Assess options to strengthen pediatric primary and specialty care access, including recruitment incentives and reimbursement rate adjustments.

Quick Facts

Pediatrician Availability

Across the state, there are

1,214 children per Pediatrician

by county this ranges from a low of

497 to 14,344

children per pediatrician.[1]

106,768

Tennessee children live in a county without a pediatrician.[1]

In 2024, across 10 subspecialities, adult providers were compensated between **24% - 93%** more than their pediatric counterparts.[2]

Pediatric Well-Visits

In 2023-24 ,

80%

of Tennessee children age 0 to 17 had a preventative check up in the last 12 months.[3]

In 2025,

54%

of Tennessee children were covered by TennCare.[4]

Currently AAP Guidelines recommend

15 preventative visits

before a child's 5th birthday.[5]

The Problem

In 2025, 32 of Tennessee's 95 counties did not have a board certified pediatrician.[1] Of the remaining 63 counties, nearly half had 3,000 or more children per pediatrician.[1] Availability of pediatric subspecialty care is even more dire. One contributing factor is the pay gap between pediatricians and adult medicine providers. This gap is particularly prevalent among sub-specialists. Despite similar or sometimes even longer training, pediatric specialists earn considerably less.[2] In Hematology and Gastroenterology adult specialists earned 93% more than their pediatric peers.[2] With half of Tennessee's children covered by Medicaid, low reimbursement rates make it financially difficult for pediatric practices to operate. In a survey of physicians, 91% said they are concerned current reimbursement levels are interfering with early intervention and prevention efforts in pediatric care.[6] These factors have discouraged medical students and residents from pursuing pediatrics or are resulting in providers leaving the field. In a survey of pediatricians and subspecialists, 69% said lower pay was making them consider a career change and 23% already have or plan to do so.[7] Additionally, in the 2026 fellowship match, none of the pediatric subspecialties filled all of their available training slots.[8,9]

Why this Matters

Access to regular well-visits and subspecialty care when necessary is a cornerstone to healthy development. Pediatric workforce shortages can mean months long wait lists for specialized care, resulting in delayed diagnosis or postponed treatment. In 2023-24, 80% of Tennessee children age 0 to 17 had a preventative visit within the last year.[3] Current American Academy of Pediatric guidelines recommend 15 preventative visits before the child's 5th birthday.[5] When a family doesn't have a general pediatrician nearby, well-visits and preventative check-ups become more burdensome as parents may have to travel significant distances, take more time off of work or arrange transportation. Regular well-visits provide the opportunity for early intervention and identification of serious illnesses, disease or developmental challenges.

How we can fix it

Supporting the pediatric workforce requires addressing the systemic payment issues that are deterring individuals from entering the field while also finding ways to recruit, incentivize and strengthen the pediatric workforce pipeline. These could include:[10,11]

- Increase pediatric Medicaid reimbursement rates
- Support pediatric scholarships and loan forgiveness
- Invest in housing stipends or housing support programs for pediatric residents
- Provide funding to children's hospitals to engage in K-12 classroom outreach promoting pediatric health care careers.

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