American Society of Hematology
Helping hematologists conquer blood diseases worldwide

2026
President
Robert Negrin, MD
Stanford University
269 W. Campus Drive
Stanford, CA 94305
Phone: 650-868-8065

President-Elect
Cynthia Dunbar, MD
2127 California Street, NW
Washington, DC 20008
Phone: 202-819-6806

Vice President
Alison Loren, MD, MSCE
University of Pennsylvania
3400 Civic Center Boulevard
Philadelphia, PA 19104
Phone: 215-662-4859

Secretary
Jennifer Brown, MD, PhD
Dana-Farber Cancer Institute
450 Brookline Avenue
Boston, MA 02215
Phone: 617-632-5847

Treasurer
Joseph Mikhael, MD, FRCPC, MEd
Translational Genomics Research Institute
City of Hope Cancer Center
445 N. Fifth Street
Phoenix, AZ 85004
Phone: 602-343-8445

Councillors
Jennifer Holter-Chakrabarty, MD
Adam Cuker, MD, MS
Chancellor Donald, MD
Christopher Flowers, MD, MS
H. Leighton Grimes, PhD
Mary Horowitz, MD
Charlotte Niemeyer, MD
Mikkael Sekeres, MD, MS

Executive Director
Martha Liggett, Esq.

November 20, 2026

Mehmet Oz, MD
Administrator
Centers for Medicare & Medicaid Services
Attention: CMS-9873-P
P.O. Box 8016
Baltimore, MD 21244-8016

RE: Patient Protection and Affordable Care Act, Exchange Pre-Eligibility Verification; CMS-9873-P

Submitted via Regulations.gov

Dear Administrator Oz,

The American Society of Hematology (ASH) appreciates the opportunity to provide comments on the Patient Protection and Affordable Care Act, Exchange Pre-Eligibility Verification proposed rule. Stakeholder feedback is vital to ensure the proposed policies maintain the delivery of high-quality and accessible care without interruption, while avoiding unintended consequences.

ASH represents more than 18,000 clinicians and scientists worldwide committed to studying and treating blood and blood-related diseases. These disorders encompass malignant hematologic disorders such as leukemia, lymphoma, and multiple myeloma, as well as classical hematology (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 are innovators in the fields of stem cell biology, transfusion medicine, and gene and cell therapies. ASH membership is comprised of basic, translational, and clinical scientists, as well as physicians providing care to patients.

The Centers for Medicare & Medicaid Services (CMS) proposes changes to eligibility verification and enrollment procedures for individuals seeking financial assistance through the Health Insurance Marketplaces. The proposed rule implements requirements under the Working Families Tax Cut legislation and intends to strengthen verification of eligibility for advance premium tax credits (APTCs) and cost-sharing reductions (CSRs).

Beginning with Plan Year 2028, consumers will be required to verify specified eligibility information before Exchanges can determine or redetermine their eligibility for financial assistance, including APTCs and CSRs. To assist with these determinations, the Exchanges will establish a pre-open enrollment verification period beginning August 1, 2027, allowing consumers to update their information and resolve discrepancies before

the upcoming coverage year. The proposed rule also outlines policies that establish additional requirements for annual eligibility redeterminations and verifications of household income, citizenship or immigration status, residency, and existence of other health insurance coverage.

ASH is concerned that the proposed verification requirements will create additional barriers to affordable coverage and will disrupt access to care. Many consumers on the Exchange often re-enroll automatically without making changes to their coverage. The Society is concerned that these individuals may not even be aware that additional information and verification would be required and would therefore lose access to their subsidies without realizing it, increasing the financial burden of healthcare coverage. Additionally, some consumers who are aware of the requirements may experience unresolved issues in verifying their eligibility. ASH is concerned that individuals with unresolved issues will lose financial assistance or experience lapses in coverage, even when they remain eligible for healthcare coverage on the Exchange.

The new requirements are particularly concerning given the existing affordability challenges consumers already face when purchasing health insurance. The expiration of the enhanced APTCs at the end of 2025 has increased the number of Americans who are uninsured and underinsured. As premiums continue to rise, more consumers will be forced to choose plans with higher deductibles or forgo coverage altogether. Additional administrative requirements associated with pre-eligibility verification could further discourage enrollment or cause eligible individuals to lose financial assistance, exacerbating existing affordability challenges.

For people with blood disorders, including leukemia, lymphoma, multiple myeloma, sickle cell disease, and other chronic hematologic conditions, health insurance coverage disruptions can have devastating consequences. Patients with hematologic conditions often require ongoing monitoring, access to specialty medications, blood transfusions, and coordinated care. A lapse in coverage or an increase in out-of-pocket costs could interrupt care access or cause patients to delay treatment, potentially worsening their conditions. Disruptions in care can lead to hospitalizations and emergency department visits that are otherwise preventable, increasing costs while also leading to poorer outcomes.

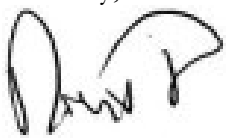
The Society recognizes the importance of ensuring that financial assistance goes to eligible beneficiaries. However, verification requirements should not create unnecessary barriers for consumers who are eligible. Patients should not lose access to affordable coverage because they have difficulty obtaining documentation or resolving inconsistencies in government records. The new pre-eligibility verification requirements will place additional administrative burden squarely on patients, their healthcare providers, and the organizations that support them. The current administration has continually promoted its stance on reducing administrative burden in the healthcare system, and its desire to "put patients first." However, these additional verification requirements are in direct contrast to the administration's priorities.

ASH urges CMS to establish safeguards that prevent disruptions to care and protect continuity of coverage while consumers verify their eligibility. These safeguards should include clear notices explaining what information is needed or needs to be adjudicated, adequate time to submit this information and assistance to respond when additional information is needed. Throughout the verification process, CMS should ensure that coverage does not lapse by protecting the individual's coverage plan until they are able to complete verification and make their plan selection for the following year. Lastly, CMS should monitor whether the new requirements result in coverage losses or delays in access to medically necessary care, particularly for individuals with serious or chronic

conditions. Given the importance of continuous insurance coverage for patients with hematologic conditions, the agency should ensure that administrative procedures do not prevent eligible individuals from obtaining the care they need. ASH encourages CMS to implement eligibility verification requirements in a manner that protects program integrity without creating additional barriers to affordable coverage.

ASH thanks CMS for the opportunity to share these comments on the Patient Protection and Affordable Care Act, Exchange Pre-Eligibility Verification proposed rule. If 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
President