



## MEMORANDUM

**To:** Coalition to Preserve Rehabilitation Members  
**From:** Peter Thomas and Michael Barnett, CPR Coordinators  
**Date:** January 26, 2026  
**Re:** CPR Year in Review 2025

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### **Executive Summary**

Following is an update on the activities of the Coalition to Preserve Rehabilitation (“CPR”) in 2025. As we enter 2026, we would like to take this opportunity to summarize the advocacy efforts conducted by CPR and its member organizations over the past twelve months.

CPR’s strength as a representative coalition of national consumer, clinician, and membership organizations that advocate for policies to ensure and enhance access to rehabilitative care in all settings is evident through its active and productive portfolio of advocacy efforts. This past year was no exception, as CPR engaged with policymakers and federal agencies to advance its targeted agenda.

This memorandum summarizes CPR’s work across several key priorities in 2025. Further information on CPR’s activities, including our advocacy archives, can be found on the CPR website at [www.preserverehab.org](http://www.preserverehab.org). We encourage CPR members to review this memo and consider any suggestions for continued or new policy priorities for the Coalition’s efforts in 2026. We will discuss our work this year and our plans for next year at the upcoming all-member meeting, scheduled for **Tuesday, February 3<sup>rd</sup>, from 12-2pm ET. The annual meeting will be held in-person at the Powers Law offices (1250 Connecticut Ave. NW, Eighth Floor, Washington, DC 20036) with a hybrid virtual option available via Zoom.** The meeting is open to all CPR members. We encourage everyone to attend or participate virtually.

If you have any questions regarding the CPR Annual Meeting, please contact Angelica Nina at [Angelica.Nina@PowersLaw.com](mailto:Angelica.Nina@PowersLaw.com).

### **2025 Advocacy Highlights**

In 2025, CPR engaged with Congress, the Trump Administration, and external stakeholders on a variety of key priority issues for the Coalition. These efforts addressed CPR’s stated priorities (which can be found here: <https://preserverehab.org/wp-content/uploads/2025/02/cpr-2025->

[policy-priorities-final.pdf](#)) as well as additional advocacy efforts to advance our shared goal of increased access to rehabilitation care for people with disabilities, injuries, illnesses, and chronic conditions. Key advocacy efforts focused on both regulatory and legislative goals, which are summarized below. CPR also continued to support our full slate of 2025 policy priorities whenever possible, including through regulatory comments, support for legislative initiatives, and engagement with the rehabilitation community and policymakers in both Congress and the Administration.

## 1. Prior Authorization Reform

In 2025, CPR continued to advocate for reforms to the prior authorization processes used by Medicare Advantage plans to ensure patients have access to the care they need. CPR members, and CPR itself, remain in full support of S. 1816/H.R. 3514, the *Improving Seniors' Timely Access to Care Act*, which is a bipartisan and bicameral bill that garnered a massive showing of support, including from 230 bipartisan House members and 60 Senators in addition to over 500 patient groups, provider groups, insurers, and healthcare stakeholder organizations. The legislation is based on a consensus statement on prior authorization reform developed by leading national organizations representing physicians, medical groups, hospitals, pharmacists, and health plans, and would facilitate electronic prior authorization, improve transparency for beneficiaries and providers alike, and increase CMS oversight of how MA plans use prior authorization. CPR will continue to work with Congress and other national stakeholders in 2026 to ensure action on this bill in the second session of the 119<sup>th</sup> Congress.

In July 2025, CPR submitted a [letter](#) to the leadership on the House and Senate Committees of jurisdiction urging them to encourage their respective Committee members to work to advance this legislation in any moving vehicle in the 119<sup>th</sup> Congress.

In late-July 2025, the Trump Administration announced via an interim final rule the creation of a new Wasteful and Inappropriate Service Reduction (“WISeR”) Model, with implementation scheduled for January 1, 2026. The WISeR Model introduces to the Medicare fee-for-service program a technology-driven, artificial intelligence-fueled, model to review the medical necessity of certain services. It relies on a financially-incentivized prior authorization and pre-payment review framework—much like the Recovery Audit Contractor (“RAC”) program—for select items and services furnished under traditional Medicare in six states (NJ, OH, OK, TX, AZ, and WA). The program takes the form of a five-year demonstration project, but the impact of the program is much more pervasive and, potentially, permanent. The application of these elements of a demonstration model to traditional Medicare is unprecedented and, alarmingly, was announced with no opportunity for public comment.

