



## JGAC Briefing Memo

February 2026

### Federal Agencies

- **Department of Health and Human Services:** On December 23, the Department of Health and Human Services released [Request for Information: Accelerating the Adoption and Use of Artificial Intelligence as Part of Clinical Care](#). In this request and the [accompanying press release](#), HHS is inviting stakeholders to provide feedback on how the Department can use regulatory, reimbursement, and research & development levers to enable AI adoption. More specifically, HHS seeks to understand the ways in which AI can improve patient and caregiver experiences and outcomes, reduce provider burden and improve quality of care, and reduce health care costs for consumers and government. APTA will respond to this request by the February 23 due date.
- **Department of Education:** On January 29, 2026, the U.S. Department of Education released a proposed rule that includes a new definition that, if enacted, would reclassify dozens of professional degree programs (including physical therapy) as “graduate degree programs” for the purposes of federal student loan borrowing limits. Under this proposal, “graduate degree programs” would have an annual borrowing limit of \$20,500 and a lifetime cap of \$100,000. In contrast, programs designated as “professional degree programs” would continue to have a \$50,000 annual limit and a \$200,000 total cap. As a result, future physical therapy students would face significantly lower federal student loan limits. While APTA supports efforts to reduce the cost of education, this arbitrary proposal, contrary to congressional intent, would create new barriers for prospective students and negatively affect the health care workforce at a time of nationwide shortages. The proposed rule has a 30-day comment period. **Deadline: March 2. [SUBMIT YOUR LETTER NOW](#)**
- **The Centers for Medicare and Medicaid Services** released a [Request for Applications for the Advancing Chronic Care with Effective Scalable Solutions \(ACCESS\) Model](#) on February 12, 2026. ACCESS pays providers for measurable outcomes through technology-enabled care for patients in traditional Medicare. The Request for Applications includes previously unreleased details about ACCESS including payment amounts for each of the four clinical tracks. Currently, ACCESS continues to require a physician clinical director for oversight in participation of the model. ACCESS will begin on July 5, 2026 and will continue for 10 years, through June 30, 2036. Applications are

being accepted now through April 1, 2033. Applications to participate in the first cohort are due April 1, 2026.

## U.S. Congress

- **Medicare Fee Schedule Reform:** In response to an invitation to submit comments to the Congressional Doctors Caucus, APTA submitted extensive comments outlining the current payment challenges faced by physical therapists under the Medicare Physician Fee Schedule. PTA’s recommendations included:
  - Reforming the Merit-Based Incentive Payment System, or MIPS, program
  - Expanding opportunities for participation in alternative payment models, or APMs
  - Increasing transparency and analysis of the CPT coding valuation process

In addition, APTA provided comments on the need for Congress to repeal the problematic policy known as the [Multiple Procedure Payment Reduction](#), or MPPR. The request for information from the Republican and Democratic House Doctors Caucuses – comprised of U.S. House members who are physicians – was sent out to select national health care associations as part of ongoing efforts to reform the physician fee schedule.

Also noted in APTA's comment letter is that physical therapists, in particular, have struggled to participate in MIPS or meaningfully engage in APMs. This is in part because CMS has failed to pilot or implement several alternative payment and delivery models applicable to therapy providers, highlighting the need to adopt APTA's recently developed alternative payment model that addresses frailty by incorporating physical therapists into a patient's primary care team. Read more [HERE](#).

- **Telehealth:** On February 3, 2026, the U.S. Congress passed a federal spending package to fund the federal government. The package included a two-year extension of current telehealth flexibilities under Medicare through the end of 2027. The legislation also included a one-year extension of the Geographic Practice Cost Index (GPCI) floor for one year.
- **Relieving Administrative Burdens:** On February 18<sup>th</sup>, APTA submitted a detailed statement to the Senate Special Committee on Aging in response to the Committee’s hearing, “The Doctor is Out: How Washington’s Rules Drove Physicians Out of Medicine.” APTA urged Congress to reform current prior authorization procedures in Medicare Advantage plans that too often produce unnecessary delays in patient access to needed care. APTA also offered a series of policy recommendations to repeal or

significantly modify outdated and costly CMS regulations in the Medicare provider reimbursement system.

- **Legislative Bill Tracker:** Be sure to check out the APTA Legislative Bill Tracker that outlines some of the bills that APTA is currently working on in the 119<sup>th</sup> Congress. Click [HERE](#).

## Events & Presentations

- APTA Capitol Hill Day (April 19-21) Registration is now open ([APTA Capitol Hill Day 2026 | APTA](#)). This year's location is on Capitol Hill at the Hilton Washington DC Capitol Hill.

## APTA Articles of Interest

- [Congressional Advocacy by the Numbers: Together, We Are Driving Payment Progress | APTA](#)
- [APTA State Chapters Record 48 Wins in 2025, Work Continues in 2026 | APTA](#)
- [APTA State Advocacy Map | APTA](#)
- [Payer Advocacy by the Numbers: APTA Members and Staff Driving Progress | APTA](#)
- [Medicare Telehealth Flexibilities Extended Through Dec. 31, 2027 | APTA](#)
- [Advocacy Update | Make Your Voice Heard at APTA Capitol Hill Day 2026 | APTA](#)