APTA Private Practice
A Section of the American Physical Therapy Association

August 19, 2026

The Honorable John Joyce, M.D.
2102 Rayburn House Office Building
Washington, DC 20515

The Honorable Greg Murphy, M.D.
407 Cannon House Office Building
Washington, DC 20515

The Honorable Kim Schrier, M.D.
1110 Longworth House Office Building
Washington, DC 20515

Re: Request for Information on the Patients First Act and Strengthening the Medicare Physician Payment System

Dear Representatives Joyce, Murphy, and Schrier:

On behalf of the almost 4,000 members of APTA Private Practice, a section of the more than 100,000-member American Physical Therapy Association (APTA), we appreciate the opportunity to provide comments on the Request for Information regarding H.R. 9693, the Patients First Act, and the broader effort to strengthen Medicare physician payment.

As experts in rehabilitation, prehabilitation, and habilitation, physical therapists (PTs) play a unique role in society in prevention, wellness, fitness, health promotion, and management of disease and disability for individuals across the age span. Physical therapists help individuals improve their overall health and prevent the need for avoidable health care services. Like others who took a chance to work in the private practice sector of health care, our membership owns, operates, and works in private practice settings. APTA private practice members put their patients first, while also taking on the role of business owners, with expertise in management, billing, and marketing, amongst a lengthy list of other non-clinical tasks.

We appreciate your bipartisan leadership in recognizing that a stable, predictable Medicare provider payment system is essential to preserving patient access, maintaining independent practice, supporting rural and underserved communities, and ensuring that Medicare beneficiaries can receive timely, high-quality care close to home.

I. Offsets and Fiscal Responsibility

As you consider offsets for this legislation, we'd like to highlight a bipartisan bill that not only saves the Medicare program money but will also increase access to therapy services, H.R. 4204, the Medicare Patient Choice Act led by Reps. Lloyd Smucker (R-PA) and Don Davis (D-NC).

Congress created a policy in the Balanced Budget Act of 1997 that allowed physicians and other health care practitioners to formally opt out of Medicare and privately contract with Medicare beneficiaries to provide care. Physical therapists were not included, therefore if a PT operates a cash-based clinic and does not participate in Medicare, it is illegal to care for anyone who is enrolled in Medicare.

Many Americans have a "family PT" – a therapist they have trusted for years to help manage recurring musculoskeletal conditions, maintain mobility, and avoid more invasive care. Yet when that patient becomes a Medicare beneficiary, current law can force an unnecessary choice: the physical therapist must either participate in Medicare or end a longstanding private-pay relationship with that patient.

Extending Medicare's opt-out provisions to physical therapists would preserve patient choice and continuity of care while giving beneficiaries the same ability to privately contract with their PT that they already have a relationship with.

It is unfair to our profession to be excluded from an already lengthy list of other health care providers who are allowed to opt-out of Medicare including: MDs/DOs, dentists, podiatrists, optometrists, physician assistants, clinical nurse specialists, certified registered nurse anesthetists, certified nurse midwives, clinical psychologists, clinical social workers, registered dietitians, and nutrition professionals.

Current data shows that only a small percentage of physicians choose to opt out. Kaiser Family Foundation estimates that only 1.2 percent of physicians formally opted out of Medicare in 2024 and our own internal data shows that if enacted, the number of PTs choosing this option would also be around 1 percent.

The Medicare Patient Choice Act will add physical therapists, occupational therapists, speech-language pathologists, audiologists, and chiropractors to the eligibility list, allowing them to formally opt out of Medicare and privately contract with Medicare beneficiaries.

H.R. 4204 will allow PTs greater flexibility in how they operate their business, while also providing greater patient choice and ensuring continuity of care. Denying a patient access to a therapist with expertise because that provider is not enrolled in Medicare can negatively impact patients' clinical outcomes. It is imperative that Medicare enrollees have the opportunity to choose the most appropriate provider and model of care to meet their needs.

In addition to updating common sense provider and patient benefits, **H.R. 4204 is projected to save Medicare over $139.6 million over 10 years, as projected by a 2023 analysis by Dobson and DaVanzo (see attached).**

II. Additional Information

We applaud many of the provisions in H.R. 9693, including the establishment of a permanent annual payment update tied to the Medicare Economic Index (MEI) and making substantial reforms to budget neutrality that will provide much needed financial stability.

As you know, physical therapists have faced significant challenges under the current Merit-based Incentive Payment System (MIPS), where the administrative burden of reporting can outweigh both the financial incentives and the value the program delivers to patients. Physical therapists strongly believe that meaningful measurement of patient outcomes is essential to improving care and ensuring accountability**.** We therefore appreciate the inclusion of the new Patient Outcome Improvement National Tabulation System (POINTS) as a replacement for MIPS. However, our members remain concerned that POINTS could replicate many of MIPS' shortcomings if its measures do not appropriately reflect the unique nature of physical therapist practice. If POINTS is intended to produce better outcomes, the clinicians responsible for delivering those outcomes must have a voice in designing how they are measured. We therefore encourage the legislation to require physical therapist representation on the Task Force and meaningful PT participation in the development of POINTS quality measures. This will ensure the new system works for providers, Medicare, and, most importantly, the patients we all serve.

Conclusion

The pressure on private practice health care is impacting all providers, not just physicians. When faced with year after year payment cuts, the inability to keep staff, the administrative burdens we bear from Medicare, all while trying to provide the best care we can for our patients, it's not difficult to imagine a scenario where access to care is lost or further consolidation is realized. We are determined to find a way forward to make things better for PT private practices and our patients.

Thank you for your leadership and for considering stakeholder input as you refine this legislation. We welcome the opportunity to provide additional information or discuss these recommendations further.

Sincerely,

Mike Horsfield
President, APTA Private Practice