



## Health Care Organizations Press Congress to End MPPR Policy

Provider groups and employers warn that the flawed MPPR policy jeopardizes patient access to rehabilitation services and threatens the viability of therapy providers nationwide.

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**ALEXANDRIA, VA.** — The American Physical Therapy Association and a coalition of rehabilitation and health care organizations are urging Congress to end the Multiple Procedure Payment Reduction policy, an outdated Medicare Part B payment policy they warn is jeopardizing patient access to essential rehabilitation services and threatening the viability of therapy providers across the country.

In letters sent on March 17 to leadership of the [Senate Committee on Finance](#) and [the House Committee on Energy and Commerce](#), the coalition urges Congress to repeal the Multiple Procedure Payment Reduction policy, or MPPR, as part of broader reforms to the Medicare Physician Fee Schedule. The organizations detail how MPPR undermines coordinated, evidence-based rehabilitation care and creates harmful barriers to access for Medicare beneficiaries, especially those living in rural and medically underserved communities.

“Patients deserve timely, coordinated, high-quality rehabilitation care without arbitrary payment policies getting in the way,” said APTA President Kyle Covington, PT, DPT, PhD. “MPPR was never designed for the realities of interdisciplinary therapy. It discourages efficient care delivery, creates financial instability for therapy providers, and ultimately risks delaying recovery for Medicare beneficiaries. Congress must repeal MPPR as part of any Medicare Physician Fee Schedule reforms.”

Enacted by Congress more than a decade ago as a short-term budgetary offset, [the MPPR policy](#) applies to physical therapy, PT, occupational therapy, OT, and speech-language pathology, SLP, services provided under Medicare Part B. As applied, MPPR penalizes providers, both office-based therapists and facility-based providers.

Under MPPR, when a therapist bills multiple “always therapy” services for a beneficiary on the same day, MPPR reduces the practice expense component by 50% for every unit after the first, regardless of whether the units represent the same service or different therapy codes. Because practice expense accounts for about 45% of a CPT code’s value, this arbitrary reduction significantly undervalues therapy services and ignores the distinct scopes and resource demands of PT, OT, and SLP. Further, the MPPR policy does not recognize that OT, PT, and SLP interventions are separate and distinct from one another. This disproportionately affects beneficiaries with complex conditions or who live in rural and medically underserved communities, where transportation issues may require multiple therapy services to be delivered on the same day to reduce the need for repeat clinic visits.

"It is time for Congress to act and eliminate this outdated policy and arbitrary payment cut that limits older adults' access to rehabilitative services," stated APTA Private Practice President Mike Horsfield, PT, MBA. "Removing MPPR will help ensure community-based providers can continue delivering the care Medicare beneficiaries deserve close to home."

"Occupational therapy practitioners are being paid less in real dollars today than they were in 2009 — and the multiple procedure payment reduction is a major reason why," commented AOTA CEO Katie Jordan, OTD, MBA, OTR/L, FAOTA. "MPPR cuts payment for therapy simply because a beneficiary receives more than one 15-minute unit of service in a day. Small practices in rural and underserved communities are struggling to stay open. If Congress wants older Americans to have access to the occupational therapy they need to stay independent, repealing the MPPR has to be part of the answer."

"The American Speech-Language-Hearing Association strongly supports modernizing outdated Medicare payment policies that unfairly penalize speech-language pathologists who provide essential care to seniors with complex needs," said ASHA 2026 President Linda I. Rosa-Lugo, EdD, CCC-SLP. "The payment reductions resulting from the Multiple Procedure Payment Reduction Policy—combined with ongoing annual Medicare cuts—continue to jeopardize patient access to vital speech, language, swallowing, and cognitive-communication services. These services are central to the health and well-being of older Americans and help reduce overall health care costs, ultimately saving taxpayer dollars."

"NARA urges Congress to modernize the outdated and arbitrary MPPR policy as it unfairly reduces reimbursement for essential rehabilitation services," added NARA President Christopher Carlin, OTR/L, MBA.

"The MPPR policy does not reflect the realities of rehab therapy service provision, and it takes vital resources directly out of patient care," said ADVION CEO Cynthia Morton.

The coalition emphasizes that MPPR's harm compounds the impact of recent payment pressures on rehabilitation providers under the physician fee schedule, including a 15% reduction in payments for services delivered by therapy assistants and cumulative annual cuts under the fee schedule since 2020. Together, these policies are making it harder for clinics, especially small and rural practices, to remain viable, placing beneficiary access to medically necessary therapy at risk.

APTA and its partners remain committed to working with Congress to reform the fee schedule so that it supports coordinated, patient-centered rehabilitation, reflects clinical realities, and sustains the therapy workforce needed to meet rising demand.

Endorsing organizations include: ADVION, Alliance for Physical Therapy Quality and Innovation, American Health Care Association/National Center for Assisted Living, American Occupational Therapy Association, American Physical Therapy Association, American Speech-Hearing-Language Association, APTA Private Practice, Athletico, National Association of Rehabilitation Providers and Agencies, and Select Medical.

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## About APTA



The American Physical Therapy Association represents 100,000 physical therapists, physical therapist assistants, and physical therapy students nationwide. Visit [the APTA website](#) to learn more.