

## Labor Health and Human Services, Education, and Related Agencies Witness Disclosure Form

Clause 2(g) of rule XI of the Rules of the House of Representatives requires non-governmental witnesses to disclose to the Committee the following information. A non-governmental witness is any witness appearing on behalf of himself/herself or on behalf of an organization other than a federal agency, or a state, local or tribal government.

Your Name, Business Address, and Telephone Number:

James Shmerling

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1. Are you appearing on behalf of yourself or a non-governmental organization? Please list organization(s) you are representing.

Children's Hospital Colorado

2. Have you or any organization you are representing received any Federal grants or contracts (including any subgrants or subcontracts) since October 1, 2008?

Yes      No

3. If your response to question #2 is "Yes", please list the amount and source (by agency and program) of each grant or contract, and indicate whether the recipient of such grant or contract was you or the organization(s) you are representing.

Signature:

Date:

Direct or Pass-Through	Federal Agency Name	Pass Through Agency	TCH Grant Number	Federal Program Title
Direct	HRSA		G07275	Congressionally Mandated Health
Direct	HRSA		G07162	Health Care and other Facilities
Direct	HRSA		G07400	TELEHEALTH EARMARK
Direct	HRSA		G07161	Health Care and other Facilities
Direct	DHHS		G07343	Rare Liver Disease Network - ARRA
Direct	DHHS		G07056	Rare Liver Disease Network
Pass Through Contract	DHHS	State of Colorado	R412063	TCH EMS Conference
Pass Through Contract	DHHS	State of Colorado	1004710	FY10 Lower Jan-Jun10
Pass Through Contract	DHHS	State of Colorado	1006220	2010 CIP Immunization Training Grant
Pass-Through	DHHS	Children's Hospital Medical Center	G07165	Improving Mental Health Outcomes of Child Brain Injury
Pass-Through	DHHS	Children's Hospital Medical Center Cincinnati, OH	G07131	Childhood Absence Epilepsy
Pass-Through	DHHS	Children's Hospital Medical Center Cincinnati, OH	G07284	Childhood Absence Epilepsy
Pass-Through	DHHS	Children's Hospital Medical Center Cincinnati, OH	G07338	Interacting Together Everyday
Pass-Through	DHHS	Children's Hospital Medical Center Cincinnati, OH	G0100096	MODULAR PEDIATRIC CRONIC
Pass-Through	DHHS	Children's Hospital Medical Center Cincinnati, OH	G07334	Swallowed 1700MCG Fluticasone
Pass-Through	DHHS	Children's Hospital Medical Center Cincinnati, OH	G06803	Childhood Absence Epilepsy
Pass-Through	DHHS	Children's Hospital of Boston	G07332	Immune Response to Life - Threat
Pass-Through	FOOD AND DRUG ADI	Children's Hospital of Boston	G0100125	The Gas Study
Pass-Through	FOOD AND DRUG ADI	Children's Hospital of Boston	G07374	The Gas Study-safekids
Pass-Through	DHHS	Children's Hospital of Pittsburgh	G0100095	Acute Liver Failure in Kids
Pass-Through	DHHS	Children's Hospital of Pittsburgh	G07285	Acute Liver Failure in Kids
Pass-Through	DHHS	Children's Hospital of Pittsburgh	G06923	Acute Liver Failure in Kids
Pass-Through	DHHS	Children's Memorial Research Center	G06932	Pediatric Liver Transplantation
Pass Through Contract	DHHS	Colorado Department of Public Health and Envir	G07352	Behavioral Health
Pass Through Contract	DHHS	Colorado Department of Public Health and Envir	G0100068	Behavioral Health
Pass Through Contract	DHHS	Colorado Department of Public Health and Envir	G07385	CFPI
Pass Through Contract	DHHS	Colorado Department of Public Health and Envir	G0100149	CFPI
Pass Through Contract	DHHS	Colorado Department of Public Health and Envir	G07384	Family Planning
