

Chairman Michael C. Burgess, M.D.
E&C Subcommittee on Health
Reauthorization of the Children's Hospital GME Program
Wednesday, May 23, 2018

Good afternoon, everyone. We convene today for a legislative hearing on H.R. 5385, the reauthorization of the Children's Hospital Graduate Medical Education (CHGME) program. This legislation, authored by the Ranking Member and Chairman of this very subcommittee, is incredibly important in ensuring that we have adequate financial support for our pediatric workforce.

Prior to the establishment of CHGME, children's hospitals received minimal graduate medical education funding because Medicare is the primary funding source of GME programs, and children's hospitals have few Medicare patients. In 1999, Congress created the CHGME program as part of the Healthcare Research and Quality Act, which authorized funding to directly support medical residency training at children's hospitals for two years.

The CHGME program is especially crucial in training our pediatric subspecialists. Children's hospitals have a unique patient population with medical conditions from which pediatric medical residents can learn and develop critical skills. The experience gained from such a residency helps to prepare and train physicians for the complex reality of pediatric medicine that they will face in the future of their medical careers. I can say as an OB/GYN who did his residency at Parkland Hospital in Dallas, that residency programs play a vital role in shaping our nation's physician workforce. Our pediatric workforce is no exception.

Before us today are witnesses who will be able to explain to us the substantial role CHGME plays in the ability of children's hospitals to build a strong pediatric workforce. Currently, these hospitals face a workforce shortage, which has led patients and their families to suffer through exceedingly long waiting periods to book even just an initial appointment with pediatric specialists and subspecialists.

According to the Children's Hospital Association, 46.9 percent of Children's hospitals reported vacancies for child and adolescent psychiatry, in addition to developmental pediatrics. The Children's Hospital Association also reports that pediatric specialists in emergency medicine, physical medicine and rehabilitation, endocrinology, rheumatology, hospitalists, pain management/palliative care, and adolescent medicine are frequently reported as experiencing vacancies longer than 12 months. The workforce shortage is something that I am concerned about and working to combat - passing this legislation is an integral part in maintaining and sustaining our workforce. In 2016, CHGME funding helped to support 7,164 residents at 58 hospitals across the country.

Our children deserve the best care available to them, and ensuring we have an adequately prepared pediatric workforce is the first step in providing quality health care to our children. Hospitals that

receive CHGME funding train nearly half of our nation's pediatricians and pediatric subspecialists. This bill will authorize \$330 million per year in funding for fiscal years 2019 through 2023 for the CHGME program. This is a \$30 million per year increase in CHGME funding, which has only been appropriated at a level of \$300 million for each of the past five years.

Texas Children's Hospital, one of the top five children's hospitals in the country, is represented today by Dr. Gordon Schutze. Dr. Schutze, I want to give you a warm Texas welcome and thank you for testifying before us today. As one of the premier children's hospitals and a leading teaching hospital, Texas Children's is on the front lines of providing top-notch care for children from Texas and across the country.

Texas Children's Hospital primarily partners with Baylor College of Medicine, which is one of the largest academic pediatric departments

in the United States, with over 1,300 faculty members. Texas Children's has 1,153 people in training in hospital GME programs, which amounted to \$42.7 million in costs in 2017 – only \$10.8 million, or about 25 percent, of which were covered by CHGME. Similarly, Children's Health System of Texas has just \$6 million of its \$30 million in teaching program costs covered by CHGME. Needless to say, CHGME is vital in allowing children's hospitals to maintain and grow their workforce, especially as the need for new programs such as child and adolescent psychiatry emerges.

Thank you to both of our witnesses for testifying before us this morning. I look forward to a productive discussion of this important legislation.

I would now like to yield the balance of my time to the gentlelady from Tennessee.