COLORADO CHILDREN'S CAMPAIGN
KIDS IN FOCUS

Research Brief
October 2026

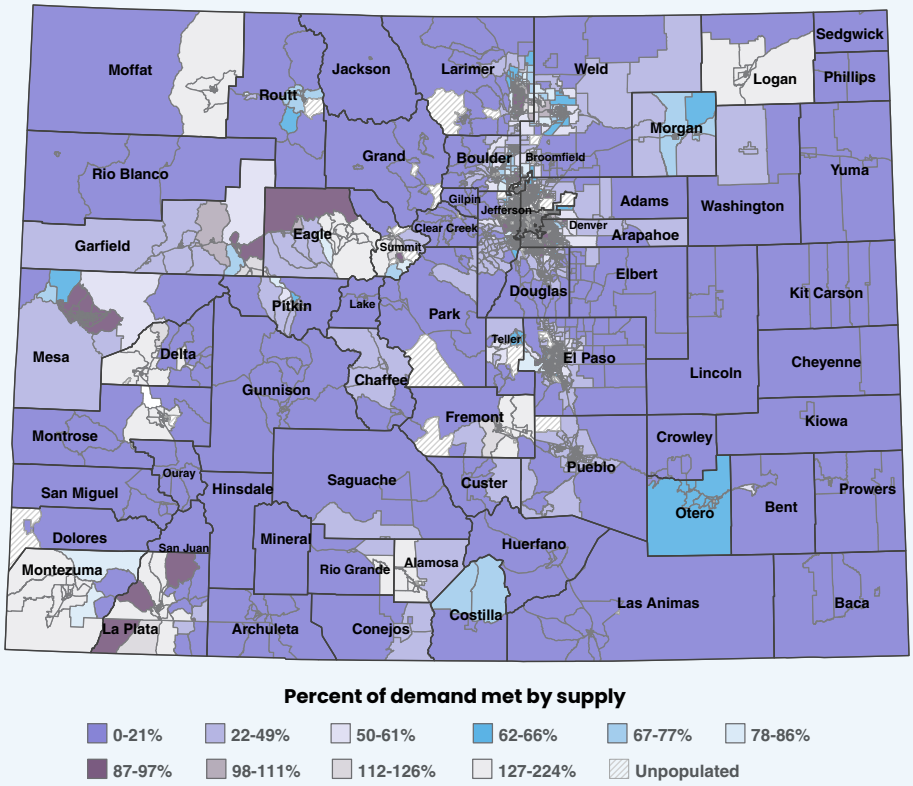
Too Far From Care:

Closing The Gap in Colorado's Pediatric Access

KEY FINDINGS

About 7 in 10 Colorado children live in communities without enough pediatric primary care.

PERCENT OF DEMAND MET BY PEDIATRIC PRIMARY CARE, 2024



Source: Colorado Department of Public Health and Environment

- **Colorado does not have enough pediatric primary care providers to serve all children.** About 70% of children live in a community where there is a provider shortage.
- Children living in rural communities have less access to care than children in urban and suburban communities. Most rural communities have a severe shortage.
- Provider shortages are caused by a variety of factors, including difficulty attracting new talent, high turnover, and poor financial incentives to provide pediatric care.
- **Colorado leaders must prioritize investments to protect children's health, especially in rural communities.**

Sources: Colorado Department of Public Health and Environment; Association of American Medical Colleges

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Access to primary care is vital for children's healthy development,[1] yet for too many Colorado kids, pediatric care is out of easy reach.