Pass Through Contract	DHHS	Colorado Department of Public Health and Envir	G0100094	Family Planning
Pass Through Contract	DHHS	Colorado Department of Public Health and Envir	G0100091	Family Planning - Infertility/Chlamydia Prevention
Pass Through Contract	DHHS	Colorado Department of Public Health and Envir	G07384	Family Planning-CHLAMYDIA TEST
Pass Through Contract	DHHS	Colorado Department of Public Health and Envir	1003170	AUDLGY RGNL APR-JUN11
Pass Through Contract	DHHS	Colorado Department of Public Health and Envir	1003170	AUDLGY RGNL DEC10-MAR11
Pass Through Contract	DHHS	Colorado Department of Public Health and Envir	1006790	EMS, CHA SCHOLARSH
Pass Through Contract	DHHS	Colorado Department of Public Health and Envir	1004710	HCP - Libby Spears
Pass-Through	DHHS	Colorado State University	G0100018	Adolescent Violence Screening
Pass-Through	DHHS	Duke University	G07377	CARRA
Pass-Through	DHHS	Duke University	G06737	APPLE Study
Pass-Through	DHHS	Johns Hopkins University	G06827	Pegylated Interferon
Pass-Through	DHHS	National Childhood Cancer Foundation	G0100107	Cure Search
Pass-Through	DHHS	National Childhood Cancer Foundation	G06792	Cure Search
Pass-Through	DHHS	National Childhood Cancer Foundation	G07369	Cure Search
Pass-Through	DHHS	National Childhood Cancer Foundation	G07363	Cure Search
Pass-Through	DHHS	National Childhood Cancer Foundation	G07244	Cure Search
Pass-Through	DHHS	National Childhood Cancer Foundation	G0100108	Cure Search
Pass-Through	DHHS	National Childhood Cancer Foundation	G07127	Cure Search - Hunger Chairs Grant
Pass-Through	DHHS	National Childhood Cancer Foundation	G0100106	Cure Search - Hunger Chairs Grant
Pass-Through	DHHS	National Childhood Cancer Foundation	G07169	Study Funding Rider
Pass-Through	DHHS	National Childhood Cancer Foundation	G0100105	Study Funding Rider
Pass-Through	DHHS	National Childhood Cancer Foundation	G06924	Cure Search
Pass-Through	DHHS	National Childhood Cancer Foundation	G07130	Cure Search - Tissue Banking
Pass-Through	DHHS	National Childhood Cancer Foundation	G06798	Cure Search
Pass-Through	DHHS	National Childhood Cancer Foundation	G06914	Cure Search
Pass-Through	DHHS	St. Jude Children's Research Hospital	G06977	Childhood Cancer Survivor Study
Pass-Through	DHHS	Stanford University	G07362	Pharmacodynamics of Methadone
Pass Through Contract	DHHS	State of Colorado - Dept of Public Health and En	G07351	Comprehensive Risk Counseling Services
Pass Through Contract	DHHS	State of Colorado - Dept of Public Health and En	G0100038	Comprehensive Risk Counseling Services
Pass Through Contract	DHHS	State of Colorado - Dept of Public Health and En	G07354	First Care Presumptive Eligibility Project
Pass Through Contract	DHHS	State of Colorado - Dept of Public Health and En	G0100069	First Care Presumptive Eligibility Project
Pass Through Contract	DHHS	State of Colorado - Dept of Public Health and En	G07353	Rapid HIV Testing
Pass Through Contract	DHHS	State of Colorado - Dept of Public Health and En	G0100037	Rapid HIV Testing
Pass Through Contract	DHHS	State of Colorado - TBI Trust Fund	G07278	TBI Trust Fund
Pass Through Contract	DHHS	The Mayor's Office of HIV Resources (MOHR)	G07219	Ryan White - Drug Reimbursement
Pass Through Contract	DHHS	The Mayor's Office of HIV Resources (MOHR)	G07350	Ryan White - Drug Reimbursement
Pass Through Contract	DHHS	The Mayor's Office of HIV Resources (MOHR)	G0100088	Ryan White - Drug Reimbursement
Pass Through Contract	DHHS	The Mayor's Office of HIV Resources (MOHR)	G0100009	Ryan White - Early Intervention Services