In August 2025, despite the lack of opportunity for stakeholders to weigh in, CPR submitted a [letter](#) to the Administrator of the Centers for Medicare and Medicaid Services (“CMS”), Dr. Mehmet Oz, expressing our concerns with the WISeR Model. In the letter, CPR noted our specific concerns regarding the financial structure of the model as well as our concerns that the model includes several categories of services—such as electrical stimulation, vertebral augmentation, cervical fusion, epidural steroid injections, and skin substitute applications—that

are often medically necessary for individuals with disabilities and to enable patient participation in rehabilitation therapy. CPR strongly urged CMS to reconsider the structure and implementation of the WISeR Model. At a minimum, we recommended that CMS delay implementation of this program and seek robust public input to ensure that any program that seeks to monitor medical necessity of traditional Medicare services puts patient access first.

In December 2025, Rep. Suzan DelBene (D-WA) and Sen. Patty Murray (D-WA) introduced H.R. 5940/S. 3480, the *Seniors Deserve Streamlined Medical Approvals for Timely, Efficient, Recovery (“SMARTER”) Care Act*. This important bicameral legislation would protect Medicare beneficiaries from harmful disruptions in care by preventing the implementation of the WISeR model. CPR has endorsed this bill and submitted a sign-on [letter](#) of support with 23 CPR members signed-on to the original sponsors in late January 2026. Working with Congress to build support and pass this legislation to address the implications of the WISeR Model, as well as seeking additional reforms to the prior authorization process, will be a top priority for CPR in 2026.

## **2. Inpatient Rehabilitation Facility Prospective Payment System**

In June of 2025, CPR submitted [comments](#) on the 2026 Inpatient Rehabilitation Facility Prospective Payment System (“IRF PPS”) proposed rule. CPR’s comments focused on key provisions of the proposed rule—including the proposed FY 2026 payment update, administrative burden reduction, proposed changes to the IRF Quality Reporting Program, and responses to the various requests for information included in the proposed rule—with the goal of ensuring that Medicare beneficiaries continue to have access to the full range of medically necessary rehabilitation services.

## **3. Medicare Physician Fee Schedule**

In September 2025, CPR submitted [comments](#) in response to the 2026 Medicare Physician Fee Schedule (“PFS”) proposed rule. CPR’s comments focused on three specific provisions in the rule. First, we offered comments on the proposed CY 2026 Physician Fee Schedule payment update and conversion factor. The second area we focused on in our comments related to preserving access to rehabilitation through accurate service valuation. Lastly, we focused on the treatment of telehealth and telerehabilitation going forward as the federal government continues to consider how to maintain access to these services on a permanent basis.

## **4. Review Choice Demonstration for IRFs**

In 2025, CPR closely tracked and monitored developments regarding IRF Review Choice Demonstration (“RCD”), which was implemented in Alabama in 2023 and Pennsylvania in 2024. CMS recently announced the expansion of the RCD into Texas and California with 2026 implementation dates set for March 2<sup>nd</sup> and May 1<sup>st</sup> for Texas and California, respectively. The RCD is expected to be eventually expanded further into other states in several Medicare Administrative Contractor (MAC) jurisdictions in 2026 and beyond.

Under the IRF RCD, facilities are subject to 100% pre-claim or post-payment review for their Medicare claims until they meet the “target affirmation rate.” At that point, they may forgo 100% pre- or post-payment review but would still be subject to selective review or so-called “spot checks” on 5% of their claims. When fully implemented, CMS estimates that the IRF RCD will apply to 526 freestanding rehabilitation hospitals and hospital-based inpatient rehabilitation units across the United States. Considering the large numbers of IRFs that will be impacted by this demonstration, it is critically important that CMS ensure that the IRF RCD does not adversely impact Medicare beneficiaries.

