Federal Affairs Liaison Monthly Meeting

March 25, 2026

8:00 p.m. ET

Agenda

- **Regulatory Update**
  - Rachel Miller, Senior Specialist, Health Policy and Payment
  - Stacey Schwartz, Senior Specialist, Health Policy and Payment

- **Grassroots Update**
  - Laura Keivel, Manager, Grassroots and Political Affairs

- **Congressional Update**
  - Justin Elliott, VP, Government Affairs
  - Brian Allen, Senior Specialist, Government Affairs
  - Steve Kline, Senior Specialist, Government Affairs

- **PTPAC Update**
  - Michael Matlack, Director of Congressional Affairs

FYI: APTA All-Member Meeting

- **April 16 from 7-8:30 p.m. ET by Zoom**

- Updates on APTA's 2030 Strategic Framework
- Transparency on budget, priorities, and decision-making
- Live Q&A with APTA leadership
- Your chance to influence what comes next
- Link to register in the minutes
- Free registration

Regulatory Update

Winter Regulatory Updates

APTA (Pre-Rulemaking) Meetings

Department of Education

Centers for Medicare and Medicaid Services

- Center for Consumer Information and Insurance Oversight
- Hospital and Ambulatory Policy Group

Department of Health and Human Services

- Administration for Community Living

Request for Information: Artificial Intelligence in Clinical Care

Driving Message: AI should augment the role of the physical therapist, not replace it.

- Key Barriers to Adoption
- Novel Legal & Governance Issues
- High-Value AI Applications
- Areas Requiring Guardrails
- Use of AI in Prior Authorization

Health Tech Ecosystem

Advancing Chronic Care with Effective, Scalable Solutions (ACCESS)

ACCESS

Begins July 5, 2026 and will continue through June 30, 2036.

Applications are being accepted now through April 1, 2033.

Payment for measurable outcomes through technology-enabled care.

ACCESS

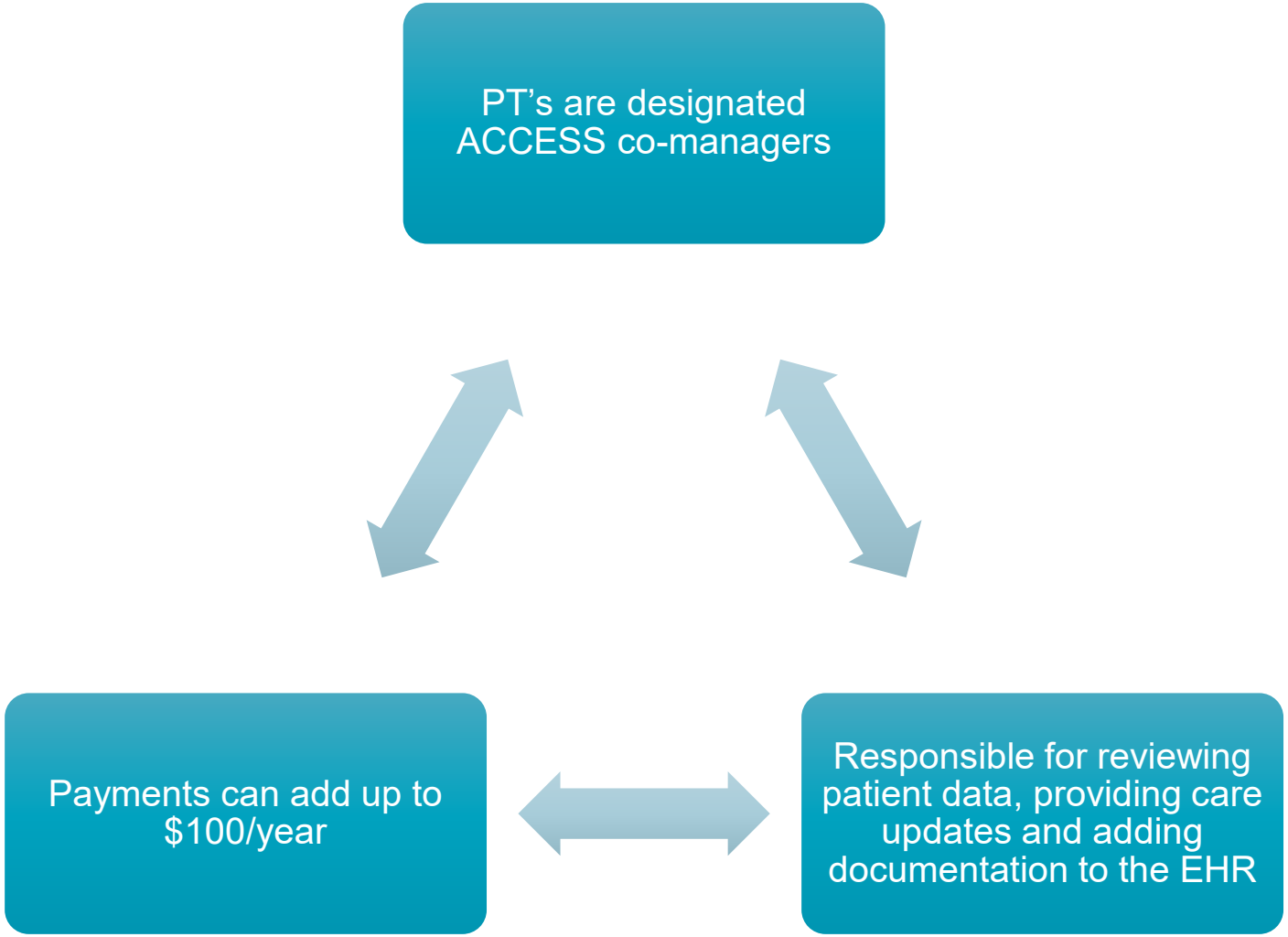
Role of the physical therapist:

- Assist ACCESS sites in appropriately triaging patients with musculoskeletal conditions.
- Connect with ACCESS sites in the community and offer to identify patients who are appropriate for a digital management strategy.

Be on the lookout:

- CMS will publish a list of ACCEESS participants in the near future.

ACCESS


PT's are designated ACCESS co-managers
Payments can add up to $100/year
Responsible for reviewing patient data, providing care updates and adding documentation to the EHR

Grassroots Update

APTA Capitol Hill Day 2026

- April 19-21
- Hilton Washington DC Capitol Hill
- Registration is closed
- Issue videos and talking points coming soon

- **Pre-Event Webinar**
  - Wednesday, April 8 – 8:00 p.m.

APTA National Advocacy Dinners

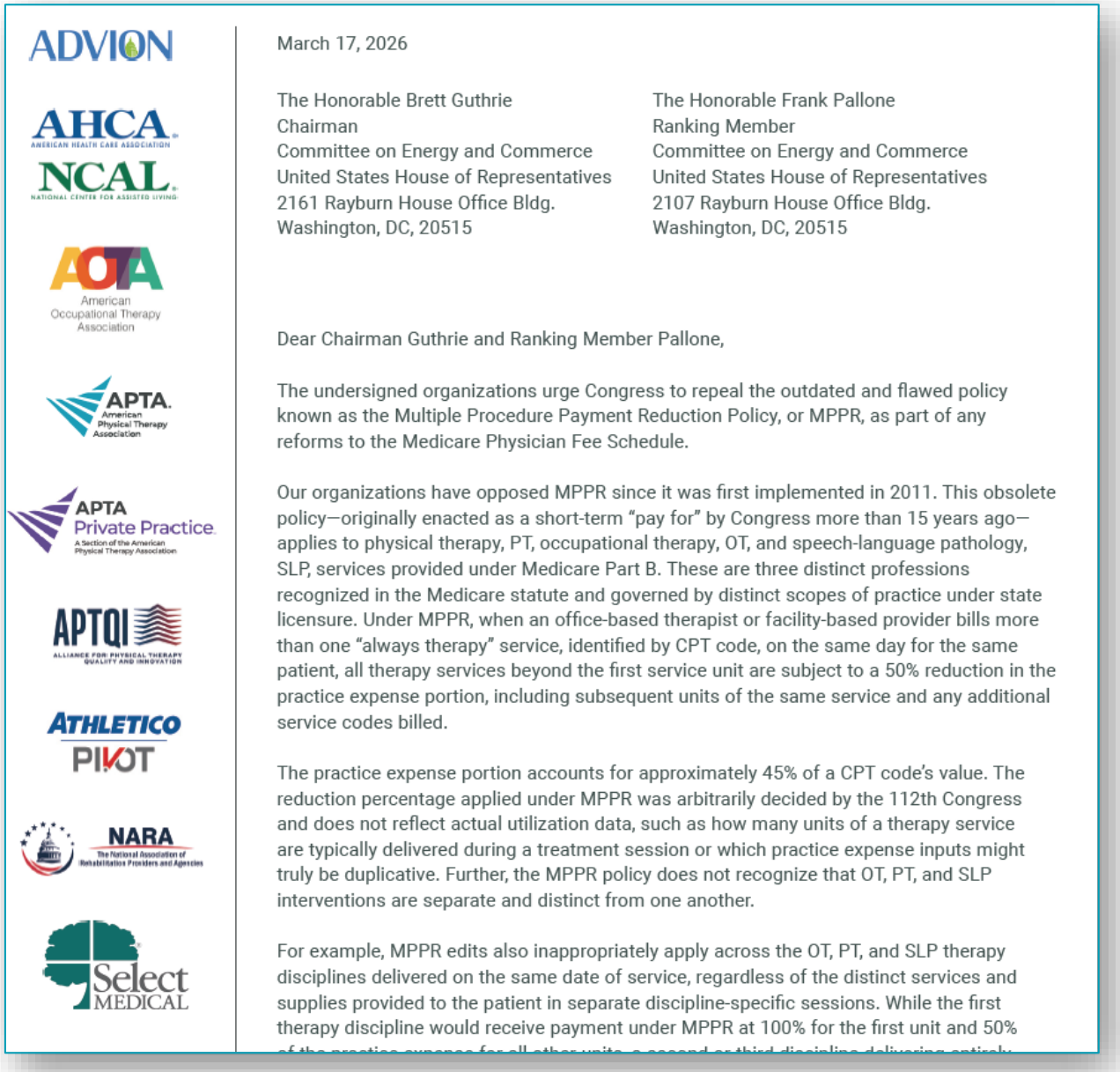
- Annual student event
- Programs gather
- PowerPoint with script
- Guide
- Table tents and materials available
- FALs are frequent speakers