Pass Through Contract	DHHS	The Mayor's Office of HIV Resources (MOHR)	G0100089	Ryan White - Early Intervention Services
Pass Through Contract	DHHS	The Mayor's Office of HIV Resources (MOHR)	G07349	Ryan White - Mental Health Services
Pass Through Contract	DHHS	The Mayor's Office of HIV Resources (MOHR)	G0100087	Ryan White - Mental Health Services
Pass Through Contract	DHHS	The Mayor's Office of HIV Resources (MOHR)	G0100086	Ryan White - Outpatient/ Ambulatory Medical Care
Pass Through Contract	DHHS	The Mayor's Office of HIV Resources (MOHR)	G07348	Ryan White - Primary Care
Pass-Through	DHHS	The University of Iowa	G07171	Bracing in Adolescent Idiopathic Scoliosis
Pass-Through	DHHS	University of Tennessee	G07308	URSODEOXYCHOLIC ACID THERAPY
Pass-Through	DHHS	University of Alabama at Birmingham	G06255	Collaborative Antiviral Study Group
Pass-Through	DHHS	University of Alabama at Birmingham	G07339	Collaborative Antiviral Study Group
Pass-Through	DHHS	University of Alabama at Birmingham	G07144	Clinical Trials for Antiviral Therapies
Pass-Through	DHHS	University of Colorado at Denver Health Science	G07375	Colorado Center for Childhood Liver Disease - ARRA
Pass-Through	DHHS	University of Colorado at Denver Health Science	G06990	Treatment Alternatives in Pediatric Type 2 Diabetes
Pass-Through	DHHS	University of Colorado at Denver Health Science	G07156	Etiology and Treatment of Biliary Atresia and INH (bacc)
Pass-Through	DHHS	University of Colorado at Denver Health Science	G07137	T32 Training Grant
Pass-Through	DHHS	University of Colorado at Denver Health Science	G06743	Surveillance and Epidemiologic Research of DBMD
Pass-Through	DHHS	University of Colorado at Denver Health Science	G06790	Maintenance Service Agreement for UCHSC Registry
Pass-Through	DHHS	University of Colorado at Denver Health Science	G06790	Maintenance Service Agreement for UCHSC Registry
Pass-Through	DHHS	University of Colorado at Denver Health Science	G06790	Maintenance Service Agreement for UCHSC Registry
Pass-Through	DHHS	University of Colorado at Denver Health Science	G07379	State Grants for Technology Related Assistance
Pass-Through	DHHS	University of Colorado at Denver Health Science	G07378	Colorado Center for Childhood Liver Disease Research and Education
Pass-Through	DHHS	University of Colorado at Denver Health Science	G0100144	Colorado Center for Childhood Liver Disease Research and Education
Pass-Through	DHHS	University of Colorado at Denver Health Science	G0100140	General Clinical Research Center
Pass-Through	DHHS	University of Colorado at Denver Health Science	G0100140	General Clinical Research Center
Pass-Through	DHHS	University of Colorado at Denver Health Science	G07323	Lorazepam Safety and Efficacy
Pass-Through	DHHS	University of Colorado at Denver Health Science	G0100029	Pediatric AIDS
Pass-Through	DHHS	University of Colorado at Denver Health Science	G07357	Ryan White Title IV Program; HIV Program for Children, Youth, Women, and Families
Pass-Through	DHHS	University of Colorado at Denver Health Science	G07010	Advanced Imaging and Diagnostics for Pediatric Pulmonary
Pass-Through	DHHS	University of Colorado at Denver Health Science	G07371	Epilepsy Phenome Genome Project
Pass-Through	DHHS	University of Colorado at Denver Health Science	G07212	Genetic Basis for Impaired Ang
Pass-Through	DHHS	University of Colorado at Denver Health Science	G07265	Genetic Disorders of Mucociliary Clearance
Pass-Through	DHHS	University of Colorado at Denver Health Science	G07389	Genetic Disorders of Mucociliary Clearance
Pass-Through	DHHS	University of Colorado at Denver Health Science	G0100042	SILDENAFIL PPHN

