



American Society of Hematology

Helping hematologists conquer blood diseases worldwide

2026

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September 30, 2026

The Honorable Ron Wyden

Ranking Member

Committee on Finance

United States Senate

Washington, DC 20510

Dear Ranking Member Wyden:

The American Society of Hematology thanks Senate Finance Committee Ranking Member Wyden and his colleagues for this opportunity to provide comments on the Request for Information (RFI) on Policy Proposals to Improve Access, Quality and Affordability of Health Coverage for All Americans. We appreciate the Senators' commitment to developing policy that supports access to health coverage that meets every American's needs.

ASH represents more than 18,000 clinicians and scientists worldwide who are committed to the study and treatment of blood and blood-related diseases. These disorders encompass malignant hematologic disorders such as leukemia, lymphoma, and multiple myeloma, as well as non-malignant conditions such as sickle cell disease, thalassemia, bone marrow failure, venous thromboembolism, and hemophilia. In addition, hematologists are pioneers in demonstrating the potential of treating various hematologic diseases and continue to be innovators in the fields of stem cell biology, regenerative medicine, transfusion medicine, and gene therapy. Our mission is to foster high-quality, equitable care, transformative research, and innovative education to improve the lives of patients with blood and bone marrow disorders.

Health Plan Affordability and Transparency

The Health Insurance Marketplace, established as part of the Affordable Care Act (ACA), serves an important function in the health insurance landscape, allowing individuals, families, and small businesses to shop and enroll in health insurance plans. To support the affordability of these plans, advance premium tax credits (APTCs), a tax credit taken in advance to lower monthly premiums, were established through the ACA for low-income (100% - 400% Federal Poverty Level or FPL) enrollees and were later expanded in 2021 to support middle-income enrollees (above the 400% FPL), who were previously not eligible.

Through 2025, APTCs helped make health insurance more affordable for the more than 24 million Americans who purchased coverage through the Health Insurance Marketplaces, including many people who are older, live in rural areas, or operate small businesses. For these individuals, the tax credits were a necessary means of accessing comprehensive coverage, as the credits were only available to individuals who did not have access to such coverage outside of the Marketplaces.

However, when the expanded APTCs expired at the end of 2025, many Americans lost coverage or decided to forego coverage entirely. The Congressional Budget Office initially projected that 4.2 million people would lose coverage entirely, and recently the [Center on Budget and Policy Priorities reported](#) that Marketplace enrollment in health plans has fallen by nearly 3 million Americans from 2025 to 2026.

Since the expiration of the APTCs, [according to the Kaiser Family Foundation \(KFF\)](#), health premiums have increased by 58%, compounding concerns about health plan affordability and access to comprehensive coverage. While this increase is lower than originally anticipated, the difference between the anticipated rise and the actual rise can largely be attributed to more Americans selecting Bronze plans with higher deductibles than before. Even so, the rise in premiums still demonstrates how increasing costs impact Americans, many of whom continue to face accessibility and affordability challenges to health care coverage. Without intervention to address the gap left by the expired enhanced APTCs and the rise in premiums, we anticipate a continued upward trend in the number of people who are uninsured.

In addition to challenges faced in the Marketplace, the Society has concerns about the impact on the uninsured and underinsured in the Medicaid program. For many children and low-income adults with hematologic conditions, Medicaid is a critical source of coverage that supports continuous access to coordinated treatment. Policies that disrupt coverage can worsen disease, increase avoidable hospitalizations and emergency department use, raise costs, and lead to poorer outcomes. ASH is concerned that policies limiting access to coverage, including the Medicaid community engagement requirements in the *One Big Beautiful Bill Act*, could jeopardize Medicaid coverage for individuals with serious or complex medical conditions like sickle cell disease and blood cancers. ASH urges Congress to advance health plan affordability and transparency by ensuring medically vulnerable Medicaid beneficiaries are not subject to unclear or burdensome eligibility requirements and by minimizing administrative burden on patients, providers, and state Medicaid programs.

We appreciate the Senators' attention to this issue and interest in exploring policies to stabilize the Marketplace and provide protections for consumers to maintain access to affordable coverage within the health insurance market. ASH believes the APTCs provided a key function for Marketplace enrollees to access and afford their health plans. The Society encourages the reinstatement of the expanded APTCs, and the exploration of other policies directed at lowering health care premiums across income levels, mitigating financial barriers to health plans, and sustaining enrollment in the Marketplaces through subsidized incentives. The Society also encourages the Senators to protect medically vulnerable Medicaid beneficiaries from unclear, burdensome, or administratively complex eligibility requirements.

Benefit Design Flexibility and Cost-Sharing

Affordability and access are also dependent on health plan design. As mentioned above, more Americans are opting for Bronze plans, which come with comparatively lower monthly premiums but have high deductibles. According to a [KFF report](#), the share of Marketplace enrollees selecting Bronze plans increased from 30% in 2025 to 40% in 2026, contributing to a 37% increase in the average ACA Marketplace plan deductible, increasing by over \$1,000. This suggests that some Marketplace consumers may be downgrading their health plan coverage to mitigate rising premium costs but are now facing higher health plan deductibles.

This Marketplace trend is particularly concerning as it coincides with recent regulations that change health plan benefit design standards, including eliminating standardized health plans, expanding catastrophic coverage options, and allowing higher cost-sharing. Cost-sharing plans that carry high deductibles may lead to delayed treatment, medication nonadherence, and avoidable complications due to the significant amount a patient would have to pay out-of-pocket prior to receiving covered benefits. Meanwhile, under catastrophic plans, enrollees have access to minimal preventive services and would pay high out-of-pocket costs should an emergency arise or if they experience a change in health status that impacts how they utilize health care, such as acquiring a blood cancer diagnosis and seeking immediate care and treatment.