Congressional Update

Hill Happenings – DHS and Iran

- DHS shutdown
  - Senate GOP-endorsed deal
    - Funding for TSA and every department except ICE's enforcement and removal division
  - Deal not endorsed by Senate Dems or White House
  - Iran War
    - "Sucking oxygen out of room"
    - Congress has limited time
      - Health care package is unlikely if not finalized by June

MPPR Repeal: APTA-led Letter to Capitol Hill



March 17, 2026

The Honorable Brett Guthrie
Chairman
Committee on Energy and Commerce
United States House of Representatives
2161 Rayburn House Office Bldg.
Washington, DC, 20515

The Honorable Frank Pallone
Ranking Member
Committee on Energy and Commerce
United States House of Representatives
2107 Rayburn House Office Bldg.
Washington, DC, 20515

Dear Chairman Guthrie and Ranking Member Pallone,

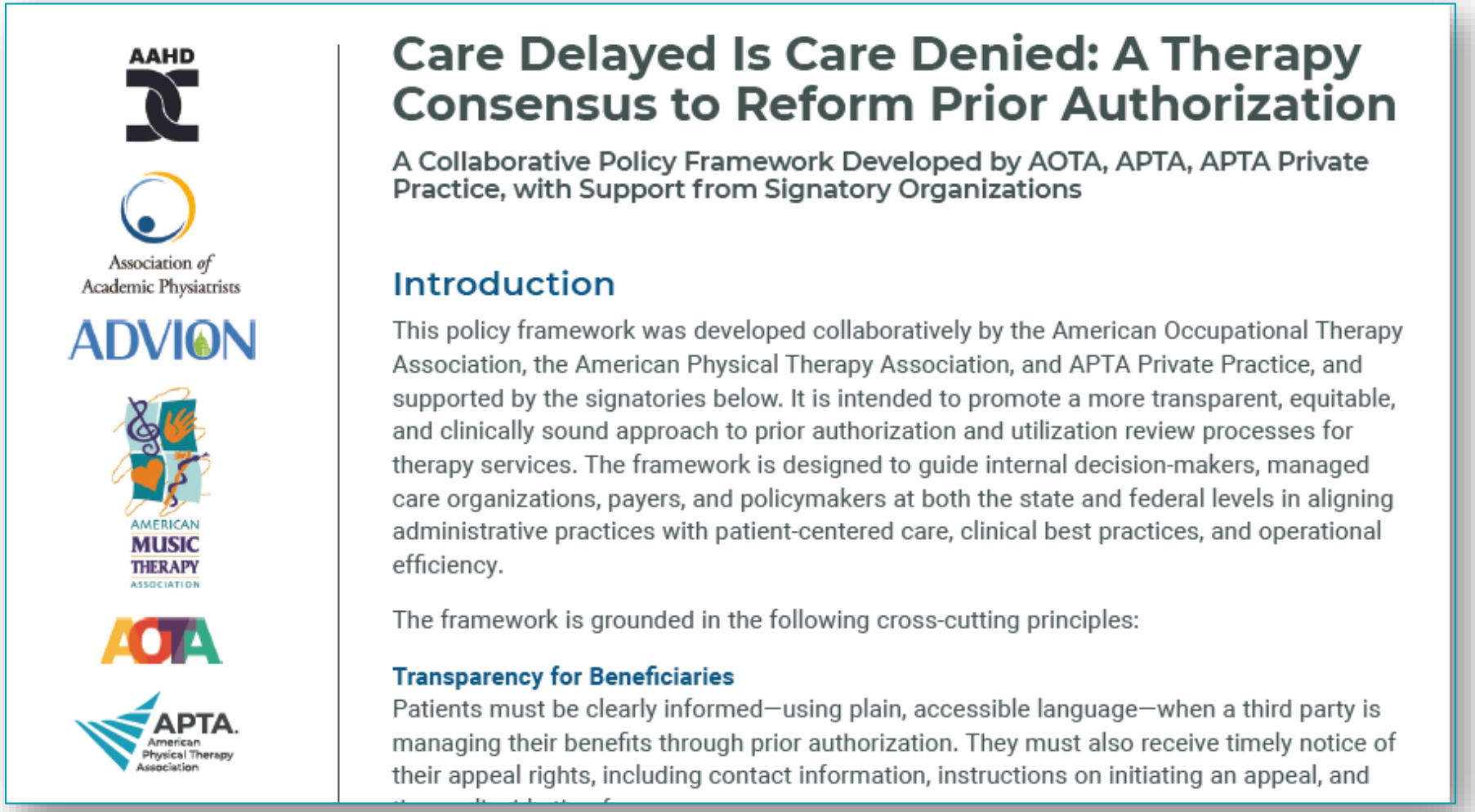
The undersigned organizations urge Congress to repeal the outdated and flawed policy known as the Multiple Procedure Payment Reduction Policy, or MPPR, as part of any reforms to the Medicare Physician Fee Schedule.

