

November 5, 2025



AMSPDC POLICY BRIEF

Every Child Matters: A Call to Action



Contact Us
703-884-9458



Our Email
info@amspdc.org



Visit Our Website
www.amspdc.org

AMSPDC



Who We Are

The Association of Medical School Pediatric Department Chairs (AMSPDC) brings deep expertise in children's health policy, the pediatric workforce, and academic pediatrics. AMSPDC is proud to be a credible resource for policymakers. Our members:

- Lead the institutions that provide the nation's most advanced pediatric care
- Oversee 25,000+ pediatric faculty who care for children and families in every state and territory
- Train the full pipeline of the pediatric workforce, from generalists, to subspecialists, and physician scientists
- Drive the research that discovers new treatments, cures, and models of care
- Serve as the foundation of child-health innovation and workforce development in the United States

Through this work, AMSPDC member departments ensure the next generation of pediatric clinicians and scientists are prepared to deliver compassionate, equitable, and cost-effective care to all children.



Mission

To improve the health and wellbeing of all children through the development of a diverse and inclusive community of academic pediatric department chairs working collaboratively to advance departmental clinical, research, education, and advocacy missions while ensuring equity and anti-racist ideals.

Vision

Academic Pediatric Departments lead in care delivery, research, training, and advocacy that improves the health and wellbeing of children in their communities and throughout the world.

Why AMSPDC Matters!

Academic pediatric departments are on the front line of nearly every federal policy conversation affecting children's health. When federal investment in children's health or pediatric training is weakened, AMSPDC member institutions are directly impacted, and so are the families and children who rely on them.

AMSPDC brings deep expertise in children's health policy, the pediatric workforce, and academic pediatrics. AMSPDC is proud to be a credible resource for policymakers.



Contact Us
703-884-9458



Our Email
info@amspdc.org



Visit Our Website
www.amspdc.org



National Office
**6728 Old McLean Village
Drive, McLean, VA 22101**

*Strong pediatric departments mean a strong **pediatric workforce** and stronger **health outcomes** for America's children. Federal policy and funding decisions directly shape both, and **AMSPDC is your expert partner** in that work.*



AMSPDC Policy Brief

Every Child Matters: A Call to Action

info@amspdc.org | www.amspdc.org

Policy Priorities



Overview

Despite advances in medicine and health, the US continues to see poor child health status, increasing child mortality and child poverty. The existence of an adequate supply of pediatric clinicians and researchers is an essential ingredient for promoting and improving child health. Unfortunately, trends in recent years show that fewer medical school graduates are choosing to pursue a career in pediatrics, a development that will only further threaten child health and well-being for years to come. In order to reverse these trends and instead strengthen and grow the pediatric physician and physician scientist workforce, we are advocating for congressional support for key programs.

Advocating for Key Programs



National Pediatric Specialty Loan Repayment

Seeking **\$30M** in funding.



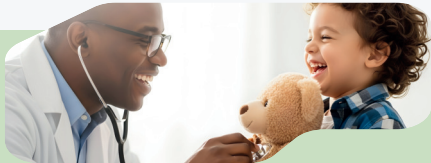
Children's Hospitals Graduate Medical Education

Seeking **\$778M** in funding.



NIH Awards

Increased investment to support pediatric research and career development.



Medicaid

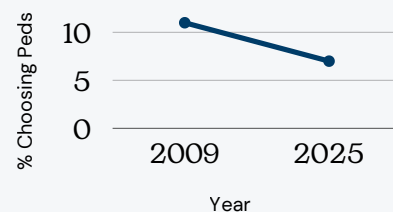
Supporting robust, stable policies that sustain pediatric hospitals and providers.

NIH Specific Awards

- Pediatric Scientist Development Program (PSDP)
- NICHD K12 Institutional Career Development
- Individual K Career Development
- NIH Pediatric Research Consortium (N-PeRC)

Pediatric Workforce Pipeline

Fewer U.S. medical graduates are entering pediatrics, threatening children's access to care.



AMSPDC Policy Brief

Every Child Matters: A Call to Action

info@amspdc.org | www.amspdc.org

Pediatric Specialty Loan Repayment



The Ask

Increase funding for the Pediatric Specialty Loan Repayment Program (PSLRP) to \$30 million.

Recruit and retain pediatric specialists where children need them most.