Most Colorado children (70%) live in a community where there are not enough pediatric primary care providers, according to a new analysis from the Colorado Department of Public Health and Environment. Nearly one in three children live in an area with a significant shortage.[2]

Access is most limited in rural communities,[2] where parents often must take significant time off work and travel long distances because of the lack of nearby providers. These barriers can be serious enough that some children go without much-needed visits,[3] which can worsen their health in the short- and long-term and increase their risk of hospitalization.[4]

Colorado leaders must prioritize and protect children's health. As federal cuts to health coverage threaten to worsen existing provider shortages, **Colorado must prioritize pediatric access and commit to fiscal reform that supports pediatric providers to ensure all kids get the health care they need to thrive.**

Access To The Doctor And Children's Health

Seeing a doctor or health professional for regular check-ups and when a child is sick is essential for development and health. The American Academy of Pediatrics recommends that children get several check-ups, known as well-child visits, in each of their first few years and at least one check-up each year between the ages of 3 and 21. At these visits, providers track physical and mental development, treat illnesses, catch serious health conditions, and administer recommended vaccines.[1]

Regular primary care visits are tied to many positive outcomes for children, including:

- Reduced medical emergencies and expenses[4]
- Improved brain development[5]
- Quicker connection to specialized care when necessary[6]
- Improved school readiness[7]

About The Data

This report analyzes the Colorado Department of Public Health and Environment (CDPHE)'s first publicly available interactive maps focused on the state of access to pediatric primary care in Colorado. CDPHE identifies communities that do not have enough health professionals to serve all the children under the age of 18 who need care as **State-Designated Health Professional Shortage Areas** (sHPSA).

Researchers compared the supply of pediatric primary providers – including professionals across disciplines like pediatricians, family medicine doctors, nurse practitioners, and physician assistants – to the demand for visits among children within a given geographic area. Geographic areas are identified as having a shortage when there are not enough providers to offer the required well-child visits to all the children who need care.

Pediatric Primary Care Shortages In Colorado

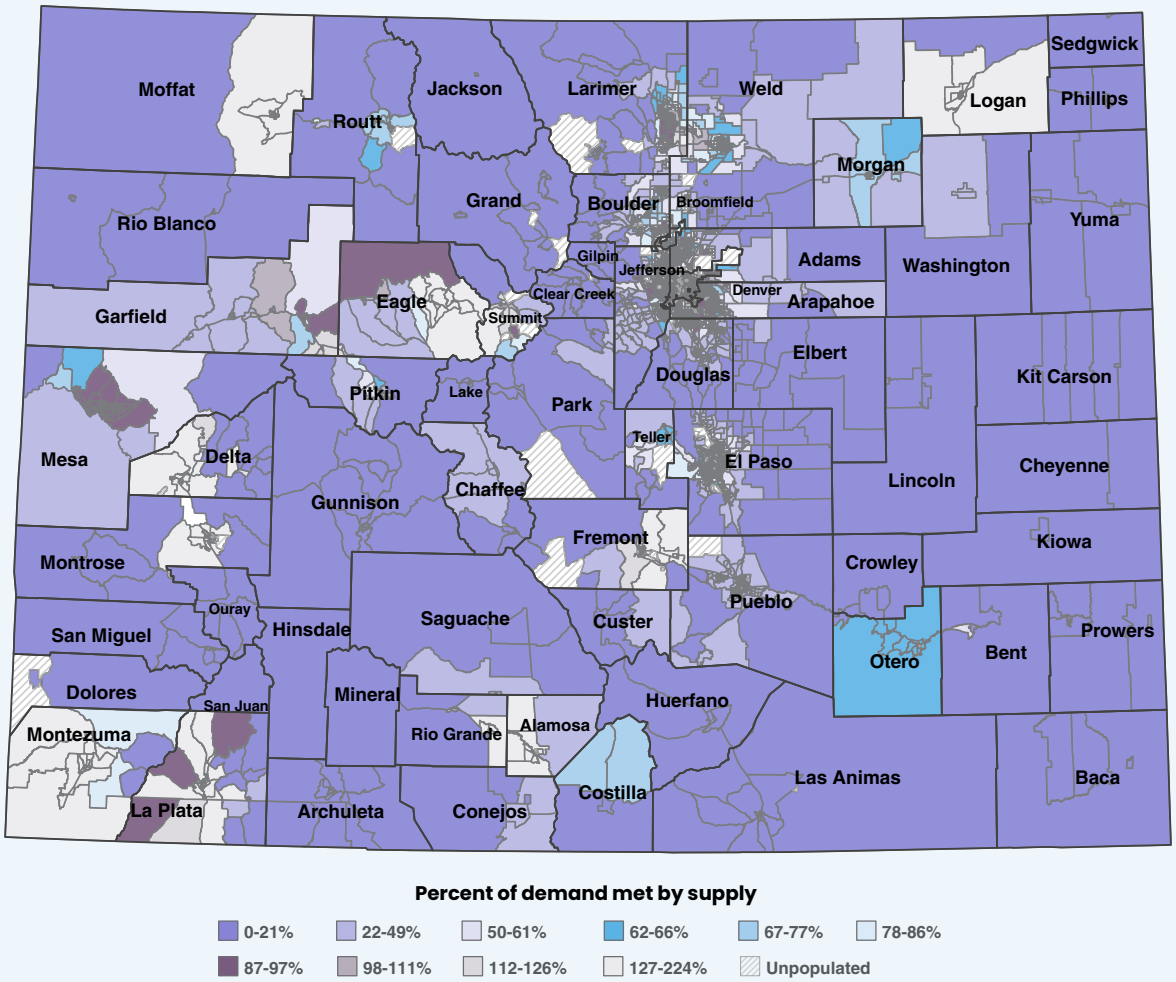
In Colorado, about 70% of children live in communities that do not have enough pediatric providers to meet the demand for care.[2]

