

Here's Why Physicians Are Quitting Medicine

— Government bureaucracy, prior authorization, burnout, and depression cited during Senate hearing

by [Shannon Firth](#), Washington Correspondent, MedPage Today

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From expanding care delivery options to eliminating red tape and investing in mental health, experts shared ways lawmakers can keep physicians from leaving practice during a Senate [hearing](#) this week.

"More than half of physicians say they are burned out," and about 400 physicians die by suicide each year, said Alma Littles, MD, dean of the Florida State University College of Medicine in Tallahassee, during the Senate Special Committee on Aging hearing on Wednesday. Furthermore, rates of depression are 15% to 30% higher among medical students and residents compared with the general public.

"One physician leaving practice potentially leaves 2,000 to 3,000 patients without access to care," Littles noted.

"Addressing this issue is no longer an option. It is critical to ensuring access to care."

Tackling Regulatory Hassles, Prior Authorization

Among the more than half of practices surveyed that lost a physician to burnout in the last 3 years, three-quarters said "regulatory burden" played a role, said Jeffrey Smith, MBA, of the Medical Group Management Association.

Financial stressors were seen as the second largest contributing factor, he noted.

One witness at the hearing called [prior authorization](#) the "number one driver of physician burnout," while a physician said it was "our biggest issue."

Sen. Kirsten Gillibrand (D-N.Y.) said she and more than 60 other senators [support a bill](#), introduced last May, to streamline the process by creating an electronic prior authorization process for Medicare Advantage plans, enabling HHS to set timeframes for electronic prior authorization requests, and requiring expedited determinations for urgent care.

Meanwhile, the Centers for Medicare & Medicaid Services announced that it would extend these same tools into traditional Medicare in six states, under a pilot program known as the [WISER model](#).

Leverage Alternative Care Delivery Models

For one witness at the hearing, the solution to burnout was not to leave medicine, but to leave traditional fee-for-service delivery models.

Back in 2002, Lee Gross, MD, founder of Epiphany Health Direct Primary Care in North Port, Florida, said he was constantly struggling financially and wrestling with

government bureaucracy. At that time, his practice accepted Medicare and other insurance.

In the early 2000s, the sustainable growth rate (SGR) formula created substantial uncertainty around physician reimbursement. Gross took out loans to ensure he could make payroll, and pleaded with members of Congress not to cut his pay. (The [SGR formula was finally repealed](#) in 2015.)

"It just became obvious to me that we shouldn't be fighting for a larger piece of the pie, but we should be looking to explode the pie," he said.

For Gross, that meant shifting his practice to a [direct primary care model](#). Adults are charged \$93 a month and children are charged \$30, and no one is charged co-pays or deductibles and there's no billing of insurance.

For 15 years, despite the rising costs of coverage, the costs of purchasing care and providing care in his practice have remained "nearly flat," he said, pointing out that thousands of doctors have transitioned to this model.

Sen. Ashley Moody (R-Fla.) fretted about a "mass exodus" of physicians who switch over to direct primary care and concierge models.

"I'm really worried about what happens for everyday Americans that might not be able to afford that direct care," she said. "A physician that leaves practice because they're overburdened and they have moral injury sees precisely zero patients."

Gross said he wishes he could provide more accessible care, but "I would not be practicing medicine today if I did not change my practice model."

Support Clinician Well-Being

In 2022, the [Dr. Lorna Breen Health Care Provider Protection Act](#) was passed, and included a focus on removing intrusive mental health questions from licensing and credentialing applications, which discourage clinicians from seeking help.

Breen's brother-in-law, Corey Feist, MBA, an attorney and CEO and co-founder of the [Dr. Lorna Breen Heroes' Foundation](#), said that Breen, an emergency physician in New York City who [died by suicide](#) in 2020, "was terrified that seeking mental health care ... would cost her her career that she spent her life building."

The bill improved access to mental health care for more than 3 million healthcare workers by encouraging 70 licensing boards and more than 2,000 hospitals and other care facilities to remove such questions. It also funded training for clinicians on suicide prevention and self-care. Program grantees have seen 35% reductions in staff turnover and 50% decreases in mental health conditions, Feist noted.

While the bill has been reauthorized, Feist urged lawmakers to fully fund it, noting that billions of dollars have been spent on growing the healthcare workforce.

"The Lorna Breen Act programs are the only ones directly supporting retention. Investment in the pipeline is squandered if we don't stop the leaks," he argued.



[Shannon Firth](#) has been reporting on health policy as MedPage Today's Washington correspondent since 2014. She is also a member of the site's Enterprise & Investigative Reporting team. Connect: 
