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COMMITTEE ON
ENERGY AND COMMERCE



Congress of the United States House of Representatives

May 13, 2011

The Honorable Denny Rehberg
Chairman
Subcommittee on Labor, Health and
Human Services, and Education
House Appropriations Committee
Washington, DC 20015

The Honorable Rosa DeLauro
Ranking Member
Subcommittee on Labor, Health and
Human Services, and Education
House Appropriations Committee
Washington, DC 20015

Dear Chairman Rehberg and Ranking Member DeLauro:

Under bi-partisan leadership, Congress has worked to provide freestanding children's hospitals with funding to support the training of medical residents through the Children's Hospitals Graduate Medical Education Program (CHGME). While we recognize that Congress faces many difficult funding decisions again this year, we respectfully urge you to provide CHGME with the FY 2012 funding support necessary to maintain the gains made under the program over the last decade. Cutting the CHGME program would be a major step backwards for pediatrics and children's health. Doing so would seriously undermine the intent of the legislation to create equity in funding training for children's physicians and would break the pediatric-care pipeline that will impact generations of our nation's children.

The CHGME program represents the most important federal investment in strengthening the pediatric workforce and has been a major success. Prior to the enactment of CHGME in 1999, the number of residents in children's hospitals residency programs had declined over 13 percent and the Future of Pediatric Education Task Force reported that the lack of federal graduate medical education (GME) funding for the freestanding children's hospitals was a major threat to the future adequacy of the pediatric workforce. CHGME funding has enabled the children's hospitals to reverse this decline and to increase their training by 35 percent.

Congress first enacted CHGME with the goal of providing freestanding children's hospitals with the same federal GME funding that other teaching hospitals receive through Medicare. The CHGME program has proven to be a remarkable success in leveraging federal assistance - while CHGME recipient hospitals are only one percent of all hospitals, they train 40 percent of pediatricians and 43 percent of pediatric specialists. They've accounted for much of the growth in pediatric residency programs, responding to local, state and national needs. They've also accounted for two-thirds of the growth in

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pediatric specialty residencies, addressing the most critical shortages and access issues in children's health care.

The program was authorized at \$330 million a year for years FY 2006-2011. The program was funded at \$317.5 million in FY 2010. The CHGME funding level for FY 2011 is currently being decided by HRSA – an agency that received a 20 percent cut – as the program wasn't specifically referenced in the long-term continuing resolution. It is critically important that the CHGME program be funded in the FY 2012 budget with the funds necessary to at least maintain the gains made under the program. Now is not the time to take a step backwards in pediatric medicine.

While much has been achieved, much remains to be done, as serious shortages in many pediatric specialties persist, often resulting in long wait times for care. The future of the pediatric workforce and the freestanding children's hospitals teaching missions depend on the CHGME program. With CHGME, the children's hospitals have been able to sustain and grow their teaching programs without sacrificing clinical services. CHGME is a sound investment in the healthcare of all children. We thank you for the Subcommittee's past leadership in investing in the healthcare of all children and urge continued support for the CHGME program in FY 2012.

Respectfully,

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