The current affirmation rates in Alabama and Pennsylvania remain very high, over 95%, which raises the question of whether such a burdensome program for providers is worth the cost of CMS implementation. CPR will be closely monitoring this program as it is further expanded and we are cautiously optimistic that this trend will continue in the right direction. We will also advocate when necessary to ensure access to IRF care is not undermined or limited moving forward.

## 5. Threats to Medicaid

In June 2025, CPR submitted [joint comments](#) along with the Habilitation Benefits (“HAB”) Coalition to Senate leadership expressing our deep concerns regarding the sweeping Medicaid cuts that were proposed in the Senate’s federal fiscal year (“FY”) 2026 budget reconciliation package. These cuts, which were ultimately enacted, continue to pose a serious and dangerous threat to the ability of Medicaid enrollees living with disabilities and other chronic conditions to access the medically necessary rehabilitation and habilitation services and devices they need to recover from injury or illness, regain function, and live as independently as possible. Monitoring additional threats to the Medicaid program will continue to be a high priority for CPR in 2026.

## 6. FY 2026 Appropriations Process

In December 2025, CPR submitted a [letter](#) to Senate leadership urging them to expeditiously pass the bipartisan federal fiscal year (“FY”) 2026 Labor, Health and Human Services, Education, and Related Agencies (Labor-HHS-Education) Appropriations bill in the anticipated upcoming federal funding package. This language, to date, provides stable—and in several cases strengthened—funding for programs that support rehabilitation and disability research, workforce development, patient protection, and community living. In contrast, the President’s budget and the House FY 2026 appropriations bill proposed significant cuts to core disability, rehabilitation, health research, public health, and aging programs at a time when demand for these services continues to grow.

While the appropriations process is still ongoing, CPR is committed to ensuring that robust funding for these critical programs continues to be available and appropriated in 2026 and beyond. We will be closely monitoring the end-game for FY 2026 funding and prepare to analyze and respond to the President’s budget proposals for FY 2027.

## **7. ACA Advocacy**

CPR will continue to monitor policy changes related to the ACA’s nondiscrimination provisions under Section 504 of the Rehabilitation Act of 1973, Section 1557 of the Affordable Care Act, as well as the Essential Health Benefits (EHB) package and continue to advocate for expanded accessibility of all technology used in a health care setting in 2026.

## **8. Medicare Advantage Regulations**

In 2025, CPR continued its advocacy in support of reforms to the prior authorization process used by Medicare Advantage plans, which in many cases delays and denies medically necessary care for individuals in need of rehabilitation. In January, CPR submitted [comments](#) to CMS in response to the CY 2026 Medicare Advantage proposed rule. Our comments focused on the sections of the draft regulation relating to requirements for plan use of internal coverage criteria, proposed revisions to the required metrics for the annual health equity analysis pertaining to the use of prior authorization, guardrails for the use of artificial intelligence (“AI”) to protect access to health services, and the proposed expansion in access to transformative anti-obesity medications under the Medicare Part D and Medicaid programs.

Because over half of Medicare beneficiaries are now covered under Medicare Advantage and this number continues to grow, Medicare Advantage policy will continue to be a top priority for the CPR in 2026.

## **9. Dennis Benigno Traumatic Brain Injury Program Reauthorization Act**

In November 2025, CPR submitted a [letter](#) of support to the original sponsors of S. 2898, the *Dennis Benigno Traumatic Brain Injury Program Reauthorization Act of 2025*. This important, bipartisan legislation represents a timely and critical opportunity to reauthorize and strengthen the federal programs that support individuals and families affected by traumatic brain injury (“TBI”). CPR commended the original Senate sponsors for their role in leading this legislation, which will help ensure access to the continuum of rehabilitative care and community-based services that brain injury survivors and their families need to recover, improve function, and achieve as much independence and the highest quality of life possible. CPR will continue to build support for and work to help pass this important legislation in 2026.

## **10. Therapy Caps**

CPR and many of our members were closely involved in the repeal of Medicare’s therapy caps led by APTA, AOTA, and ASHA in 2018, yet many private plans still use caps to deny beneficiaries access to the full slate of rehabilitation care they need. In December, CPR and the HAB Coalition hosted a joint meeting with the Center for Consumer Information and Insurance Oversight (CCIIO) to discuss solutions to address therapy caps under ACA plans. This same meeting occurred last year as well.

