



Children's Hospitals Graduate Medical Education (CHGME)

WHEREAS, providing the best possible care to our children starts with providing access to the best children's doctors, now and in the future; and

WHEREAS, the United States continues to experience significant shortages in pediatric specialties such as developmental pediatrics, child and adolescent psychiatry, and pediatric genetics and genomics¹. Pediatric specialty shortages affect children and their families' ability to receive timely, appropriate care; and

WHEREAS, the Children's Hospitals Graduate Medical Education (CHGME) program is a federal program, created in 1999 to provide a dedicated source of support for training of pediatricians and pediatric specialists at freestanding children's hospitals because these facilities do not receive support through the Medicare Graduate Medical Education (GME) program; and

WHEREAS, children's hospitals that receive CHGME represent just 1% of all hospitals but train approximately half of the nation's pediatricians².

WHEREAS, since the creation of CHGME, children's hospitals receiving support have increased overall residency training levels by 113% and increased the number of pediatric subspecialists by 206%³. In some fields, including pediatric rehabilitation medicine and pediatric anesthesiology, nearly all doctors receive their training at CHGME hospitals.

WHEREAS, Ann & Robert H. Lurie Children's Hospital of Chicago trains approximately 826 pediatric residents and fellows each year; and

WHEREAS, CHGME funds cover approximately half the cost of Lurie Children's Hospital pediatric teaching program.

WHEREAS, the CHGME program is currently considered a discretionary expenditure in the U.S. federal budget and therefore funds for the program must be renewed and appropriated annually.

WHEREAS, the level of support provided for training children's doctors through CHGME is only half that provided per trainee in the Medicare GME program⁴; and

WHEREAS, the growing gap between the federal investment in physician training for adults compared to children is contributing to worsening pediatric workforce shortages.

¹ Children's Hospital Association. Pediatric Workforce Shortages Persist. January 2018. Available at: www.childrenshospitals.org.

² Children's Hospital Association. CHGME is Vital to Kids' Health. Available at: www.childrenshospitals.org.

³ Children's Hospital Association. CHGME is Vital to Kids' Health. Available at: www.childrenshospitals.org.

⁴ Dobson | DaVanzo, *Comparative Analysis of GME Funding Programs for Children's Hospitals and General Acute Care Teaching Hospitals*, updated March 2019. 2010-2017.



THEREFORE BE IT RESOLVED, Ann & Robert H. Lurie Children's Hospital of Chicago supports policies and programs that maintain and enhance the current CHGME program in order to increase the number of pediatric providers, address critical shortages in pediatric specialty care, and improve children's access to care; and

THEREFORE BE IT RESOLVED, Ann & Robert H. Lurie Children's Hospital of Chicago supports policies and programs that achieve parity between CHGME and Medicare GME to ensure a strong pediatric workforce pipeline for future generations.