



American Society of Hematology

Helping hematologists conquer blood diseases worldwide

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2026

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The Honorable Mike Johnson
Speaker of the House
Washington, DC 20515

The Honorable Hakeem Jeffries
Minority Leader
U.S. House of Representatives
Washington, DC 20515

The Honorable John Thune
Majority Leader, U.S. Senate
Washington, DC 20510

The Honorable Charles Schumer
Minority Leader U.S. Senate
Washington, DC 20510

Dear Speaker Johnson, Majority Leader Thune, Minority Leader Jeffries, and Minority Leader Schumer,

On behalf of the American Society for Hematology (ASH), we write to emphasize the importance of adhering to statutory language and intent when the Centers for Medicare & Medicaid Services (CMS) defines the exclusions from the community engagement requirements of the One Big Beautiful Bill Act (OBBBA) (P.L.119-21).

ASH represents more than 18,000 clinicians and scientists committed to the study and treatment of blood and blood-related diseases, including malignant disorders such as leukemia, lymphoma, and myeloma, as well as classical (non-malignant) conditions such as sickle cell disease, thalassemia, bone marrow failure, venous thromboembolism, and hemophilia. For children and low-income adults with hematologic conditions, Medicaid provides much needed coverage and access to services to enable earlier diagnosis of conditions and access to affordable health care.

Section 71119 of the law requires states to impose community engagement requirements for adults in the Medicaid expansion population aged 19–64 (under age 65, \leq 138% FPL). Enrollees in this population will be required to complete 80 hours of qualifying activities per month (i.e., work, community service, work program, half-time education, or income equivalent) to maintain their Medicaid eligibility.

Definition of Medical Frailty

As directed in the legislation (Sec. 71119(a); (xx)(9)(A)(ii)(V)), the Secretary will define “medically frail,” “special medical needs,” “physical disability,” and/or “complex medical condition” to exclude certain Medicaid beneficiaries from the community engagement requirements on their basis of their health condition in an interim final rule. These definitions will serve as the federal floor for the exemptions as states implement this provision. Congress provided for these exemptions to ensure that those who are medically vulnerable continue to have Medicaid coverage preventing their conditions from worsening because they could not meet these requirements.

Therefore, Society urges Congress to ensure that CMS defines this exemption from the OBBBA community engagement requirement consistent with the statutory language and intent in the forthcoming interim final rule.

Verification of Exemptions:

The legislation requires states to establish ex parte verification processes that use reliable data sources, such as claims and encounter data, before asking Medicaid beneficiaries to submit additional documentation. As CMS develops guidance for states in the forthcoming interim final rule, the Society again recommends that Congress ensure that the agency again adheres to the statutory language and intent. CMS should be encouraged to use automatic verification process leveraging diagnosis, procedure, and utilization data already available through claims and clinical encounters for verification whenever possible.

Additionally, section (5) *EX PARTE VERIFICATIONS* of OBBBA explicitly specifies:

(5) EX PARTE VERIFICATIONS.—For purposes of verifying that an applicable individual has met the requirement to demonstrate community engagement under paragraph (1), or determining such individual to be deemed to have demonstrated community engagement under paragraph (3), or that an individual is a specified excluded individual under paragraph (9)(A)(ii), the State shall, in accordance with standards established by the Secretary, establish processes and use reliable information available to the State (such as payroll data or payments or encounter data under this title for individuals and data on payments to such individuals for the provision of services covered under this title) without requiring, where possible, the applicable individual to submit additional information.

Consistent with the statute, CMS should preserve state flexibility to use self-attestation, allowing beneficiaries to self-report qualifying activities without being required to submit physical documentation upfront, if a state chooses to do so. ASH believes it is imperative that states retain the option adopt self-attestation rather than place additional administrative burden on the Medicaid beneficiary or their provider. As states undertake the complex task of implementing this law, maintaining these flexibilities will be critical to minimizing enrollment churn, reducing administrative barriers, and preserving coverage for individuals with serious and complex health conditions.

ASH urges Congressional offices to ensure that CMS adheres to the statutory language and intent governing the OBBBA community engagement requirements to protect patients who meet the definition of medical frailty. Should you have any questions or wish to discuss these issues further, please contact ASH Manager, Policy & Practice, Myra Masood (mmasood@hematology.org).

Sincerely,



Robert Negrin, MD

President

cc: Senate Committee on Finance, House Committee on Energy and Commerce, and Sickle Cell Disease Caucus