During our meeting, we discussed the idea of eliminating therapy caps across the board or, in the alternative, requiring or urging ACA plans that impose therapy caps to implement mechanisms to ensure patient access to medically necessary therapy once a cap has been reached, such as an exceptions process similar to the one used by the Medicare program. CPR views these caps as arbitrary, discriminatory in a manner that has a disproportionate impact on individuals with disabilities, and short-sighted given the long-term, unnecessary costs created by a lack of access to appropriate rehabilitation and habilitation services and devices.

In 2026, CPR plans to build on the traction we received in 2025 in addressing therapy caps in private and ACA plans. We anticipate this issue to be a top priority in the coming year.

## **11. Veterans' Issues**

In December 2025, CPR submitted a [letter](#) of concern to the Secretary of the Department of Veterans Affairs (“VA”), Secretary Doug Collins, expressing our significant concerns with the Department’s recent decisions: (1) to discontinue the use of CARF accreditation for Veterans Health Administration (“VHA”) health and human services programs; and (2) to terminate the uSPEQ veteran experience survey within CARF-accredited VHA rehabilitation programs which measures veteran satisfaction with specialty rehabilitation and disability-related programs. The CPR letter stressed to the VA that without CARF accreditation and uSPEQ surveys, consistency and comparability across VHA programs may decline, independent oversight and external validation of program quality will be lost, and veterans’ direct feedback will no longer inform system improvements. Simply put, these decisions compromise the VA’s ability to demonstrate that veterans are receiving the best possible care. For these reasons, CPR strongly urged the VA to immediately reinstate both CARF accreditation and the uSPEQ survey system.

## **12. Additional Issues**

### ***MedPAC Nomination Letter for Dr. Alberto Esquanazi***

In February 2025, CPR submitted a [nomination letter](#) to the U.S. Comptroller General offering our strong support for Dr. Alberto Esquenazi to be appointed to the Medicare Payment Advisory Commission (“MedPAC”). While Dr. Esquenazi was ultimately not selected as a MedPAC Commissioner for the current cycle, as MedPAC continues its focus on the post-acute care setting on 2026, CPR believes it is imperative that MedPAC include informed participation on the Commission from experts who understand medical, rehabilitation, and disability policy from a variety of perspectives, especially the consumer and clinical perspective.

### ***CPR Meeting with CMS on the Value of Medical Rehabilitation***

In May, CPR submitted a [meeting request letter](#) to the new CMS Administrator, Dr. Mehmet Oz, welcoming him to his new role and requesting a meeting to discuss the value of medical rehabilitation therapy services. Administrator Oz delegated our meeting request to Joe Albanese, CMS Director of Policy at the Center for Medicare, and members of the CPR Steering Committee met with Joe in June to discuss how CMS and CPR can work together going forward

to ensure that Medicare and Medicaid beneficiaries—particularly individuals with injuries, disabilities, and chronic conditions—have access to the high-quality, person-centered care they need to recover, rehabilitate, and remain as functional and independent as possible. Continuing to impress on CMS the value of medical rehabilitation therapy for individuals with disabilities and chronic conditions will continue to be a high priority for CMS in 2026.

### **13. New Coalition Members**

CPR did not add any new members in 2025, keeping the total number of active CPR members at 58 organizations. We look forward to expanding our membership in 2026 and to furthering our goal of increasing access to rehabilitative care for all people with disabilities, injuries, illnesses, and chronic conditions. We invite all CPR members to join us, in-person or virtually, for our 2026 Annual Meeting where we will discuss our 2025 accomplishments and our 2026 policy priorities for the coming year, which will be subject validation through a vote of the membership.

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***The 2026 CPR Annual Meeting will be held on Tuesday, February 3<sup>rd</sup>, from 12:00-2:00pm EST.*** All current CPR members should have received a calendar invite with the dial-in information. If you have any questions regarding the meeting, please contact Angelica Nina at [Angelica.Nina@PowersLaw.com](mailto:Angelica.Nina@PowersLaw.com).