# July FAL Call Minutes



July 30, 2025, 8:00 PM ET

The Zoom recording can be accessed here: <a href="https://apta-org.zoom.us/rec/share/055iQJwEY6SaSu5wWv-4gbh7uhXHrDKlfgJXIRPLXZvOGgJVFNbOQQ7N4iYS2ctG.S8UENOi6GbB">https://apta-org.zoom.us/rec/share/055iQJwEY6SaSu5wWv-4gbh7uhXHrDKlfgJXIRPLXZvOGgJVFNbOQQ7N4iYS2ctG.S8UENOi6GbB</a> KGbN?startTime=1753920042000

## **APTA Capitol Hill Day Wrap Up**

#### **Hill Day Highlights**

- A total of 732 Congressional meetings were scheduled and completed (House and Senate), with a near-even split between Republicans and Democrats, plus 2 Independents.
- All 50 states and Washington, D.C. were represented at the event.
- 70 Member-level meetings were held.
- All advocacy folders were distributed, indicating strong participation in drop-offs, with some additional meetings resulting from those drop-offs.
- Over 500 feedback submissions were received; an exceptional response rate.
- Continued follow-up with Hill offices is ongoing from APTA staff in Washington, D.C.

#### **Post-Event Notes**

**Miscellaneous**: APTA Capitol Hill Day 2026 is scheduled for April 19–21 and will take place on Capitol Hill, eliminating the need for bus transportation. Key contacts in priority districts are being funded for August recess follow-up meetings. FALs (Federal Affairs Liaisons) are funded every other year, aligning with Leadership Congress. **Those who need to submit reimbursements should do so immediately, as APTA's books will be closing soon.** 

**Don't Wait to Follow-Up with Congressional Offices**: Given the timing (just before August Recess), remind offices again in early September to follow through on commitments. Administrative delays are common in August; staff and members may not finalize co-sponsorships until after recess ends. Continued communication from participants can help ensure follow-through.

### **August Recess Update**

**Make it Happen:** The goal is to have at least one activity in each state. FALs are encouraged to contact Key Contacts by the end of this week and provide resources for recess advocacy. A template email has been distributed for outreach to key contacts. Peer-to-peer influence from FALs is often more effective than top-down messages from APTA.

**Support and Resources Available**: APTA has been pairing new advocates with experienced participants to provide support and tips. APTA is monitoring and sharing information on town halls and in-district events, including newer formats like radio or podcast town halls. Members of Congress often host events during recess; joining mailing lists for Congressional offices is recommended.

**Consider a Fundraiser**: Members of Congress often fundraise during recess. PTPAC is willing to sponsor attendance for members building relationships with supportive legislators. Interested individuals should join campaign email lists or call campaign offices to learn about fundraisers and share event info with Michael Matlack (michaelmatlack@apta.org).



## **Regulatory Update**

Overview of the 2026 Proposed Rule: The proposed Medicare Physician Fee Schedule was released during APTA's Leadership Congress. It includes significant changes affecting outpatient physical therapy, including updates to value-based payment participation and calculation of the conversion factor. APTA released an initial summary and hosted a member briefing to review the proposal in detail.

Conversion Factor Changes: CMS introduces two conversion factors for 2026: one for qualifying APM participants and one for non-qualifying participants. Most physical therapists are considered non-qualifying APM participants. The conversion factor for this group increases from \$32.34 to \$33.42. This includes a 2.5% statutory update, a 0.55% increase for budget neutrality, and a -2.75% downward adjustment for non-APM participation. While this results in a 3.3% increase on paper, overall reimbursement may remain flat due to other adjustments in the rule.

Value-Based Care and MIPS/APM Participation: CMS continues to emphasize value-based care through the Quality Payment Program (QPP), including MIPS, MVPs, and APMs. These models impact provider reporting and payment. Physical therapists may be included in more value-based models in the future, but currently do not qualify for most APM incentives. APTA is monitoring CMS's progress toward expanding access to appropriate models for rehab professionals.

Relative Value Unit (RVU) Updates: CMS proposes updates to all three RVU components: provider work, practice expense, and malpractice. The changes affect the Physical Medicine and Rehabilitation code family. Most physical therapy codes will see small increases of 1% or less; a few codes may increase by 2–3%. Despite the minor positive adjustments, the overall effect on reimbursement will be modest.

Practice Expense Survey and Rejection by CMS: CMS declined to adopt data from the AMA's Physician Practice Information (PPI) survey and similar clinician practice surveys conducted by non-physician organizations, including those supported by APTA. Despite strong response rates and coordinated national efforts, CMS cited insufficient sample sizes and concerns about voluntary participation. Instead, CMS will apply its own internal "efficiency modifications" to practice expense calculations, bypassing provider-submitted data.

Home Health Rule Overview: CMS proposes a permanent -4.067% behavioral adjustment to the home health payment rate, following previous cuts tied to the implementation of the Patient-Driven Groupings Model (PDGM). CMS claims the adjustment reflects differences between expected and actual provider behavior under PDGM. APTA and others oppose these cuts and continue advocating for legislative relief.

Home Health Quality Reporting and Telehealth: CMS plans to align home health quality measures more closely with other PAC settings and require expanded reporting. Telehealth remains allowed for patient care but not separately reimbursable. The rule requests feedback on future telehealth use in home health and the broader implications for digital care delivery.

Impact on Physical Therapists in Home Health: The ongoing cuts to home health payments, including the proposed behavioral adjustment, could result in reduced access to therapy services. APTA remains concerned about the downstream effects on patient outcomes and therapist employment in the home health setting.

Next Steps: APTA encourages members to review the proposed rules and participate in the public comment process. Additional resources, including talking points and analysis, will be released. APTA will continue working with coalitions and congressional partners to address ongoing reimbursement concerns and advocate for better recognition of rehabilitation services in Medicare payment models.



## **Congressional Update**

**Telehealth Extension**: Current telehealth flexibilities are set to expire September 30. There is broad bipartisan support to extend these provisions. Extension is expected to be included in the upcoming continuing resolution (CR), Legislation for permanent telehealth access has been introduced (led by Rep. Mike Thompson, D-CA, and a Republican co-sponsor), with additional bills anticipated in the fall. APTA is actively supporting all efforts to ensure continued and permanent telehealth access for therapy providers.

Tricare Payment Issues: Tricare reimbursement continues to be problematic following a recent transition. Some payments from earlier in the year are still unresolved. APTA is working with Congressional champions and encourages members to report ongoing issues. Contact advocacy@apta.org or Brian Allen directly.

Medicare Opt-Out Legislation Introduced: H.R. 4204 was introduced just before Capitol Hill Day. This bipartisan bill would allow PTs, OTs, and SLPs to privately contract with Medicare beneficiaries. APTA is strongly supporting the bill as it offers flexibility and patient choice.

Orthotics & Prosthetics Patient-Centered Legislation: H.R. 4475 (House) and S. 2329 (Senate) introduced to address issues related to orthotics/prosthetics, particularly around "reasonable useful lifetime" provisions.

Multiple Procedure Payment Reduction (MPPR): MPPR remains a statutory issue and cannot be overturned via court action. APTA is pursuing regulatory flexibility at CMS to lessen its impact. A bipartisan Congressional sign-on letter to CMS is in development to request administrative action. APTA will issue an advocacy alert in the coming weeks to gather House member signatures.

The next FAL call will be Wednesday, August 27 at 8:00 p.m. ET