

[ACRM Letterhead or Contact Information]

ACRM Advocacy Summary

Date: April 29, 2025

To: [Recipient Name]

From: [ACRM President, CEO & Policy & Legislation Committee Chair]

Subject: Summary of ACRM Actions Related to Health and Human Services (HHS)
Fiscal Year 2026 Budget and Policy Changes

Dear [Recipient Name],

Driven by ACRM's unwavering mission to champion rehabilitation medicine and the communities we serve, we have remained deeply engaged in ongoing advocacy around rehabilitation-related federal policy developments. We are pleased to share a summary of recent ACRM actions taken in response to proposed changes in the Fiscal Year 2026 Department of Health and Human Services (HHS) budget and related federal policy proposals.

While this advocacy activity focuses on the U.S., we know that rehabilitation is a global priority—and progress in one country can drive change across borders. To that end, we are completing our application to the World Rehabilitation Alliance (WRA), a WHO initiative. Joining the WRA will amplify our global voice and open new pathways for international cooperation, innovation, and impact.

I. Overview of Health and Human Services (HHS) Fiscal Year 2026 Budget Priorities

The proposed HHS budget reflects significant shifts in federal healthcare priorities that include:

- **Reorganization** under the new *Administration for a Healthy America* (AHA)
- **Elimination / consolidation** of workforce and public health initiatives
- Renewed emphasis on “**streamlining**” agency spending and limiting indirect costs

We intend to be involved in the development and implementation of these historic changes, every step of the way, and advocate, with all our energy, on behalf of each and every one of our members, with our daily hope of working to Improve Lives.

II. ACRM Advocacy Actions: January- April 2025

II.1 Letters and Endorsements (with dates endorsed)

Please find more details on the [ACRM Policy and Legislative Updates Web Page](#).

Letters

- Mary Ann Clark's Medicare Evidence Development & Coverage Analysis Committee (MEDCAC) Nomination Letter (Feb 18)
- Coalition to Preserve Rehabilitation (CPR) and Independence Through Enhancement of Medicare and Medicaid (ITEM) Policy Priorities for 2025 (Feb 20)
- National Institute Health (NIH) Indirect Cost Limit Letters (Feb 14, Mar 12)
- Anti-Obesity Medication (AOM) Coverage Expansion Letters (Mar 27 & Apr 16)
- DMEPOS (Durable Medical Equipment, Prosthetic Devices, Prosthetics, Orthotics, & Supplies) Relief Act of 2025 Letter of Support (Mar 31)
- Mobility Means Freedom Tax Credit Act Letter of Support (Apr 1)
- Final Letter on Contract Year (CY) 2026 Medicare Advantage/Part D Rule (Apr 10)

Endorsements

- Submitted position statement on Wheelchair Repairs and Maintenance (Jan 16, finalized and released)
- Disability and Rehabilitation Research Coalition (DRRC) Alerts on federal funding pauses and Office of Management and Budget (OMB) memoranda (Jan 28), including a Letter to OMB
- Participated in Disability and Rehabilitation Research Coalition (DRRC) meeting request to discuss Administration for Community Living (ACL) Reorganization with Secretary Kennedy (Mar 28)

II.2. Information Sharing & Public Updates

Press releases and memos

- Litigation update on Airline Accessibility Final Rule (Mar 25)
- Contract Year (CY) 2026 Medicare Advantage and Part D Final Rule (Apr 9)
- Coalition to Preserve Rehabilitation (CPR) FY 2026 Inpatient Rehabilitation Facility Prospective Payment System ("IRF PPS") Proposed Rule Memo (Apr 15)
- CBS News story on Physical Therapy Caps (Mar 27)
- AMA Therapy Caps update (Apr, informational only)

II.3 Capacity Building: Strengthening Advocacy Infrastructure

Policy Monitoring and Communications

- Shared updates via the ACRM legislative web page, Enews, and social media, including a March 28 urgent letter advocating for protection of disability programs at Health and Human Services (HHS).

Press and Public Education Efforts

- Promoted Coalition to Preserve Rehabilitation's (CPR) analysis of the Contract year (CY) 2026 Medicare Advantage and Part D rule via web platforms and Enews.
- Highlighted litigation updates and regulatory developments such as the Airline Accessibility regulation on March 25.

III. Alignment with Rehabilitation Community Coalitions through [Powers Law](#)

Powers Law's healthcare and policy team - nationally recognized for their leadership in rehabilitation and disability policy- serve as an essential strategic partner to ACRM. Their federal insights and legal expertise empower ACRM to anticipate, navigate, and influence evolving policy landscapes critical to our field.

Through this collaboration, ACRM remains closely connected to three key national coalitions. We serve as a **steering committee member** of the **Disability and Rehabilitation Research Coalition (DRRC)** and actively engage with the **Coalition to Preserve Rehabilitation (CPR)** and the **Independence Through Enhancement of Medicare and Medicaid (ITEM)** by responding to requests of national import.

IV. What's Next: Continuing Advocacy for Rehabilitation Policy

In summary, ACRM remains fully engaged as these changes unfold. We will continue to monitor developments in the FY 2026 Health and Human Services (HHS) budget and collaborate with our coalition partners to advocate for the needs of the rehabilitation community.

To make your voice heard, enter your **zip code** and [find your representative](#), enter your **state** to [find your senator](#).

Sincerely,

Fofi Constantinidou, PhD, CCC-S. CBIS, FACRM, FASHA
ACRM President

Jon Lindberg, MBA, CAE, Yale-GELP
ACRM CEO

Prateek Grover, MD, PhD, MHA
ACRM Policy and Legislation Committee Chair

[ACRM Policy & Legislation Boiler Plate]

About ACRM

Founded in 1923, the **American Congress of Rehabilitation Medicine (ACRM)** is dedicated to improving the lives of individuals with disabilities through interdisciplinary rehabilitation research, policy advocacy, and education. Actively involved in healthcare policy advancement since 1972, ACRM has played a pivotal role in landmark legislative developments, including the formation of the **Americans with Disabilities Act (ADA)**. Today, ACRM continues its legacy as a key voice in shaping healthcare policies impacting rehabilitation medicine, actively collaborating with coalitions such as the **Disability and Rehabilitation Research Coalition (DRRC)**, **Coalition to Preserve Rehabilitation (CPR)**, and **Independence Through Enhancement of Medicare and Medicaid (ITEM)**.

ACRM's advocacy encompasses a broad spectrum of healthcare initiatives, including research dissemination and policy development for **Brain Injury, Spinal Cord Injury, Stroke, Neurodegenerative Diseases, Cancer, Chronic Pain, Limb Loss, and Neuroplasticity**. In partnership with **Powers Law** - a leading legal and advocacy firm recognized for expertise in rehabilitation and disability policy - ACRM remains at the forefront of federal policy developments, ensuring the needs of the rehabilitation community are effectively represented at all governmental levels.

For more information, visit www.acrm.org.