November 19, 2026

To: Members of the House and Senate Appropriations Committees

Subject: Improving the quality pediatric reference intervals (PRIs) used to diagnose and treat children

From: Stanley F. Lo, PhD, DABCC, FADLM, ADLM President

Since congressional approval of the fiscal year (FY) 2020 appropriations package, the House and Senate, or their requisite appropriations committees, have approved report language recognizing the need to improve the quality of pediatric reference intervals (PRIs)--the numeric range used to interpret a laboratory test result for children --in five separate funding agreements, including the most recent FY25-27 cycles.

Funding for this initiative would be allocated to the Centers for Disease Control and Prevention (CDC) Environmental Health Laboratory. On several occasions, the agency has been asked to specify how they would accomplish this task and what it would cost. CDC has reported that they have the infrastructure already in place to develop and disseminate this critical information and that would it cost $10 million annually to start the process.

While we appreciate the Senate Appropriations Committee's FY27 language, which accurately depicts "*the current patchwork of PRI practices does not adequately account for biological development in children, which can lead to misdiagnosis, preventable deaths, disabilities, and other irreversible health problems"* and reiterates that "*PRIs are critical tools for assessing health, making correct diagnoses, and evaluating treatment efficacy in pediatric patients"* we urge you to accept the House language (see below) in any final FY27 appropriations agreement, which would provide $5 million to get this critical initiative moving forward.

Pediatric Reference Intervals (PRIs)—The Committee provides $5,000,000 under Environmental Health Laboratory appropriations to develop and implement universal PRIs for use by all laboratories and health care providers. The Committee acknowledges CDC's efforts to prevent, detect, and treat chronic diseases in children. However, the Committee is concerned that the current patchwork of PRI practices does not adequately account for biological development in children, which can lead to misdiagnosis, preventable deaths, disabilities, and other irreversible health problems. PRIs are a critical tools for assessing health, making correct diagnoses, and evaluating treatment efficacy in pediatric patients. The Committee requests an update in the fiscal year 2028 congressional justification on these efforts.

As Senate and House negotiators are finalizing the FY 27 appropriations package, we urge you to settle on the House Appropriations Committee approved level of funding for CDC's Environmental Health Laboratory which totals $75,750,000, a $5,000,000 increase over the FY 2026 enacted level. This additional funding will allow the CDC to move forward with the program and satisfy both chambers' continued support for this important initiative.

According to the most recent census data, there are approximately 72 million to 74 million children under the age of 18 in the United States, making up roughly 21 percent to 22 percent of the total population. Each of these young persons could benefit from the development of better PRIs as clinicians and other healthcare providers would have better information to diagnose and treat their patients.

I am attaching a letter from ADLM and 53 of its partners, including the American Academy of Pediatrics, the Children's Hospital Association, and the National Rural Health Association in support of providing CDC with the needed funding to improve PRIs.

ADLM is a global scientific and medical professional organization dedicated to clinical laboratory science and its application to healthcare. Thank you for your attention to this vital matter. If you have any questions, please email Vince Stine, PhD, ADLM's Chief Policy Officer, at vstine@myadlm.org, or Evan Fortman, MPA, ADLM's Manager of Government Affairs, at efortman@myadlm.org.