For patients with hematologic conditions, plans with high deductibles or catastrophic coverage are often inadequate. Patients with hematologic conditions, like sickle cell disease, hemophilia, thalassemia, bone marrow failure syndromes, or hematologic cancers, require lifelong disease management involving frequent monitoring, hospital-based services, transfusions, specialty medications, and coordinated care across multiple providers. The care needs of these patients are continuous, and even slight increases in cost-sharing may have immediate and profound consequences. ASH submitted [comments](#) responding to the recent CMS regulations, raising concerns about how increased cost-sharing and catastrophic coverage options impact patients' ability to access affordable care.

It is imperative that people with hematologic conditions have access to health plans that meet their clinical needs. ASH does not believe that high cost-sharing plans or catastrophic plans are appropriate for the patients that hematologists treat, given their need for ongoing, comprehensive care. ASH encourages the Senators to explore policies that reduce health plan deductibles and other forms of cost sharing while strengthening consumer protections for health plans with catastrophic coverage. Maintaining consumer choice in the Marketplace is important, it is simultaneously important that those choices include affordable, comprehensive health plan options that meet patients' coverage and financial needs.

Prior Authorization

Prior authorization (PA) is one of the most burdensome exercises within the healthcare system. Although PA is intended to ensure that care is medically necessary and meets certain standards to control healthcare costs, it regularly requires an inordinate amount of physician and clinical staff time, is responsible for endless paperwork, contributes to physician burnout, while leading to excessive costs, delays in treatment and beneficiary dissatisfaction. According to the [2024 AMA Prior Authorization Physician Survey](#), 93% of physicians reported that PA delays access to necessary care, and 29% of physicians reported that PA resulted in a serious adverse event for a patient in their care. Meanwhile, according to the AMA survey, practices complete an average of 39 PA requests per physician per week, with physicians and their staff spending on average 13 hours per week on PA requests.

PAs have increased significantly in recent years. According to a [KFF analysis](#), nearly all Medicare Advantage enrollees are subject to prior authorization for select services. Additionally, for MA plans, PA determinations increased from 30.3 million determinations in 2020 to 52.8 million determinations in 2024. Although less than 10% of all determinations were denials, of the denials that were subsequently appealed, 80% of were approved either partially or fully on appeal. This raises concerns about the PA processes and the appropriateness of initial denials.

PAs are especially concerning in hematology. For example, there are several direct oral anticoagulants (DOACs) available to patients for the treatment of venous thromboembolism, which includes deep vein thrombosis, and pulmonary embolism, all of which are common conditions in the Medicare population. Unfortunately, access to the lifesaving drugs that treat venous thromboembolism, an acute and time sensitive hematologic event, is often delayed due to prior authorization. There may be many reasons why one DOAC is preferred over another, including the consideration of comorbidities such as renal insufficiency, liver disease, antiphospholipid syndrome, obesity, and bleeding risk. Decisions involving medication choice are based on clinicians' expertise, scientific evidence, as well as patient preferences and values, and those decisions are made through a shared decision-making process between the

patient and the physician. The use of PA, however, interferes with the physician-patient shared decision-making and diverts considerable time away from patient care.

ASH recommends the Senators consider policies to standardize and streamline PA processes across health plans, including creating consistent coverage criteria, standardizing documentation submission requirements, and using electronic interfaces for prior authorization requests. Standardized coverage criteria and documentation guidelines could help alleviate the burden of understanding and navigating variances across each type of plan. An electronic interface will further alleviate challenges providers face by streamlining burdensome and time-consuming prior authorization processes.

Step Therapy

Step therapy, also known as fail first, is a type of utilization management tool used by health insurance plans to control the use of high-cost medications. Step therapy requires patients to try one or more lower-cost or preferred medications, often generics, before an insurance plan will cover the more expensive or non-preferred drug prescribed by a health care provider. Like PA, step therapy is administratively burdensome and slows access to clinically appropriate care.

These delays are especially concerning for patients with a hematologic condition where hematologists prescribe the most appropriate medication based on several factors including age of the patient, comorbidities, allergies to medications, and tolerance to active ingredients. Step therapy often interferes with providing the right drug, at the right time, for the right patient. Delays in access caused by step therapy can lead to devastating effects including disease progression which may even hasten death.

Step therapy also creates disruptions in treatments when patients change health plans and are required to repeat these fail-first protocols before continuing with their preferred or proven medication. These requirements may be administratively necessary for a patient to access their medication, but may be entirely clinically inappropriate, further delaying necessary care.

ASH recommends a standardized and streamlined process for exceptions and appeals to insurance plans that use step therapy. Exceptions should be available when: the required fail-first drug is contraindicated or ineffective for the patient's condition, the patient has already tried and failed the preferred drug, or the preferred drug would likely cause harm to the patient. Other exceptions should include instances when a patient is stable on their current medication, making a fail-first requirement unnecessary, or when the preferred drug may interfere with daily functions due to undesired side effects. Streamlining step therapy protocols by mandating a standardized electronic prior authorization and step therapy override processes with clear clinical criteria and required response times would meet this goal.

ASH appreciates the opportunity to provide comments on the RFI on Policy Proposals to Improve Access, Quality and Affordability of Health Coverage for All Americans. Should you have any questions or require further information, please contact ASH Manager for Health Care Access Policy, Carina Smith at casmith@hematology.org.

Sincerely,



Robert Negrin, MD
ASH President