

Chicago Tribune

Ensure kids can access care

June 12, 2026

Children with rheumatic conditions, such as juvenile arthritis and lupus, rely on highly specialized care from a pediatric rheumatologist to treat and manage their disease. Pediatric rheumatology became a medical specialty 50 years ago, but there are still only about 400 of us nationwide and more than 300,000 patients who rely on our care. And now, limited federal Graduate Medical Education (GME) funding, uneven Medicaid reimbursement and restrictive immigration policies all threaten to make that shortage worse.

Since Medicaid reimbursement lags behind Medicare rates, and a much higher proportion of children in the U.S. are covered by Medicaid (more than 30%) compared to adults, pediatric subspecialists often earn significantly less than their counterparts in adult practice. This creates financial disincentives for graduating medical students and residents to enter the pediatric subspecialty workforce. Meanwhile, international medical graduates — who make up nearly 25% of the U.S. physician workforce — face visa restrictions that limit their ability to practice, especially in already-underserved areas. Cumulatively, these factors threaten to further reduce the number of pediatric rheumatologists in the years ahead.

Without action, children with complex rheumatic conditions may face longer wait times, delayed diagnoses and reduced access to life-altering care. Congress and state policymakers can help by expanding GME funding for pediatric subspecialties, ensuring adequate Medicaid reimbursement for pediatric care, and maintaining pathways for international medical graduates to enter and remain in the U.S. healthcare workforce.

Childhood is short, and kids demand timely access to specialized care. Improving these policy levers is critical to securing a sustainable pediatric rheumatology workforce to improve outcomes for children across the country.

Dr. Brian Nolan

pediatric rheumatologist, Chicago and New Lenox