



July 12, 2023

The Honorable Cathy McMorris Rodgers
Chair, House Energy & Commerce Cmte
U.S. House of Representatives
Washington, DC 20515

The Honorable Frank Pallone
Ranking Member, House E&C Cmte
U.S. House of Representatives
Washington, DC 20515

The Honorable Brett Guthrie
Chair, Health Subcommittee
U.S. House of Representatives
Washington, DC 20515

The Honorable Anna Eshoo
Ranking Member, Health Subcommittee
U.S. House of Representatives
Washington, DC 20515

Dear Chairwomen Rodgers, Ranking Member Pallone, Chairman Guthrie, and Ranking Member Eshoo:

I am writing on behalf of First Focus Campaign for Children, a bipartisan children's advocacy organization dedicated to making children and families a priority in federal budget and policy decisions, to express our support for and opposition to bills being considered for mark-up by the Health Subcommittee of the House Energy and Commerce Committee on July 13, 2023. These bills will also be scored on the First Focus Campaign for Children Legislative Scorecard.

First, we would like to officially express strong support for the following bills:

- *H.R. 3226, the PREEMIE Reauthorization Act of 2023* by Reps. Anna Eshoo, Mariannette Miller-Meeke, Robin Kelly, Jen Kiggans, Lisa Blunt Rochester, and Michael Burgess
- *H.R. 3884, the Sickle Cell Disease and Other Heritable Blood Disorders Research, Surveillance, Prevention, and Treatment Act of 2023* by Reps. Michael Burgess, Danny Davis, and Buddy Carter
- *H.R. 3838, the Preventing Maternal Deaths Reauthorization Act of 2023* by Reps. Michael Burgess, Diana DeGette, Buddy Carter, Robin Kelly, Kat Cammack, and Kathy Castor
- *H.R. 3391, the Gabriella Miller Kids First Research Act 2.0* by Reps. Jennifer Wexton, Tom Cole, Debbie Dingell, and Gus Bilirakis
- *H.R. 3841, to reauthorize the program of payments to children's hospitals that operate graduate medical education programs* by Rep. Kim Schrier

These five bills all take important steps to improve the health care, treatment, prevention, research, medical education, and well-being of our nation's children and the health of pregnant women. We strongly support these bills and appreciate the bipartisan support the authors have taken to work together to improve the health of pregnant women and children.

Unfortunately, we have to also express our opposition to the following bill:

- *H.R. 3887, the Children's Hospital GME Support Reauthorization Act of 2023* by Rep. Dan Crenshaw

I would like to take a personal moment to disclose that I worked for the Children's Hospital Association (formerly known as the National Association of Children's Hospitals) and helped draft the original Children's Hospitals Graduate Medical Education (CHGME) bill that was enacted by Congress in 1999.

For the past 24 years, that legislation has recognized the fact that our nation's 59 CHGME hospitals are educating about half of the nation's pediatricians and over half of all the pediatric specialists in this country. It recognizes that children are not little adults and often require pediatric expertise to treat their unique and special health care needs.

Unfortunately, prior to 1999, the medical education provided by freestanding children's hospitals went largely unsupported while all other residents in general hospitals were funded by both direct and indirect payments through the Medicare program. CHGME was created in an attempt to address this inequity.

The fact is that CHGME hospitals continue to be treated unfairly. CHGME funding, which accounts for just 2.5% of total federal spending on GME,¹ should be mandatory, just like Medicare GME funding, and have payments that are more equitable to those provided by general acute care hospitals in this country. In contrast to Medicare GME funding, our nation's freestanding children's hospitals are the nation's only hospitals that: (1) must repeatedly seek to have their medical education funding reauthorized; (2) are subjected to annual appropriations fights, and thus, receive about half the funding per resident in comparison to other residents reimbursed by Medicare in this country²; and, (3) are subjected to delays in funding due to annual delays in congressional funding and subsequent payments from the Department of Health and Human Services's Health Resources and Services Administration (HRSA)

The children's hospitals provide the vast majority of all the cancer treatment for children across this country. Like other diseases and conditions, pediatric cancer is often unlike other forms of cancer. The research, medical education, and treatment undertaken by children's hospitals has saved countless lives of children across this nation. Consequently, our nation has made great strides, as five-year cancer survivor rates among children has increased to 85%³ due to medical

¹ Children's Hospital Association, "Everything You Need to Know About CHGME," Feb. 14, 2023.

² Dobson, DaVanzo & Associates, LLC, "Comparative Analysis of GME Funding Programs for Children's Hospitals and General Acute Care Teaching Hospitals," Mar. 24, 2022.

³ American Cancer Society, "Key Statistics for Childhood Cancers," Jan. 12, 2023.

advances in care driven in large part by research, medical training, and treatment performed by children's hospitals.

And yet, pediatric cancer remains a leading cause of death among children in this country. Therefore, we must continue to invest in the search for a cure for cancer, and that must include maintaining support for children's hospitals graduate medical education programs. Moreover, this support is needed to continue progress on addressing a full array of diseases and conditions from which children suffer and that children's hospitals have taken a leadership role.

We must also confront crises, as they arise. For example, we are in the midst of a rise in pediatric mortality rates in this country and that is fueled in part by a growing children's mental health crisis and gun violence. We should be supporting our children and the needs and concerns of kids and their families in these areas.

In order to do so, we urge the House Energy and Commerce Committee to focus on making progress with respect to: (1) children's health coverage; (2) primary and preventive care; (3) medical research; (4) graduate medical education; and, (5) public health.

Specifically, in the case of transgender children, a large percentage of these kids have attempted suicide. Transgender kids need of support and care – not marginalization and attacks. And the pediatricians and children's hospitals who are serving them and their needs should not be targeted for harm, as H.R. 3887 by Rep. Crenshaw does. Alarming, H.R. 3887 would seek to force children's hospitals to deny transgender children affirming care with the threat of the loss of medical education dollars that are unrelated to that care. Consequently, we must strongly oppose the damaging policy that threatens the essential care children's hospitals provide nationwide today and for generations to come.

Our nation's children's hospitals are dedicated to protecting and saving the lives of our nation's children. Our nation's medical professions have issued guidance in support of gender-affirming care, and we should trust the decisions of our nation's pediatricians, parents, and children in making medical decisions rather than Congress. Gender dysphoria, recognized by the American Psychiatric Association, the American Academy of Pediatrics, and an array of other medical professionals, causes profound distress. Gender affirming care, which addresses both psychological and medical care, is the considered, evidence-based response that is tailored to their unique needs.

We urge the House Energy and Commerce Committee to strip H.R. 3887 by Rep. Crenshaw from its mark-up agenda and replace it with H.R. 3841 by Rep. Schrier. Rep. Crenshaw's proposal undermines the bedrock of medicine – to provide compassionate, evidence-based care to all patients. It infringes upon the principles of medical ethics, science, patient autonomy, and the right to healthcare. All children deserve comprehensive care that meets their needs, regardless of their race, gender, ethnicity, disability, religion, medical condition, or age.

Consequently, we urge the House Energy and Commerce Committee members to support health coverage, prevention, treatment, research, medical education, and public health of importance to our nation's children. As such, we urge support for H.R. 3226, H.R. 3884, H.R. 3838, H.R. 3391,

and to strike the language in H.R. 3887 and replace it with H.R. 3841, as that is in the best interests of our nation's children.

Thank you for your consideration.

Sincerely

A handwritten signature in blue ink that reads "Bruce Lesley". The signature is written in a cursive style with a large, stylized "L" at the end.

Bruce Lesley
President