

APTA Capitol Hill Day

Talking Points for Key Issues



Please focus on these issues during your meetings. If your members of Congress already support these matters, or if another piece of legislation particularly impacts you, you may present one or two of the optional talking points in your briefing book.

Payment: Medicare Physician Fee Schedule Reform

- **Fee Schedule Cuts:** Recent year-over-year cuts to the fee schedule, including the impending approximately -2.5% cut that will occur in Jan. 2027 unless Congress intervenes, threaten practice stability and patient access, especially in rural and underserved areas.
 - **No Annual Inflation Update:** The cost of running a health care practice has increased while Medicare payments not only have remained stagnant but have decreased. This is because the fee schedule is the only Medicare payment system that does not receive an annual inflationary update.
 - **MEI Fix:** A key element of fee schedule reform is to enact an annual inflationary payment update tied to the Medicare Economic Index, or MEI, so payments reflect the rising cost of running a practice.
- **House and Senate ask:** In the short term, please stop the impending cut to the 2027 Medicare Physician Fee Schedule. For the long term, major reforms are needed to stop the cycle of cuts, starting with enacting an annual inflation-based payment update, MEI.

Payment: Repeal of the Multiple Procedure Payment Reduction Policy

MPPR policy needs to be repealed. It is an inherently flawed and outdated policy that unfairly penalizes therapy providers under the Medicare Physician Fee Schedule.

- MPPR cuts Medicare Part B payments to therapy providers (PT, OT, SLP) when multiple therapy services are provided to the same patient on the same day.
 - MPPR reduces the practice expense, or PE, portion of therapy CPT codes by 50% for all services beyond the first service provided by a therapist. The practice expense portion of a CPT code makes up 45% of the code value.
 - The 50% MPPR legacy policy was enacted over 15 years ago by Congress at the 11th hour as a short-term budget pay-for to help fund the government. It is not based on data or evidence and undermines the intensive process to ensure CPT code values accurately reflect the cost of providing a service. The PE portion of a CPT code is already reduced during a code's valuation process, making MPPR an excessive, duplicative cut to therapy codes that unfairly punish therapy services provided to patients with complex conditions, or patients who need multidisciplinary therapy services on the same day.
 - MPPR undermines practice viability and limits patient access, especially in rural and medically underserved areas where same-day services are often necessary.
- **House ask:** Please join as a cosponsor to the House bill sponsored by Rep. Deborah Ross when it is introduced in the near future.
- **Senate ask:** Will you sponsor or cosponsor a Senate companion to the upcoming MPPR repeal legislation that will be introduced in the House?

Workforce: Physical Therapist Workforce and Patient Access Act (H.R. 5621)

H.R. 5621 would strengthen the PT workforce and expand access to PT care in rural and medically underserved areas.

- Rural and medically underserved areas face critical PT shortages, with 22.9% fewer PTs available over the next 12 years.
 - H.R. 5621 adds PTs as eligible providers to the National Health Service Corps Loan Repayment Program. In this proven model, 80% of NHSC providers remain in communities beyond their two-year service commitment. This NHSC program currently has no rehabilitation component, and adding physical therapists will expand access to non-pharmacological treatment options.
 - H.R. 5621 will further provide federal community health centers, or CHCs, the option to hire PTs as full-time employees and permit the CHC to bill Medicare and Medicaid for PT care, a benefit already covered by those programs.
 - The National Rural Health Association, the National Association of Community Health Centers, the National Association of Rural Health Clinics, and the American Farm Bureau Federation support the legislation.
- **House ask:** Please co-sponsor H.R. 5621, the Physical Therapist Workforce and Patient Access Act, or thank them if they are already co-sponsors.
- **Senate ask:** Please cosponsor the Senate companion bill when introduced.

Education: Department of Education Rule on Access to Federal Student Loans

APTA urges Congress to intervene on the Department of Education's rule that will restrict access to federal student loans and exacerbate the current health care workforce shortages.

- The Department of ED's rule incorrectly classifies the doctor of physical therapy, or DPT, as a graduate degree rather than a professional degree, even though the DPT clearly meets and exceeds the criteria of a professional degree.
 - This misclassification will impose restrictive annual and lifetime federal student loan limits that fall well short of the true cost of earning a doctoral-level DPT degree.
 - Despite massive opposition and dismissing the input provided from a broad range of providers, the Department of ED is moving forward with the controversial rule despite the negative impact it will have on the health care workforce pipeline.
 - These caps will limit opportunity and access for prospective students to PT education, particularly for students from rural and underserved communities.
 - APTA supports reforms to reduce the cost of tuition and the cost of obtaining an advanced degree. However, the Department of ED's draconian rule will cut education opportunities and worsen existing workforce shortages at a time of growing demand for physical therapist services, ultimately harming patient access.
- **House ask (Democratic offices):** Please cosponsor H.R. 6574, the Loan Equity for Advanced Professionals Act, and/or H.R. 6677, the Professional Degree Access Restoration Act.
- **House ask (Republican offices):** Please cosponsor H.R. 6718, the Professional Student Degree Act.
- **Senate ask:** Please cosponsor S. 4039, the Professional Degree Access Restoration Act.

Department of Education Rule on Access to Federal Student Loans – Bills Explained

Three bills currently under consideration address federal student loan limits for graduate and professional students. While they share a common theme of modifying borrowing caps, they differ in scope and approach:

- **H.R. 6677/S. 4039 – the Professional Degree Access Restoration Act:** Sponsored by Rep. Ritchie Torres (D-N.Y.) and Sen. Angela Alsobrooks (D-Md.) respectively, these functionally identical bills would restore federal student loan limits for graduate students to the levels under the Higher Education Act of 1965. Specifically, they would set borrowing caps at \$50,000 annually and \$200,000 in total, reversing changes made under the One Big Beautiful Bill Act.
Key point: Focuses broadly on restoring prior loan limits for graduate students.
- **H.R. 6574 – the Loan Equity for Advanced Professional Act:** Sponsored by Rep. Tim Kennedy (D-N.Y.), this legislation similarly proposes \$50,000 annual and \$200,000 aggregate loan limits. Like H.R. 6677/S. 4039, this bill aims to preserve pre-existing borrowing levels, but explicitly applies to both graduate and professional students, and references earlier proposed changes from the RISE Committee.
Key similarity: Matches the same loan caps as H.R. 6677/S. 4039.
Key difference: More explicitly includes professional students and is framed as a response to a different policy proposal.
- **H.R. 6718 – the Professional Student Degree Act:** Sponsored by Rep. Mike Lawler (R-N.Y.), this bill takes a different approach. Rather than changing loan limits overall, it modifies which degree programs qualify for the existing \$50,000 annual and \$200,000 aggregate caps. It would expand eligibility to include additional professional degrees, including physical therapy.
Key difference: Does not change the loan amounts but instead focuses on which professional degrees qualify for loan limits, not the limits themselves.