Pass-Through	DHHS	University of Colorado at Denver Health Science: G0100039	THERAPEUTIC HORSEBACK RIDING
Pass-Through	DHHS	University of Colorado at Denver Health Science: G0100126	UCD Lung Vacular Disease Kinse
Pass-Through	DHHS	University of Colorado at Denver Health Science: G07011	UCD Lung Vacular Disease Kinse
Pass-Through	DHHS	University of Colorado at Denver Health Science: C06908	Outcomes Associated with Pediatric TBI
Pass-Through	DHHS	University of Michigan	THAPCA
Pass-Through	DHHS	University of North Carolina at Chapel Hill	SCCOR - In Host Factors in Chronic Lung Disease
Pass-Through	DHHS	University of North Carolina at Chapel Hill	Genetic Disorders of Mucociliary Clearance
		G0100015	
		G0100114	
		G07163	



CHILDREN'S HOSPITAL ASSOCIATION  
*Champions for Children's Health*

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**Testimony of Dr. Jim Shmerling DHA, FACHE**

President and Chief Executive Officer, Children's Hospital Colorado, Aurora, CO

*March 29, 2012 - 9:00 a.m.*

on behalf of

Children's Hospital Association  
Alexandria, Virginia

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**Summary of Testimony in Support of Funding for the Children's Hospitals Graduate Medical Education Program respectfully submitted to the Subcommittee on Labor, Health and Human Services, Education, and Related Agencies of the House Committee on Appropriations**

Dr. Jim Shmerling will testify about the importance of the Children's Hospitals Graduate Medical Education (CHGME) program. CHGME is administered by the Bureau of Health Professions in the Health Resources and Services Administration at the Department of Health and Human Services.

Dr. Shmerling's testimony focuses on the purpose of CHGME and its benefit to all children. Further, the testimony describes how CHGME has allowed Children's Hospital Colorado to fulfill its academic and clinical care missions.

The testimony respectfully asks the subcommittee to appropriate \$317.5 million for CHGME in Fiscal Year 2013.

Chairman Rehberg and Members of the Subcommittee, thank you for the opportunity to testify in support of the Children's Hospitals Graduate Medical Education program, or "CHGME." On behalf of Children's Hospital Colorado and the Children's Hospital Association, I respectfully request that the Subcommittee provide \$317.5 million for the CHGME program in FY 2013. We believe this amount is critical based on the continued growth in the children's demographic in the United States and continuing pediatric workforce needs.

The CHGME program, funded through the Bureau of Health Professions in the Health Resources and Services Administration (HRSA) within HHS, supports children's health by providing freestanding children's hospitals with funding for graduate medical education comparable to what adult teaching hospitals receive through Medicare. Since the program's enactment with broad bipartisan support in 1999, the Labor-HHS Subcommittee has provided strong, consistent support for CHGME, under both Republican and Democratic leadership.

Congress created CHGME because it recognized the importance of a well-trained pediatric workforce; over half of our nation's pediatric specialists are trained at children's hospitals. Further, Congress understood that the absence of dedicated GME support for independent children's teaching hospitals created gaps in the training of pediatric providers, which potentially threatened access to care for children. At that time, independent children's teaching hospitals were effectively left out of federal GME support provided through Medicare because they treat children and not the elderly. Children's hospitals received less than 0.5 percent of the federal GME support of other teaching hospitals.

