



2026 Advocacy Accomplishments:

AAPM&R WORKING FOR YOU!

Your Voice. Your Specialty. Your Academy in Action.

AAPM&R is advocating every day to protect the future of PM&R and elevate the role of physiatrists across the healthcare continuum. Through direct engagement with lawmakers, regulators, coalition partners and healthcare stakeholders, your Academy is driving meaningful change on behalf of the specialty and the patients you serve.

KEY ADVOCACY ACCOMPLISHMENTS AND PROGRESS IN OUR PRIORITY AREAS



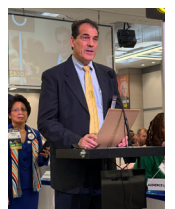
Fighting Against PM&R Physician Fee Cuts and For Fair Payment

- Following advocacy efforts from AAPM&R and partner coalitions, in early September, several MACs finalized revised local coverage determinations restoring coverage for certain peripheral nerve injections and procedures for chronic pain. Procedures including lumbar sympathetic blocks, genicular nerve blocks and radiofrequency ablation, and intercostal nerve blocks are now covered when criteria are met.
- In August, AAPM&R endorsed the Patients First Act, bipartisan legislation that would address longstanding challenges with the Medicare physician payment system and the Quality Payment Program that better supports both patients and the physicians who care for them. The legislation represents an important step forward to ensuring that Medicare policies support high-quality care and reflect the rising cost of providing care to patients, particularly those with chronic conditions.
- In August, AAPM&R joined more than 170 national medical specialty societies and state medical associations in signing a [letter led by the American Medical Association](#) urging the Centers for Medicare & Medicaid Services (CMS) to withdraw its proposed 50% payment reduction for evaluation and management (E/M) services reported with modifier 25 when furnished on the same day as a procedure. The coalition argued that CMS has not provided sufficient evidence to justify the reduction and warned that the policy could significantly undermine physician practices, particularly independent and office-based practices that rely on appropriate reimbursement to continue serving patients. These concerns were echoed in AAPM&R's September comment letter to CMS.
- A one-year, 2.5% increase to the Medicare conversion factor took effect January 1, 2026, following sustained advocacy by AAPM&R, its physician volunteers and the broader medical community. The resulting 2026 conversion factors are 3.26% higher for most physicians and 3.77% higher for qualifying advanced alternative payment model participants than the 2025 conversion factor.
- AAPM&R continues to advocate to improve Medicare Administrative Contractor (MAC) coverage for botulinum toxin injections. In November 2025, AAPM&R secured a solution to address a coding gap for patients with spasticity secondary to paralysis resulting from stroke, spinal cord injury, etc. under Novitas and First Coast. AAPM&R continues to advocate for improved coverage in NGS, CGS, WPS, Palmetto, and Noridian jurisdictions.



Enhancing the Recognition of PM&R Medical Expertise in Inpatient Rehabilitation, Pain Management and Other Clinical Areas

- In August, AAPM&R advocated on several critical areas on behalf of PM&R physicians:
 - Urgent concerns regarding the initial Interdisciplinary Team (IDT) conference and other new requirements in the [2027 Inpatient PPS Final Rule](#). [AAPM&R comments to CMS](#) called for two new Inpatient Rehabilitation Facility (IRF) coverage criteria policies to be rescinded and request an urgent meeting to discuss our recommendations ahead of the October 1 implementation date.
 - Significant concerns regarding expansion of prior authorization processes related to botulinum toxins and more in the [Medicare Outpatient Prospective Payment System](#). [AAPM&R comments to CMS](#) on this rule focused heavily on our concerns regarding expansion of prior authorization processes related to botulinum toxins and also include our support for the development of new coding pathways for digital healthcare.
- In July, the Academy joined our partners in the Pain Medicine Coalition (ASA, ASRA and IPSIS) in a meeting with staff from the Centers for Medicare and Medicaid Services to discuss ongoing concerns with the Wasteful and Inappropriate Service Reduction (WiSeR) Model, which recently introduced technology-assisted prior authorization requirements for a small group of items and services in a limited geographic area for the Medicare program. Learn more about the Academy's advocacy and concerns regarding the [WiSeR Model implementation](#).
- At the June AMA House of Delegates meeting, an AAPM&R-authored resolution promoting greater transparency and physician input in Medicare coverage decisions was adopted. The policy calls for Medicare Administrative Contractors to explain the removal of diagnosis codes and supports a minimum 90-day comment period for new or revised Local Coverage Determinations and related coverage articles.
- In May, AAPM&R, the American Medical Rehabilitation Providers Association and the Federation of American Hospitals raised significant concerns with the OIG's findings on inpatient rehabilitation facility (IRF) compliance, noting that its error rates and overpayment estimates conflict with CMS's own oversight data. AAPM&R and its partners maintained that many of the disputed findings stem from inconsistent interpretations of complex Medicare requirements by government contractors. They continue to advocate for improved contractor education, clearer and more streamlined requirements, and policies that protect patient access to medically necessary inpatient rehabilitation care.





