March 27, 2026

The Honorable Robert Aderholt
Chair, House Labor-HHS Subcommittee
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

The Honorable Rosa DeLauro
Ranking Member, House Labor-HHS Subcommittee
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Chair Aderholt and Ranking Member DeLauro:

The undersigned organizations request your support to include the following language in the report accompanying the Fiscal Year (FY) 2027 Labor, Health and Human Services, Education and Related Agencies appropriations bill:

> Department of Health and Human Services
> Office of the Secretary
>
> *Pediatric Medical Subspecialty Workforce Shortage.* – The Committee is concerned about the persistent and worsening shortages of pediatric medical subspecialists, pediatric surgical specialists, and child and adolescent psychiatrists and the impact these shortages have on timely access to specialized care for infants, children, and adolescents. The Committee directs the GAO to conduct a study examining how reimbursement policy affects the pediatric subspecialty workforce. The study should evaluate how payment policies and administrative burden under Medicare, Medicaid, and private payer policies contribute to the shortage of pediatric subspecialists. The Committee further directs GAO to identify and evaluate federal reimbursement policy options to mitigate the pediatric subspecialty workforce shortage and improve access to pediatric care for children and adolescents who need subspecialty care. GAO shall publish on its website and provide to the Committees on Appropriations, the Senate Finance Committee, the Senate Health, Education, Labor and Pensions Committee, the House Ways and Means Committee, and House Energy and Commerce Committee a report detailing its findings.

Children with serious, complex, chronic, or rare conditions rely on timely access to pediatric medical subspecialists, pediatric surgical specialists, and child and adolescent psychiatrists, yet the United States is facing persistent and worsening shortages across many pediatric subspecialties. Unlike adult care, pediatric subspecialty care is highly concentrated in children's hospitals and academic medical centers, creating significant geographic disparities in access, particularly for children in rural and underserved communities. As a result, many families must travel long distances or endure extended wait times to receive essential care, contributing to delayed diagnoses, disease progression, and avoidable complications.

The drivers of these workforce shortages are multifactorial and uniquely acute in pediatrics. Pediatric subspecialists typically undergo longer training pathways while facing substantially lower reimbursement compared to adult-focused counterparts. Those payment disparities exacerbate workforce challenges. Medicaid covers nearly half of all children in the United States and an even greater proportion of children with medical complexity. However, Medicaid reimbursement rates for pediatric subspecialty and mental health services are often significantly lower than Medicare and commercial rates, placing financial strain on providers and institutions that deliver this care. Medicare payment policies, while not directly serving pediatric populations, have an outsized influence on physician payment benchmarks and indirectly shape the economic viability of pediatric subspecialty practice.

Pediatric nephrology illustrates these challenges particularly clearly. The field is experiencing a well-documented workforce shortage, with declining fellowship fill rates and a limited pipeline of new

subspecialists. Pediatric nephrologists care for children with chronic kidney disease, acute kidney injury, and those requiring dialysis or kidney transplantation who require highly specialized, longitudinal, and resource-intensive care. Yet reimbursement for pediatric dialysis and kidney disease management often does not reflect the complexity and time required, including care coordination, caregiver training, and management of multisystem complications. These pressures contribute to burnout, workforce attrition, and difficulty recruiting new pediatric nephrologists.

Another example is the growing need for pediatric gastroenterologists as digestive diseases are increasingly prevalent in younger populations. For instance, today more than 100,000 children and adolescents under the age 20 years live with inflammatory bowel disease — a lifelong, chronic condition that often requires intensive medical management, ongoing monitoring for medication-related side effects, and diligent surveillance for disease progression and associated comorbidities. A number of factors fuel workforce strains in pediatric gastroenterology, including complexity of treating children with digestive disease and long wait times for appointments. Another crucial issue is that trainees interested in gastroenterology are drawn to adult care, which offers an estimated 80 percent higher compensation opportunity when compared with pediatric gastroenterology.

A Government Accountability Office (GAO) study is needed to provide Congress with a clear, evidence-based understanding of the scope of the problem and to identify actionable payment policy solutions. Specifically, a GAO evaluation would examine how payment policies influence pediatric subspecialty workforce participation and sustainability; and identify strategies to reduce administrative burden and improve care delivery. Given the critical role pediatric subspecialists play in improving lifelong health outcomes and reducing downstream health care costs, addressing these workforce shortages is both a clinical and economic imperative. This report language will equip Congress with the data and policy options necessary to strengthen the pediatric subspecialty workforce and improve access to high-quality care for children and adolescents nationwide.

Thank you for your thoughtful consideration of our request.

Sincerely,

American Academy of Child and Adolescent Psychiatry
American Academy of Pediatrics
American College of Rheumatology
American Society of Pediatric Nephrology
Arthritis Foundation
Children’s Hospital Association
North American Society for Pediatric Gastroenterology