CHGME funding still only provides children's hospitals with about 68 percent of the GME support that Medicare provides to adult teaching hospitals. However, CHGME funding has enabled children's hospitals to increase their training by more than 45 percent. Today, the 55 hospitals that receive CHGME funding, less than one percent of all hospitals, train over 6,000 FTE residents annually. They train 49 percent of all pediatric residents, including 45 percent of general pediatricians and 51 percent of pediatric specialists. CHGME is an example of a well functioning public-private partnership because each of the participating children's hospitals is investing millions into the success of this program along with the federal dollars they receive.

The CHGME program provides essential support for primary care, as nearly 60 percent of residents at CHGME hospitals are training in general pediatrics. It is well-documented that improved access to primary care, including for children, is a driver of reduced healthcare costs and improved quality. CHGME has also allowed children's hospitals to begin to address the large gap that exists between families' need for pediatric specialty care and the supply. The CHGME program has accounted for more than 74 percent of the growth in the number of new pediatric subspecialists being trained nationwide.

Not only are pediatric providers in high demand amidst a shrinking pediatric workforce, the actual dynamics of this workforce are changing. Children's hospitals are seeing the vast majority of their incoming pediatric resident slots filled by women. Most of these women go on to practice in a more flexible work setting, allowing them to better achieve work-life balance. This creates an additional demand for pediatricians because those coming out of medical school are practicing fewer hours overall. CHGME is critical to this country being able to satiate this growing need.

CHGME ensures that general pediatricians and pediatric specialists are trained to care for children in communities across the country, covering everything from well-child visits to the most complex cardiac surgeries. CHGME trains doctors who go on to care for children living in metropolitan cities, rural communities, suburbs and everywhere in between. Children's Hospital Colorado is responsible for training 175 residents each year and those residents go on to serve much of the 7-state Rocky Mountain region. We trained 8 of the pediatricians currently practicing in Montana, and we have similar statistics for Wyoming, Idaho and other surrounding states with small rural populations.

The CHGME program has also helped to improve underserved children's access to care. The children's hospitals are major safety-net providers, with more than half of their care devoted to children covered by Medicaid. They also provide the majority of care to our nation's seriously and chronically ill children.

By strengthening children's hospitals' training programs and the nation's pediatric workforce, CHGME benefits all children, not just those treated at independent children's teaching hospitals. CHGME funds indirectly strengthen children's hospitals' roles as pediatric centers for excellence, the safety net for low-income children, and the leading centers of pediatric research. Children's hospitals are at the center of scientific discovery as a result of their strong academic programs supported by CHGME and advanced life-saving clinical research. Children's teaching hospitals' scientific discoveries have helped children survive diseases that were once fatal, such as polio and cancer. Furthermore, as a result of scientific research breakthroughs at children's teaching hospitals, children now can grow and thrive with disabilities and chronic health conditions, such as congenital heart disease, cystic fibrosis, cerebral palsy, juvenile diabetes, and spina bifida, and become economically self-supporting adults and valuable members of their communities.

While much has been achieved under CHGME, much remains to be done. Many children still face tremendous access-to-care challenges due to national shortages of pediatric specialists across the country. Children's Hospital Association survey data has found a strong connection between pediatric specialty shortages, long-term vacancies and children's access to timely and appropriate health care. According to the survey, national shortages contribute to vacancies in children's hospitals that commonly last 12 months or longer for a number of pediatric specialties, including pediatric neurology, developmental-behavioral pediatrics, pediatric endocrinology, pediatric pulmonology, and pediatric gastroenterology.

Sick children, often those with chronic or debilitating diseases, bear the brunt of the shortages of pediatric specialists. In children's hospitals, the prevailing benchmark for scheduling an appointment with a specialist is within two weeks. But due to shortages, wait times far exceed this standard for certain pediatric specialties. Children's hospitals, which tend to have the greatest concentration of pediatric specialists, report the following wait times for scheduling appointments:

- Developmental pediatrics – Average wait time of 13 weeks
- Endocrinology – Average wait time of 10 weeks
- Neurology – Average wait time of nine weeks
- Pulmonology – Average wait time of eight weeks
- Gastroenterology – Average wait time of five weeks

These challenges can be especially acute in the west and in sparsely populated states. In the Chairman's home state, the children's hospital in Billings, MT has been attempting to recruit a pediatric surgeon for more than three years with no success. It is important to note that there is only one pediatric surgeon today in the entire state of Montana.

