FAL Briefing Memo



March 2025

Please share this with your component's leadership and members

U.S. Congress

• Medicare Fee Schedule: On Friday, March 14, 2025, President Trump signed a Continuing Resolution (CR) that funds the federal government through Sept. 30 but fails to address dozens of critical policies, including funding for a needed payment boost under the Medicare Physician Fee Schedule. The CR did extend current telehealth flexibilities through September 30, 2025. Congress passed a CR in December 2024 that funded the government through March 14 and extended telehealth waivers but failed to provide extra funding to address the 2025 fee schedule cuts. It was expected this additional funding would be included in the new package, and this second failure sparked an outcry from various health care provider and patient groups including APTA and the American Medical Association.

Rep. Greg Murphy, R-N.C., APTA, AMA, and other health care provider groups have been pushing to include the APTA-supported Medicare Patient Access and Practice Stabilization Act of 2025 (H.R. 879) in the legislative package. H.R. 879, sponsored by Murphy, would fully eliminate the 2.8% fee schedule cut and provide for an inflation adjustment starting April 1. On Feb. 28, APTA joined AMA and 90 other national health care provider groups in a joint letter to the Congress urging them to include H.R. 879 in the new spending package.

While Congress failed to address the fee schedule, lawmakers are seeking other options to address Medicare payment, including a potential stand-alone bill to address all of the health care policies that were left out of the CR package. In addition, House leaders have stated that they could address the fee schedule in the upcoming budget reconciliation package; however, the timing of when Congress will take up that legislation is unclear. Focus remains on pushing for H.R. 879 to be included in any upcoming legislative package. Read the statement from APTA President Kyle Covington, PT, DPT, HERE.

• Locum Tenens: On February 24, 2025, the Prevent Interruptions in Physical Therapy Act (H.R. 1517) was introduced in the U.S. House. The legislation seeks to expand what the U.S. Centers for Medicare & Medicaid Services calls "reciprocal billing and fee-for-service" (or locum tenens) for PTs nationwide. In 2016 APTA successfully advocated for enactment of legislation that allows the current use of locum tenens by PTs in rural and underserved areas; APTA has been a leading advocate for an expansion of that ability nationwide to all PTs to better support patient access to care and reduce administrative burden. HR1517 would allow PTs to utilize locum



tenens arrangements under Medicare in all geographic areas. The APTA-supported legislation was introduced by Reps. Gus Bilirakis (R-FL) and Paul Tonko (D-NY).

- Medicaid: On February 17, 2025, APTA joined sixty-five national organizations of the Medicaid in Schools Coalition in a letter to the U.S. Congress to express deep opposition to any major restructuring or cuts to the Medicaid program in the upcoming budget reconciliation package. Specifically, the letter outlined opposition to the proposals to cap Medicaid spending or lower the federal Medicaid match rates would jeopardize \$7.5 billion in funding for school-based Medicaid services.
- Telehealth: On February 24, 2025, APTA joined over 100 organizations in a letter to the U.S. Congress urging them to extend the current Medicare telehealth flexibilities in the recently enacted spending package; Congress did extend the current telehealth waivers under Medicare through September 30, 2025. In addition, H.R. 1614 was introduced in the U.S. House. by Reps. Mike Kelly (R-PA), Adrian Smith (R-NE), and Mike Thompson (D-CA), that make PTs, OTs, and SLPs are permanent, rather than temporary, authorized providers of telehealth in Medicare. APTA endorsed this bill in the previous Congress and will support it again in the 119th Congress. The APTA-supported *Expanded*

Commercial Payors

UnitedHealthcare: On February 13, 2025, APTA joined by therapy coalition partners sent a letter to UHC to acknowledge the change in Medicare Advantage prior authorization requirements covering up to six visits of an initial care plan and confirm it does not resolve significant administrative burden and uncertainty for beneficiaries. The groups also wrote to CMS in follow up to our meeting with a broad number of areas at CMS responsible for Medicare Advantage oversight to provide an update on the UHC program and reiterate our collective concerns.

Federal Agencies

- National Institutes for Health: On February 14, 2025, APTA signed on to a letter drafted by Disability and Rehabilitation Research Coalition in response to the recently published Supplemental Guidance from the National Institutes of Health capping indirect costs for grantees at 15 percent. The DRRC urged the federal government to reconsider this cap because of the detrimental impact it could have on disability and rehabilitation researchers both now and in the future.
- TRICARE: On March 18, 2025, Rep. Jack Bergman (R-MI) sent a letter to the Defense Health Agency regarding issues with payments to providers under TRICARE. On January 1, 2025, TriWest Healthcare Alliance (TriWest) became the contractor for the TRICARE West Region adding six states formerly in the East Region and resulting in significant operational and payment challenges. Read the letter from Rep. Bergman HERE.



Advocacy Engagement Opportunities

- American Physical Therapy Association: APTA Regulatory, Legislative, and Payment Updates, **April 2025**
- Event | APTA Capitol Hill Day | APTA

APTA Articles of Interest

- Medicare Physician Fee Schedule Cuts | APTA
- Congress Fails to Address Medicare Fee Schedule in Continuing Resolution | APTA
- APTA, AMA, Others Demand Action From Congress to Address Fee Schedule | APTA
- Medicare Physician Fee Schedule Cuts: A Call to Action from APTA's President | APTA
- PTJ: New Workforce Forecast Projects PT Shortages Through 2037 | APTA
- Congress Reintroduces Bill That Would Help PTs Avoid Interruptions in Care | APTA
- APTA-Backed Legislation on Falls Screening Returns to Congress | APTA