Enhancing the Recognition of PM&R Medical Expertise in Inpatient Rehabilitation, Pain Management and Other Clinical Areas (Continued)

- In February, AAPM&R developed education specifically to help physiatrists understand and prepare for the Inpatient Rehabilitation Facility Review Choice Demonstration (IRF RCD). The Expert Conversations in PM&R Practice: Preparing for the IRF RCD webinar, discussed implementation challenges, documentation considerations, reasons for non-affirmations and the administrative impact of the program.



Advancing Prior Authorization Reform

- The bipartisan *Improving Seniors' Timely Access to Care Act*, a major AAPM&R priority, unanimously passed the House Energy and Commerce Committee and the Ways and Means Committee in July. The legislation would streamline and standardize Medicare Advantage prior authorization, increase transparency and reduce delays in medically necessary care.



Advocating for PM&R's Role within Value-Based Rehabilitation Care

- In March, AAPM&R leaders met with leadership at the CMS Innovation Center to advocate for improvements to the Ambulatory Specialty Model (ASM). AAPM&R continued ASM advocacy in September, [submitting detailed comments to CMS](#) recommending delaying financial penalties associated with the model.



Advocating for Your Patients

- In April, AAPM&R signed on to a coalition letter supporting Kentucky HB 153/SB 82, legislation aimed at improving access to evidence-based treatment for opioid use disorder by removing outdated state regulatory barriers to buprenorphine and other FDA-approved medications.
- AAPM&R held its annual Hill Day April 26-28, visiting Washington, D.C., to advocate for some of PM&R's most important advocacy priorities. Twenty-one physician Academy members, representing twelve different states and a variety of practice environments and career paths, met with health policy staff from nearly forty key Congressional offices to discuss our specialty's most important legislative priorities.
- Effective January 1, 2026, a finalized Medicare Local Coverage Determination added new hydrophilic urinary catheter codes and expanded sterile catheter-kit access for people with spinal cord injury at any level—a significant access and equity advancement.



Advancing the Integration of Novel Technologies in PM&R Practice

- On October 9, AAPM&R hosted a Summit on AI in PM&R practice, attended by Academy leaders and AI experts. Discussions that took place at this event, as well as information gathered via a member survey, will inform comprehensive next steps related to AI initiatives for AAPM&R members.



Preserving Access to and Reimbursement for Telehealth Services

- Congress extended key Medicare telehealth flexibilities through December 31, 2027 as part of the February 2026 government funding legislation. AAPM&R had advocated consistently, including through the Alliance for Connected Care, for permanent or long-term telehealth access.



Advancing Meaningful Quality Measurement and Rehabilitation Outcomes

- AAPM&R submitted detailed recommendations to CMS on the [Medicare Physician Fee Schedule, Ambulatory Specialty Model \(ASM\), IRF Quality Reporting Program, SNF Quality Reporting Program, and SNF Value-Based Purchasing Program](#) to ensure quality measures reflect the goals of rehabilitation care and meaningful patient outcomes. In its recommendations, the Academy advocated for greater use of [functional outcome measures and patient-reported outcomes](#), including PROMIS-based measures, to better assess recovery, independence, community participation, and quality of life.
- The Academy [recommended](#) reducing unnecessary reporting burden while supporting digital innovation, interoperability, and modernized quality reporting systems that are feasible for physician practices to implement.

This list represents a small portion of the advocacy work AAPM&R has championed on behalf of the specialty this year. These accomplishments demonstrate the power of a unified PM&R voice and the impact advocacy can have on your practice, your patients and the future of the specialty. Among the progress made above, AAPM&R has tirelessly fought for our priorities in 2026. With the aid of our member volunteers, we transformed advocacy priorities into action, amplifying the voice of PM&R at every level of government and policy-making. To learn more, visit www.aapmr.org/advocacy or scan the QR code.



1200+

GRASSROOTS MEMBER
LETTERS SENT FOR 2026



50+

COMMENT
LETTERS FOR 2026



30+

CAPITOL HILL
MEETINGS VS
1 HILL DAY

