



CPR 2026 Policy Priorities

The following Coalition to Preserve Rehabilitation (CPR) policy priorities for 2026 are patient-centric and aligned with CPR's singular mission of preserving access to medical rehabilitation therapy services in all settings of care. These priorities were ratified by the CPR General Membership at its Annual Meeting on February 3, 2026.

1. Medicare Post-Acute Care Reforms

- a. Ensure that any MedPAC payment reform recommendations address the needs of all patients.
- b. Highlight restrictions in access to rehabilitation therapy services in all settings of care.
- c. Actively work to seek relief from the Review Choice Demonstration ("RCD") for inpatient rehabilitation hospitals and units in Alabama, Pennsylvania, Texas, and California.
 - i. Educate state-based patient advocates on RCD implementation.
 - ii. Call for greater transparency in the RCD process generally.
 - iii. Press CMS to timely release of data on rehabilitation access and utilization, including affirmation and non-affirmation rates under RCD.
- d. Monitor developments and prepare to oppose site-neutral and other policies that would restrict access to IRF and other rehabilitation settings.
- e. Enhance patient engagement and education of settings of post-acute care discharge planning requirements, including ensuring that IRFs and all other rehab settings are listed as potential MA referral settings.

2. Preserve and Protect Access to Medical Rehabilitation

- a. Defend Medicaid and other important programs to ensure appropriate access to health care services for people with disabilities and chronic conditions.
- b. Advocate for equitable access to rehabilitation benefits in Medicare Advantage and traditional Medicare.
- c. Continue working with Congress and the Administration to ensure prior authorization, and other utilization management techniques, are utilized properly and do not limit patient access.
 - i. Engage with Congress to build support for and pass S.1816/H.R. 3514, the *Improving Seniors' Timely Access to Care Act* and other complimentary MA legislation.
- d. Engage with Congress and the Administration to withdraw or otherwise limit the Wasteful and Inappropriate Service Reduction ("WISeR") Model, which became effective January 1, 2026.
- e. Monitor implementation of the Center for Medicare and Medicaid Innovation's ("CMMI") Transforming Episode Accountability Model ("TEAM") model and advocate as needed to ensure access to inpatient rehabilitation therapy services is not curtailed.

- f. Ensure network adequacy requirements are strong to enable appropriate access to a variety of rehabilitation settings, including inpatient rehabilitation hospitals and units.
- g. Advocate that all health plans and programs provide access to medically appropriate rehabilitation for complex conditions, including brain injury, stroke, spinal cord injury and disorders (“SCI/D”), amputations, and other chronic illnesses and conditions.
- h. Engage with Congress and the Administration to increase the forced vital capacity (“FVC”) guidelines from 50% to 80% to qualify for coverage of non-invasive ventilators.
- i. Advocate for an exceptions process for outpatient rehabilitation therapy that exceeds therapy caps imposed by employer-provided and individual health plans and programs.
- j. Advocate for expanded research to better collect data to compare rehabilitation outcomes across populations, sites, and payers.
- k. Oppose the use of Quality-Adjusted Life Years (“QALYs”) in the healthcare setting for people with disabilities and chronic conditions due to their discriminatory impact.
- l. Defend against threats from the Administration to curtail disability and rehabilitation-related services and research within the Department of Health and Human Services and the Department of Education programs that impact rehabilitation.
- m. Ensure students across the health care landscape are able to receive the amount of financial aid necessary to complete their studies and fully participate in the rehabilitation workforce.
- n. Encourage patients and providers to utilize both the grievance and complaint processes in addition to the appeals process.
- o. Work to help ensure affordability of rehabilitation therapy services.
- p. Monitor developments in the artificial intelligence (“AI”) space and respond when needed to ensure qualified healthcare personnel are involved in decisions involving medically necessary rehabilitation services.

3. Expansion of Telehealth and Telerehabilitation

- a. Preserve expansion of telehealth and telerehabilitation post-January 30th, 2026, to increase access to care for people with disabilities and other impairments.
- b. Ensure patients have access to in-person services when such services are medically necessary or preferred by the patient.
- c. Ensure individualized, evidence-based assessments and other safeguards that prioritize in-person care and treat telehealth and telerehabilitation as a supplemental option.
- d. Ensure appropriate reimbursement for telehealth services to maintain access to care.
- e. Engage with Congress to build support for and pass H.R. 4206/S.1261, the *CONNECT for Health Act* in the 119th Congress.

4. Integrity of Essential Health Benefits (EHB) Package

- a. Strengthen and/or defend EHB and insurance protections through ACA legislation.
- b. Monitor and respond to HHS on future regulation of rehabilitative services and devices.
- c. Respond to ACA Plan proposed regulations.
- d. Monitor and defend against any actions to promote association health plans (“AHPs”), high-risk pools, and other forms of substandard insurance plans that do not include EHBs.
- e. Support state law initiatives that seek to augment EHB benefits at the state level.

5. Affordable Care Act and Non-Discrimination Issues

- a. Ensure ACA coverage is affordable through appropriate subsidies.
- b. Defend and ensure proper implementation and sufficient enforcement of Section 504 of the Rehabilitation Act and Section 1557 of the Affordable Care Act Final Rules.
- c. Defend and ensure proper implementation and sufficient enforcement of DOJ title 2 regulations for state and local governments.

6. Responses to Future Regulations

- a. Respond as appropriate to IRF PPS, SNF PPS, Home Health PPS, and Physician Fee Schedule proposed rules and rescissions of existing regulations.

7. Long-Term Impact of COVID-19

- a. Continue building awareness among policymakers of need for post-COVID rehabilitation.
- b. Maintain and increase access to rehabilitation for Long COVID patients.