

Strengthening Medicare for Patients and Providers Act (H.R. 6160)



Position

The American Physical Therapy Association supports H.R. 6160, the Strengthening Medicare for Patients and Providers Act. This bipartisan legislation was introduced in the U.S. House by Reps. Raul Ruiz, D-Calif., and cosponsored by Gus Bilirakis, R-Fla., Jimmy Panetta, D-Calif., Kim Schrier, D-Ore., and Ami Bera, D-Calif. H.R. 6160 would provide stability to the Medicare Physician Fee Schedule by establishing an annual update tied to the Medicare Economic Index, or MEI. H.R. 6160 would help counter inflationary pressures on practice costs and promote stable, long-term access to care for Medicare beneficiaries.

Background

Health care providers, including physical therapists, continue to face growing challenges in delivering timely, high-quality care to Medicare beneficiaries. Unlike other Medicare payment systems, outpatient providers who bill under the Medicare Part B fee schedule do not automatically receive an annual inflationary update. As a result, payment rates have failed to keep pace with rising practice expenses. This disconnect, combined with the increasing administrative and financial burdens of Medicare participation, contributes to provider burnout and reduced patient access.

While Congress has frequently taken action to mitigate some of the recent fee schedule cuts on a temporary basis, overall reimbursement continues to decline. According to an American Medical Association analysis of Medicare Trustees data, when adjusted for inflation, Medicare payments to clinicians have declined by 26% from 2001-2023. The failure of the fee schedule to keep pace with the true cost of providing care, combined with year-over-year cuts resulting from budget neutrality requirements, sequestration, and the limited availability of alternative payment or value-based care models, clearly demonstrates that the Medicare payment system is broken. Increasingly thin operating margins disproportionately affect small, independent practices, especially those in medically underserved regions, underscoring the need for meaningful reform to ensure continued beneficiary access to care.

67H.R. 6160's primary goal is to address the growing gap between decreasing Medicare reimbursement rates and rising practice costs by providing a predictable, inflation-based update to the physician fee schedule.

By tying the conversion factor to the MEI, the legislation would improve financial stability for practices and help mitigate potential provider shortages, particularly in rural and medically underserved communities. An annual inflationary update would offer greater budgetary predictability as clinicians contend with rising staff wages, rent, administrative requirements, and investments in essential health information technology.

Long-Term Reform to the Medicare Physician Fee Schedule Is Needed

In addition to passing H.R. 6160, APTA urges Congress to focus on comprehensive, long-term reforms to the fee schedule. APTA supports a long-term payment solution that centers on annual inflationary updates and addresses outdated policies that negatively affect patient access to physical therapist services.

Providing an annual inflation update equal to the MEI for fee schedule payments is essential to enabling practices to better absorb payment distributions triggered by budget neutrality rules, performance adjustments, and periods of high inflation. This approach would also support reinvestment in clinical infrastructure and the adoption of high-value care delivery models.

In April 2025, the Medicare Payment Advisory Commission voted unanimously to recommend that Congress overhaul the physician fee schedule by tying future annual payment rates to the MEI. Also, the Medicare Trustees Report recently said lawmakers should "expect access to Medicare-participating providers to become a significant issue in the long term" unless Congress takes steps to bolster the payment system. A long-term strategy and reforms are necessary to reduce reliance on repeated, short-term congressional fixes and to ensure sustained beneficiary access to care.

H.R. 6160 represents a critical opportunity to stabilize Medicare payment policy, protect patient access, and support the sustainability of physical therapy practices.

Facts About Physical Therapists and Physical Therapist Assistants



Who We Are

Physical therapists are movement experts who help to optimize people's physical function, movement, performance, health, quality of life, and well-being. Physical therapists evaluate, diagnose, and manage movement conditions for individuals, and they also provide contributions to public health services aimed at improving population health and the human experience. Physical therapist assistants are educated and licensed or certified clinicians who provide care under the direction and supervision of a licensed physical therapist. PTs and PTAs care for people of all ages and abilities.

What We Do

After performing an evaluation and making a diagnosis, physical therapists create and implement personalized plans based on best available evidence to help their patients improve mobility, manage pain and other chronic conditions, recover from injury, and prevent future injury and chronic disease. PTs and PTAs empower people to be active participants in their care and well-being. They practice collaboratively with other health professionals to ensure the best clinical outcomes.

Where We Practice

PTs and PTAs provide services to people in a variety of settings, including outpatient clinics or offices; hospitals; inpatient rehabilitation facilities; skilled nursing, extended care, or subacute facilities; education or research centers; schools; community centers; hospices; industrial, workplace, or other occupational environments; and fitness centers and sports training facilities.

The Economic Value of Physical Therapy in the United States

A September 2023 report from the American Physical Therapy Association outlines the cost-effectiveness and economic value of physical therapist services for a broad range of common conditions. "The Economic Value of Physical Therapy in the United States" reinforces the importance of physical therapists and physical therapist assistants in improving patient outcomes and decreasing downstream costs. Policymakers should use this report to inform legislative and regulatory efforts for health care delivery and payment under Medicare, Medicaid, and commercial payers. **Review the findings at [ValueofPT.com](https://www.valueofpt.com).**

Education and Licensure

As of 2016, all PTs must receive a doctor of physical therapy degree from an accredited physical therapist education program before taking and passing a national licensure exam that permits them to practice. Licensure is required in each state (or other jurisdiction, including the District of Columbia, Puerto Rico, and the U.S. Virgin Islands) in which a PT practices. PTAs must complete a two-year associate's degree from an accredited physical therapist assistant program and pass a national exam. State licensure or certification is required in each state (or jurisdiction) in which a PTA works.

American Physical Therapy Association

The American Physical Therapy Association is a national organization representing 100,000 physical therapists, physical therapist assistants, and students of physical therapy nationwide. Our mission is to build a community that advances the profession of physical therapy to improve the health of society.



Co-sponsor H.R. 6160 today!

For more information and contact info for APTA Government Affairs staff, scan here or visit [apta.org/position-paper](https://www.apta.org/position-paper).