The undersupply is more significant in some communities than others: **Nearly one in three children (31%) live in a community with a significant shortage – that is, where there are only enough providers to meet less than 60% of demand.** More than one in five children (22%) live in a community with a moderate shortage (enough providers to meet between 60% and 80% of demand). Shortages exist throughout the state, but they are often located in communities that lack a large hospital or health care complex.[2]

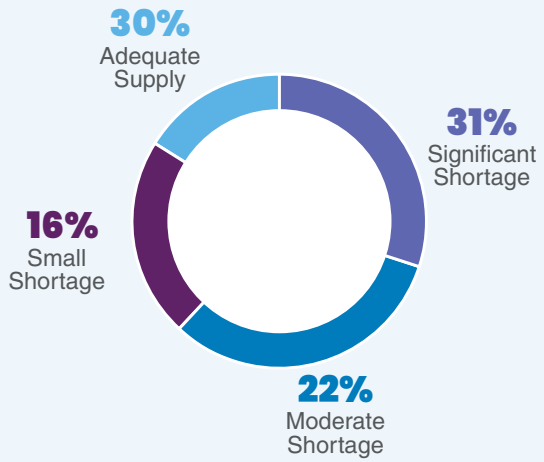
Children in rural communities have the least access to care. About 82,000 Colorado children — almost all of them in rural parts of the state — live in an area where there is enough provider capacity to meet 20% of the need or less. Nearly every child in the Eastern Plains lives in a significant shortage area. These children and families face the largest barriers to access and often live the farthest from medical providers.[2]

About 7 in 10 Colorado children live in communities without enough pediatric primary care.

PERCENT OF DEMAND MET BY PEDIATRIC PRIMARY CARE, 2024



Source: Colorado Department of Public Health and Environment



Note: The sum of parts does not equal 100% due to rounding.
Source: Colorado Department of Public Health and Environment

ACCESS TO PEDIATRIC PRIMARY CARE AMONG COLORADO CHILDREN, 2024

LEVEL OF ACCESS	NUMBER AND SHARE OF CHILDREN
Significant Shortage: *Enough providers to meet less than 60% of need*	388,115 (31%)
Moderate Shortage: *Enough providers to meet 60 to 80% of need*	273,187 (22%)
Small Shortage: *Enough providers to meet 80 to 100% of need*	202,018 (16%)
Adequate Supply: *Enough providers to meet 100% or more of need*	377,366 (30%)

Note: The sum of parts does not equal 100% due to rounding.
Source: Colorado Department of Public Health and Environment

Shortages Matter For Kids And Families

Provider shortages create real hardship for families and sometimes mean children do not get the care they need.[3] Children who live in a health care shortage area often must travel long distances for care.[2] That travel can require taking unpaid time off work, arranging transportation, and finding child care for other kids at home during appointments.[3]