Background

Both the Senate and House Appropriations Committees include \$10 million for this program (Section 775 of the Public Health Service Act) in their markups earlier this year. In exchange for loan repayment, eligible applicants agree to:

- Participate in an accredited pediatric medical subspecialty, pediatric surgical specialty, or child and adolescent mental health subspecialty residency or fellowship, or
- Serve as a pediatric medical subspecialist, pediatric surgical specialist, or child and adolescent behavioral health care professional working in or for a **PSLRP-approved site** serving a **Health Professional Shortage Area (HPSA)**, **Medically Underserved Area (MUA)**, or **Medically Underserved Population (MUP)**.

Kids Can't Wait!

- **~50% of U.S. counties** lack a pediatric subspecialist
- Pediatric debt averages **\$230k**, among the nation's highest
- **Loan repayment** helps improve kids access to care in underserved areas

Eligible Providers Include:

- Allopathic (MD) & Osteopathic (DO) physicians
- Psychologists
- Licensed clinical social workers
- Psychiatric mental health nurse practitioners

Licensed and professional counselors

Eligible Categories Include:

- Pediatric medical subspecialists
- Pediatric surgical specialists
- Child and adolescent mental and behavioral health providers, including substance use disorder prevention and treatment services.

Successful applicants receive up to \$100,000 for a 3-year service obligation.

Why It Matters

Without loan repayment support, pediatric subspecialty positions in rural areas will remain unfilled. Children and families across the country face growing barriers to accessing timely, specialized pediatric care due to a worsening shortage of pediatric subspecialists and behavioral health providers. The PSLRP helps bridge this gap by reducing the financial burden of medical education, allowing highly trained clinicians to serve in underserved and rural communities where they are most needed. Increasing funding will directly expand access to life-saving and life-changing care for children with complex medical, surgical, and mental health needs—strengthening the pediatric workforce and improving health outcomes for the nation's children.



AMSPDC Policy Brief

Every Child Matters: A Call to Action

info@amspdc.org | www.amspdc.org

Children's Hospitals Graduate Medical Education



The Ask

Provide \$778 million for the Children's Hospitals Graduate Medical Education (CHGME) Program in FY2026.

Strengthens the pediatric workforce and expands access to children's care nationwide.

Background

Since 1999, the CHGME program has enabled children's hospitals to expand pediatric training nationwide—producing 55% of the nation's pediatricians and specialists and supporting care in 45% of rural communities. Despite this success, CHGME accounts for just 1.7% of total federal GME spending, leaving pediatric training vastly underfunded compared to adult medicine and contributing to persistent shortages of pediatric subspecialists.

Kids Can't Wait!

- **55%** of pediatricians train in CHGME hospitals
- CHGME receives just **1.7%** of total federal GME funds
- Underfunding means **fewer specialists** and **longer waits for kids**

CHGME vs. Medicare GME

	CHGME (Children's Hospitals GME)	Medicare GME (Adult Teaching Hospitals)
Training Focus	Pediatric specialists and subspecialists.	Adult primary care and hospital providers.
Funding Type	Dependent on annual appropriations which may not increase annually.	Mandatory funding – automatic with annual adjustments and no reauthorization needed.
Funding Growth	Fixed annual pool; increases for one hospital can reduce funding for others.	Open-ended formula based on resident volume.
Per-Resident Funding	Receives ~50% less per resident than Medicare GME hospitals.	Full rate for adult training programs.

Why It Matters

Without adequate CHGME funding, more pediatric practices will be forced to limit new patient intake, meaning families will travel hours for care. Millions of children rely on hospitals that train the next generation of pediatric specialists, but funding hasn't kept pace with need. The CHGME Program is the backbone of the nation's pediatric workforce, training more than half of all pediatricians and specialists. Yet it represents just a fraction of federal GME funding. Strengthening CHGME ensures children—especially those in rural and underserved communities—have access to the expert care they need. Increased investment will close the funding gap with adult medicine, address critical pediatric shortages, and secure the future of children's health.



NIH Pediatric Research Funding



The Ask

Fully fund NIH in FY2026 and direct additional investment to pediatric research and the pediatric scientist pipeline.

Drives discovery, innovation, and cures that improve children's health for a lifetime.

Background

Maintaining an adequate workforce of pediatricians and pediatric physician-scientists is one of the most important ways to support child health and well-being. Yet, the pipeline is shrinking: the percentage of U.S. medical school graduates pursuing pediatrics has declined from 10.8% in 2009 to 7.3% this year, and the number of MD applicants to pediatrics has dropped from 2,124 in 2019 to 1,892 in 2025. Further exacerbating this dynamic the Administration's new \$100,000 fee for new H1B visa holders will disproportionately impact pediatrics whose workforce depends on the ability to hire professionals under the H1B program. Rural pediatric providers will be particularly hard hit by this burdensome new fee.

