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July 25, 2025

Candice Chen, M.D.
Acting Associate Administrator for Health Workforce
Health Resources and Services Administration
5600 Fishers Lane
Rockville, Maryland 20857
RE: OMB No. 0915-0247—Revision

Dear Dr. Chen,

Thank you for the opportunity to respond to the information collection request, *Initial and Reconciliation Application Forms to Report Graduate Medical Education Data and FTE Residents Trained by Hospitals Participating in the CHGME Payment Program; and FTE Resident Assessment Forms to Report FTE Residents Trained by Organizations Participating in the CHGME Payment Program and the THCGME Program*. We are pleased that HRSA is exploring ways to reduce administrative burden related to the CHGME applications and FTE resident assessment forms. We look forward to working with you to enhance the quality, utility, and clarity of the program's information collection, while reducing burden on children's hospital staff and other resources.

A strong CHGME program is essential to addressing the nation's pediatric health care workforce shortages. As you know, CHGME is the only federal program that specifically supports pediatric and pediatric subspecialty training at the nation's children's hospitals. CHGME has enabled children's hospitals to dramatically increase pediatric physician training and significantly increase the number of pediatricians and pediatric specialists who care for children. According to [HRSA's fact sheet](#) on the program, CHGME-supported children's hospitals trained 55% of all pediatric residents and 56% of all pediatric subspecialists in the U.S. in the academic years 2023-2024. During those years, 16,374 residents and fellows trained at children's hospitals with support from CHGME funds. In addition, CHGME-supported children's hospitals play a vital role in overall pediatric training across the country by supporting GME training rotations from outside pediatric and adult programs.

HRSA's ongoing support of CHGME is critical to children's hospitals' ability to provide care to the nation's children, including those in military-connected families and rural and underserved communities. At the same time, the program's current administrative and data collection requirements can be burdensome and could be streamlined to improve accuracy, reduce duplication, ensure the efficient use of hospital resources, and enable the CHGME hospitals to focus their resources on their training programs.

Therefore, we appreciate HRSA's interest in assessing and addressing the administrative burdens associated with the CHGME applications and FTE audits. As you move forward in your review and modifications of the various forms, we encourage you to set clear guidelines and definitions; streamline data requests to encompass the most relevant information; reduce duplicative data requests by utilizing Medicare cost report data where appropriate; improve the data submission software; and utilize automation to the fullest extent possible. In addition, we

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encourage you to adjust submission dates, so they do not overlap with graduation and new resident onboarding that takes place each July.

Again, we greatly appreciate your exploration of ways to streamline the CHGME data submission forms. CHGME plays an absolutely vital role in training the next generation of pediatricians and pediatric subspecialists across the country. We hope we can continue to work with you to reduce administrative complexities in the program and strengthen pediatric training moving forward. Please reach out to Jan Kaplan at jan.kaplan@childrenshospitals.org or 202-753-5384 should you have any questions or would like to discuss any of our recommendations in more detail.

Sincerely,

A handwritten signature in black ink that reads "Aimee C. Ossman". The signature is fluid and cursive, with the first name "Aimee" and last name "Ossman" clearly legible.

Aimee Ossman
Vice President, Policy
Children's Hospital Association