME is the primary pediatrics training program for pediatricians and pediatric subspecialists and is administered by the Health Resources and Services Administration (HRSA). Congress created CHGME because it recognized that a dedicated source of funding for pediatrics training in free-standing children's hospitals was needed because those hospitals care for extremely few children covered by Medicare and, as a result, receive very little Medicare GME funding. The establishment and continued bipartisan support by Congress for CHGME has been critical to ensuring a robust pediatric workforce, enabling children's hospitals to dramatically increase pediatric physician training and increase the number of pediatricians and pediatric subspecialists who care for the nation's children.

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[2] *Pediatrics* (2021) 148 (2): e2021051194. https://doi.org/10.1542/peds.2021-051194.

However, serious shortages in many pediatric subspecialties persist and must be addressed. We urge you to support increased funding for CHGME and ask that you work with the HELP committee on ways to strengthen the range of workforce development programs that support our current and future pediatric providers. Bolstering those programs is key to removing barriers to children's access to both physical and mental health care.

The Role of Medicare GME in Pediatric Training

Though CHGME plays a vital role in the training of the nation's pediatricians and pediatric subspecialists, other children's hospitals that are part of academic medical centers and train pediatric residents are not eligible for CHGME because their parent institutions do not primarily serve children under the age of 18. CHGME-trained providers often work at those academic medical centers, but those institutions rely on Medicare GME to support their pediatric residency programs and play a central role in training the next generation of pediatric providers. Our responses below to the working group's proposal focus on ways that Congress can bolster Medicare-supported pediatric training.

Bolstering Medicare-Supported Pediatric Training

- **Increase in the Number of Medicare GME Positions.** We support a robust increase in the number of Medicare GME positions. The number of Medicare residency positions has been effectively frozen for a quarter century and has not reflected changes in population, need, workforce shortages, etc. As the population of the United States has grown, become more diverse, and geographically shifted, Medicare GME has been unable to reflect these changes. In particular, we support the bipartisan Resident Physician Shortage Reduction Act (S. 1302/H.R. 2389), which would provide 14,000 new Medicare-supported GME positions over seven years. We believe this legislation represents a strong starting point for further increases in GME.

  As you contemplate the number of Medicare GME slots to include in this proposal, we urge you to ensure that additional slots are distributed in such a way as to help address the unique shortages that affect the pediatric subspecialty and mental health workforce. In particular, it is critical that reforms to Medicare GME include strategies to mitigate the shortages facing pediatrics, which are more pronounced in subspecialty practice than in primary care.

  In addition, we support increases in psychiatry slots, particularly in child and adolescent psychiatry. We continue to experience a national emergency in children's mental health. Nationally, there are approximately 8,300 practicing child and adolescent psychiatrists per 100,000 children 18 years of age and younger, far fewer than needed to meet the existing and increasing demand. About half of children with mental health conditions in the United States receive no treatment. Additionally, there is a dire shortage of minority mental health providers, which represents an added burden on racial and ethnic minority communities who already face inequitable access to care. More dedicated support for a larger and more diverse pediatric workforce is critical to addressing children's mental health needs now and into the future.

- **Distribution of Medicare GME Slots.** Any framework to distribute new Medicare GME slots must reflect the unique nature of pediatric subspecialty care and bolster pediatric training, particularly of providers that serve underserved populations, including children. It is important to note that pediatric academic medical centers typically serve large geographic areas, including rural areas, and the pediatric subspecialty care they

provide is regional in nature. Furthermore, children's hospitals in academic settings employ a large number of pediatric subspecialty providers so the precise areas in which they are located are often not considered underserved areas. Therefore, federal Health Professionals Shortage Area (HPSA) designations do not adequately reflect the reach of children's hospitals and their staff, including residents and fellows, into underserved neighborhoods. Yet, these institutions provide care to large catchment areas that include many underserved areas, with more than one-half of the children cared for at a children's hospital covered by Medicaid who travel to the hospital from a low-income community.

- **Encouraging Hospitals to Train Residents.** We urge you to address the disparities in payment for pediatric subspecialty training versus adult training by increasing the number of fully funded residency training positions directed toward pediatric subspecialties. As you know, Medicare GME covers 100% of the costs of training for the first three years of training (i.e., the initial residency period), which is the amount of time it takes to train an adult specialist. However, most pediatric subspecialty training requires an additional three years of training. Medicare GME support for those additional fellowship training years is 50% of the level provided for the initial three years.

  The lack of full funding support for those additional years is a disincentive for academic medical centers to establish or expand their pediatric subspecialty training program because those programs operate at a loss, further exacerbating the pediatric subspecialty shortages across the nation. GME training for all pediatric physician trainees, including pediatric medical subspecialists, pediatric surgical specialists and child and adolescent psychiatrists, must be fully funded for the full length of their required training.

Our ability to continue to meet children's health care needs, now and into the future, requires innovative approaches to bolster our current and future pediatric providers. We must have a national commitment to, and investment in, the nation's pediatricians and pediatric subspecialists to ensure that our health care system can deliver optimal care to children.

Thank you for this opportunity to provide comments on your Medicare GME proposal. We look forward to working with you on workable solutions to the pediatric subspecialty shortages facing the nation that will enhance children's access to needed care. Please contact Jan Kaplan at jan.kaplan@childrenshospitals.org or 202-753-5384 if you need additional information.

Sincerely,

Aimee C. Ossman

Aimee Ossman
Vice President, Policy
Children's Hospital Association