To address this decline and encourage more pediatric-focused research careers, we urge Congress to invest in the following NIH-funded programs that develop and sustain pediatric researchers:

Kids Can't Wait!

- Children are **22%** of the population, but get <10% of NIH funding
- Only **12%** of NIH-funded trials include children
- **Fewer pediatric** researchers means **slower cures** for children

Program	Purpose/Impact
Pediatric Scientist Development Program (PSDP)	Supports early career pediatric scientists conducting studies to identify treatments and cures for childhood diseases, reducing long-term health costs and improving quality of life.
Child Health Research Career Development Award (CHRCDA)	Strengthens institutional support for clinician-scientists pursuing pediatric research. Since 1990, participation has dropped from 394 scholars (1990–2000) to 248 scholars (2012–2022) due to declining grant budgets.
Individual K Career Development Awards	Provides vital career support for early career pediatric physician-scientists, allowing them to continue their research and remain in the field.
NIH Pediatric Research Consortium (N-PeRC)	Coordinates pediatric research across all 27 NIH Institutes and Centers. Children are 22% of the U.S. population, but only 12% of NIH trials focus on pediatric conditions that account for nearly 60% of disease burden. Strengthening N-PeRC will help close this gap.

Why It Matters

Without targeted NIH investment, promising pediatric researchers will leave the field for better-funded adult specialties. Children make up nearly a quarter of the U.S. population, yet pediatric research remains dramatically underfunded and underrepresented in the nation's biomedical portfolio. Targeted NIH investment in pediatric research and training is essential to sustain innovation, attract and retain young investigators, and ensure that breakthroughs in discovery and treatment benefit children as much as adults. Supporting pediatric research today is an investment in the lifelong health, productivity, and well-being of the next generation.



Medicaid: Protecting Children's Access to Care



The Ask

Protect and strengthen Medicaid and Children's Health Insurance Program (CHIP) by adequate funding at the federal and state levels and rejecting policies that threaten children's coverage or care access.

Safeguards health care for half of America's children and preserves access for those with the greatest needs.

Background

Medicaid and CHIP together cover nearly half of all U.S. children and an even greater share of those with complex medical needs. Yet Medicaid remains historically underfunded at both the federal and state levels, creating persistent access and reimbursement challenges. In pediatric hospital settings, Medicaid reimburses only 70–80% of the actual cost of care, straining institutions that serve the sickest and most vulnerable children. Proposals such as H.R. 1 would worsen these challenges by imposing burdensome workforce requirements on adults, leading to coverage losses that disrupt family health and child well-being.

H.R. 1 also includes provisions that would reduce federal support for state Medicaid programs by restricting provider taxes and supplemental payments—mechanisms that help states offset funding shortfalls. If implemented, states would face difficult budget decisions likely to further limit provider reimbursement and reduce access to pediatric services.

Why It Matters

Without adequate Medicaid funding, more pediatric practices will be forced to limit new patient intake — meaning families will travel hours for care. A strong and well-funded Medicaid program is vital to children's health and to the stability of the pediatric workforce. Undermining Medicaid's structure or reducing its funding would have immediate and lasting consequences for families, especially those relying on children's hospitals and pediatric specialists. Strengthening Medicaid ensures that every child, regardless of income or geography, can access the care they need to grow, thrive, and reach their full potential.

Kids Can't Wait!

- Medicaid covers **50%** of all U.S. children, most with complex needs
- Pays only **70–80%** of care costs in children's hospitals
- Cuts result in **fewer providers and longer wait times**



Child Health In Crisis: 4 Stats You Can't Ignore



What these numbers say about the future of America's kids

36%

of children under the age of 18 live in low-income families, leading to poor health, education, and productivity in adulthood

40%

of children are overweight, depressed or anxious, or have another chronic health condition, increasing the risk of chronic disease and driving up national healthcare costs

50%

of all U.S. children rely on Medicaid or Children's Health Insurance Program for healthcare – funding cuts to Medicaid affect programs that serve all children

77%

of youth of military age did not qualify for military service in 2022 due to poor health, weakening the future of our national security

Investing in children's health today builds a stronger, healthier America tomorrow



AMSPDC Policy Brief

Every Child Matters: A Call to Action

info@amspdc.org | www.amspdc.org