Sometimes the time and travel necessary are so significant that children do not get the care they need. In 2025, one in ten Colorado children did not get to the doctor when they needed to because their parents could not take off work.[8] Children in households with low incomes are the most likely to miss their visits because their families struggle the most to take off work or find transportation.[9] These missed sick or well-child visits can have serious effects on children's health, ranging from missed vaccines to undiagnosed and untreated conditions that can lead to hospitalization.[4]

Medicaid's Influence On Access

A new national study projects that pediatric primary care shortages will continue worsening in the coming decade.[10] Difficulty attracting new talent, high turnover, and poor financial incentives to provide care all contribute to this shortage.[11] Pediatricians make an average of 25% less than their adult counterparts over their careers,[12] leading to fewer medical students choosing to enter the field.[11]

In part, this low pay is due to health insurance payment practices. Insurers reimburse clinics for the cost of medical services, making payment rates a key factor in what clinics can afford. But insurers often pay a lower rate for children than for adults.[12] This both disincentivizes hospitals from providing services for kids[13] and makes it difficult to pay pediatric providers a competitive wage.[14]

In Colorado, Medicaid and Child Health Plan *Plus* (CHP+) are significant funders of pediatric care, providing health insurance to over 600,000 children,[15] or roughly 34% of all Colorado kids under 18.[16] But Colorado ranks in the bottom third of states for Medicaid spending on children, and in the bottom half of states for overall Medicaid spending. Colorado spends an average of $2,883 per child enrolled in Medicaid, less than all neighboring states that spend between $3,200 and $4,000.[17]

This relatively low spending makes it challenging for hospitals to afford the cost of providing services.[12, 13, 14] Upcoming cuts to federal funding threaten to exacerbate the issue by reducing federal funding, increasing the costs to states, and creating new administrative barriers which will make it harder for children to enroll in public health insurance coverage.[18]

State fiscal policy prevents Colorado from adequately funding Medicaid. The Taxpayer Bill of Rights (TABOR), a tax policy that restricts how much revenue the state can retain and spend, limits the state's ability to increase its share of Medicaid funding as the program's costs rise each year. The allowable annual increase is not enough to keep pace with need in Medicaid and other programs that support kids and families. Without major state fiscal reform, Colorado will not be able to close the state's growing care deserts or keep pace with the rising cost of caring for kids and families.

Many of these upcoming challenges will be particularly pronounced in rural communities where providers already operate on small margins and are at risk of closing.[19,20] Nearly 70% of Colorado hospitals, many of which are located in rural communities, now operate without sustainable margins, which is forcing many to cut services or close.[21] When a rural hospital or clinic closes, families often lose their nearest source of primary and pediatric care, not just emergency services. The consequences extend beyond primary care. Children with complex conditions living in rural communities often struggle to find and reach the specialized care they need when the nearest provider may already be an hour or more away.[22]

The Path Forward

Colorado leaders must prioritize pediatric health and commit to improving access.

» Protect and expand coverage and care for children.

Colorado should defend policies that support health coverage for children to ensure that lack of health insurance and cost are not barriers to children's access to pediatric care by:

- Securing long-term, stable funding for public coverage and other health coverage supports
- Maintaining public coverage for undocumented children and families
- Establishing continuous eligibility for young children through Medicaid and CHP+

» Focus on rural communities.

Colorado should target investments where access gaps are most severe, including rural areas of the state. Protecting and expanding access to Medicaid coverage and providers is especially important in rural communities, where families often have fewer alternatives. Strengthening pediatric provider capacity and reducing travel and transportation barriers for families can also help ensure children can receive care in their community.

» Advance fiscal reform to invest in children's health.

Colorado should pursue reforms to TABOR and other fiscal constraints that limit the state's ability to raise and sustain the revenue needed to invest in children's health, including stable state funding for Medicaid and CHP+ and health insurance affordability programs, especially in light of recent federal policy changes that will cut funding and eligibility for public health coverage and subsidies.

For more information on children's health policy, please email Toni Sarge at Toni@ColoradoKids.org.

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