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Children's Hospitals Ask Congress

Protect CHGME: Support Children's Access to Health Care

The Children's Hospitals Graduate Medical Education (CHGME) program protects children's access to high-quality medical care by providing independent children's hospitals with funding to support the training of pediatric providers. Since created by Congress in 1999, CHGME has increased the number of pediatric providers, addressed critical shortages in pediatric specialty care and improved children's access to care. CHGME supports the training of more than 6,000 physicians annually and nearly 50 percent of all pediatric residency training in the country.

Fund CHGME

Children's hospitals urge Congress to appropriate \$317.5 million for CHGME in FY 2014.

Funding in the amount of \$317.5 million for CHGME is critical based on the continued growth in the children's demographic in the U.S. and continuing workforce needs. Over the next decade, the number of children in the country will increase by millions, and demand for pediatric services will increase as well.

Unfortunately, since FY 2010, appropriated funding for CHGME has been reduced from \$317.5 million to \$265.2 million in 2013. (An additional 5 percent across-the-board cut mandated by sequestration brings actual FY 2013 funding to approximately \$251 million, 21 percent below FY 2010 funding.) These reductions hurt the ability of children's hospitals to train enough providers to keep up with growing demand at local, state and national levels. While much has been achieved, much remains to be done.

Reauthorize CHGME

Children's hospitals urge Congress to reauthorize CHGME through 2017.

Since first enacted, CHGME has been reauthorized twice, with broad bipartisan support. The House passed CHGME reauthorization legislation in the 112th Congress, as did the Senate Health, Education, Labor and Pensions Committee. On Feb. 4, 2013, the House passed H.R. 297 (Pitts/Pallone), a bipartisan bill to reauthorize CHGME through 2017 at current funding levels. Reauthorization legislation has not yet been introduced in the Senate in the 113th Congress.

Reauthorizing the CHGME program is critical for children's hospitals to sustain their teaching programs, ensuring that we do not return to an inadequate system of support that failed to match supply with demand.