American Society of Hematology
Helping hematologists conquer blood diseases worldwide

Statement for the Record
From the American Society of Hematology
For the Senate Special Committee on Aging
"The Doctor Is Out: How Washington's Rules Drove Physicians Out of Medicine"
Held on February 11, 2026

The American Society of Hematology (ASH) thanks the Senate Special Committee on Aging ("the Committee") for holding this hearing to examine the impact of administrative and regulatory burdens on physician burnout, workforce shortages, access to care for aging adults, and for the opportunity to submit this statement for the record.

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 classical (non-malignant) hematologic conditions such as sickle cell disease, thalassemia, bone marrow failure, venous thromboembolism, and hemophilia. In addition, hematologists are pioneers in the treatment of 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.

As this Committee knows, prior authorization is one of the single most burdensome administrative activities within Medicare Advantage. Prior authorization requires an inordinate amount of physician and clinical staff time, is directly responsible for endless paperwork, and contributes to physician burnout, while leading to excessive costs, delays in treatment, and beneficiary dissatisfaction. While ASH recognizes that prior authorization is intended to be used as a tool to ensure that care is medically necessary, meets certain standards, and controls costs, it frequently creates needless barriers to patients accessing timely and medically necessary care and generates excessive administrative burden.

Some of the most common prior authorization requirements include step therapy and other utilization management (UM) techniques which frequently exacerbate these challenges. Accordingly, the Society advocates for reforms to step therapy and other UM practices by focusing on three key improvements: (1) transparent use of prior authorization policies, (2) prior authorization policies rooted in clinical guidelines, data driven best practices or standards of care, and the latest literature, and (3) shorter turnaround times for any prior authorization practices.

In addition to administrative burden, inadequate and unsustainable physician payment further strains the health care system. As discussed during the hearing, Medicare physician

payment has been eroding for more than three decades, declining by 33 percent when adjusted for inflation from 2001 – 2026. The Medicare Access and CHIP Reauthorization Act (MACRA) only provided statutory updates to the conversion factor from 2015 – 2019 and then established a differential conversion factor for physicians in participating in the Merit-based Incentive Payment System and Advanced Alternative Payment Models. This differential conversion factor was implemented first in 2026. Therefore, the lack of positive updates and the Medicare Physician Fee Schedule's (MPFS) budget neutrality requirements have resulted in a series of statutorily required cuts to the conversion factor over the last several years.

The continued erosion in Medicare physician reimbursement is distinctly acute for hematologists. Hematology, particularly classical hematology, is facing a severe workforce shortage[1], limiting access to much needed expertise in complex hematological disorders, like sickle cell disease. This shortage is driven by new physicians' concerns of balancing the eroding Medicare reimbursement rates that cover physician and staff salaries and supplies, and significant medical school debt. At the same time, the practice of hematology is rapidly evolving and becoming increasingly complex, requiring physicians to stay current with the latest innovations as they evaluate and recommend new therapies to their patients, such as recently approved cellular and gene therapies and the expanding availability of bone marrow transplantation. The proliferation of these new and complex therapies comes at a time when the costs of practicing medicine are growing, while Medicare reimbursement, accounting for inflation, is shrinking.

Furthermore, without positive updates to the MPFS conversion factor, the budget neutrality requirements exert even greater downward pressure on Medicare reimbursement and exacerbates the impression that specialties are pitted against one another when new codes are added to the MPFS, or a family of codes is recommended for an increase in valuation, due to the redistributive impacts for other payments under the MPFS. Therefore, ASH supports reform to the budget neutrality requirements including increasing the outdated budget neutrality threshold of $20 million and encourages Congress to consult with health economists to determine the most appropriate update. Additionally, Congress should provide an increase every 5 years equal to the cumulative increase in the Medicare Economic Index (MEI). By raising the threshold in this manner, redistribution of funds across the MPFS will be more equitable, preempting a cycle of drastic cuts to the conversion factor when new services are added to the MPFS or when high-volume services, like evaluation/management (E/M) services, are revalued.

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[1] Go LT, Go LT, Gunaratne MDSK, Wolanskyj-Spinner AP, Ashrani AA, Elliott MA, Godby RL, Hook CC, Padrnos LJ, Pruthi RK, Rivera CE, Rouse RL, Shah S, Shaikh ME, Siddiqui MA, Sridharan M, Wysokinska EM, Go RS, Abeykoon JP. Assessment of classical hematologists and classical hematology fellowship programs at NCI-designated cancer centers. Blood Adv. 2025 Oct 28;9(20):5343-5346. doi: 10.1182/bloodadvances.2025016644. PMID: 40795177; PMCID: PMC12597626.

Taken together, rising administrative burden and continued erosion in Medicare physician payment are accelerating workforce shortages in hematology and other cognitive specialties. These pressures discourage trainees from entering the field, push experienced physicians toward early retirement or reduced clinical hours, and threaten the sustainability of community-based practices that care for aging and medically complex patients. As access to specialized hematology services declines, patients face longer wait times, fragmented care, and delayed diagnosis and treatment.

To meaningfully address workforce shortages, ASH urges Congress to pursue policies that stabilize and strengthen the physician workforce by ensuring predictable, inflation-adjusted Medicare payment updates, reducing unnecessary administrative burden, and modernizing statutory constraints that limit care delivery innovation. Without action to address these underlying drivers, workforce shortages will continue to worsen, undermining access to high-quality, timely care for Medicare beneficiaries.

Thank you for the opportunity to provide these comments. ASH looks forward to working with the Committee to address administrative and regulatory burdens that contribute to physician burnout and workforce shortages and protect aging adults' access to timely, high-quality care. Should you have any questions or wish to discuss these issues further, please contact Carina Smith, ASH Health Care Access Policy Manager, at *casmith@hematology.org*.