In short, the CHGME program represents the most important federal investment in strengthening the pediatric workforce and has been a major success. It has increased the number of pediatric providers, addressed critical shortages in pediatric specialty care, and improved children's access to care.

Unfortunately, funding for this program has been significantly reduced in recent years, from \$317.5 million in FY2010 to \$267.8 million in 2012, a reduction of 15 percent. These cuts hurt the ability of children's hospitals to train enough pediatricians and pediatric specialists to keep up with growing demand at local, state, and national levels.

The president's FY 2013 budget includes \$88 million for CHGME. While an improvement over last year, when the president proposed eliminating the program entirely, this amount represents a dramatic cut of two-thirds from current funding.

Underfunding training of pediatric providers threatens children's access to appropriate care for years to come. A growing child population is colliding with shortages of pediatric specialists and pediatricians resulting in impaired access to pediatric care, delayed care, longer wait times for appointments and greater travel distances for families.

The CHGME program is critical to the ability of children's hospitals to sustain their teaching programs. Even with CHGME, hospitals have to contribute additional funds themselves to cover the costs of their training programs. As noted before, currently, on a per-resident basis, CHGME hospitals receive only 68 percent of what Medicare pays for an adult resident. Under the president's proposal this would drop to approximately

25 percent. No enterprise, including the children's hospitals, can sustain an operation with such losses without harm.

Furthermore, there are no adequate substitutes for CHGME, as the president's budget appears to assume. The CHGME recipient hospitals train over 6,000 full time equivalent residents annually. Additional potential sources of support, such as Medicaid graduate medical education (Medicaid GME), are not available to many hospitals and cannot provide training on the scale necessary to meet workforce needs. Medicaid GME, for example, which is sometimes cited as an alternative source of funding, is not available in all states, and other states have recently eliminated it or have considered eliminating it. Colorado provides less than \$300,000 in GME money funds toward Children's Hospital Colorado's program.

Failing to adequately support CHGME would take us back to the same flawed system that was not meeting the needs of America's children and that led to the creation of the program by Congress. Our request for \$317.5 million reflects program funding in FY 2010, and is based on the continued growth of the children's demographic in the United States as well as continuing needs in the pediatric workforce, in particular with respect to sub-specialty shortages. We recognize that the fiscal climate is extraordinarily challenging and that Congress has a responsibility to carefully consider the nation's spending priorities. However, the CHGME program is critical to protecting gains in pediatric health care and ensuring access to care for children.

CHGME is a sound investment. CHGME helps to ensure a stable future for the nation's children's hospitals and the pediatric workforce. With that support, children's hospitals will continue to be centers for excellence and be able to provide the highest quality health care to all children. I respectfully ask you to provide \$317.5 million for CHGME in FY 2013.

Once again, thank you for your past support for this critical program. On behalf of Children's Hospital Association and the Children's Hospital Colorado, and the children and families we serve, thank you for leadership in protecting children's health and I urge continued support for the CHGME program in FY 2013.

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The Children's Hospital Association advances child health through innovation in the quality, cost and delivery of care. Representing more than 220 children's hospitals, the Association is the voice of children's hospitals nationally. The Association champions public policies that enable hospitals to better serve children and is the premier resource for pediatric data and analytics, driving improved clinical and operational performance of member hospitals. Formed in 2011, Children's Hospital Association brings together the strengths and talents of three organizations: Child Health Corporation of America (CHCA), National Association of Children's Hospitals and Related Institutions (NACHRI) and National Association of Children's Hospitals (N.A.C.H.). The Children's Hospital Association has offices in Alexandria, VA, and Overland Park, KS.