Our organizations have opposed MPPR since it was first implemented in 2011. This obsolete policy—originally enacted as a short-term "pay for" by Congress more than 15 years ago—applies to physical therapy, PT, occupational therapy, OT, and speech-language pathology, SLP, services provided under Medicare Part B. These are three distinct professions recognized in the Medicare statute and governed by distinct scopes of practice under state licensure. Under MPPR, when an office-based therapist or facility-based provider bills more than one "always therapy" service, identified by CPT code, on the same day for the same patient, all therapy services beyond the first service unit are subject to a 50% reduction in the practice expense portion, including subsequent units of the same service and any additional service codes billed.

The practice expense portion accounts for approximately 45% of a CPT code's value. The reduction percentage applied under MPPR was arbitrarily decided by the 112th Congress and does not reflect actual utilization data, such as how many units of a therapy service are typically delivered during a treatment session or which practice expense inputs might truly be duplicative. Further, the MPPR policy does not recognize that OT, PT, and SLP interventions are separate and distinct from one another.

For example, MPPR edits also inappropriately apply across the OT, PT, and SLP therapy disciplines delivered on the same date of service, regardless of the distinct services and supplies provided to the patient in separate discipline-specific sessions. While the first therapy discipline would receive payment under MPPR at 100% for the first unit and 50%

Prior Authorization:
A Therapy Consensus to Reform Prior Authorization



AAHD

Association of Academic Physiatrists

ADVION

AMERICAN MUSIC THERAPY ASSOCIATION

AOTA

APTA American Physical Therapy Association

Care Delayed Is Care Denied: A Therapy Consensus to Reform Prior Authorization

A Collaborative Policy Framework Developed by AOTA, APTA, APTA Private Practice, with Support from Signatory Organizations

Introduction

This policy framework was developed collaboratively by the American Occupational Therapy Association, the American Physical Therapy Association, and APTA Private Practice, and supported by the signatories below. It is intended to promote a more transparent, equitable, and clinically sound approach to prior authorization and utilization review processes for therapy services. The framework is designed to guide internal decision-makers, managed care organizations, payers, and policymakers at both the state and federal levels in aligning administrative practices with patient-centered care, clinical best practices, and operational efficiency.

The framework is grounded in the following cross-cutting principles:

Transparency for Beneficiaries

Patients must be clearly informed—using plain, accessible language—when a third party is managing their benefits through prior authorization. They must also receive timely notice of their appeal rights, including contact information, instructions on initiating an appeal, and

PTPAC Update

Questions & Answers

Thank You

Next call is Wednesday, April 29 at 8:00 p.m. ET