



January 26, 2026

SUBMITTED ELECTRONICALLY

The Honorable Suzan DelBene
U.S. House of Representatives
2311 Rayburn House Office Building
Washington, DC 20515

The Honorable Patty Murray
United States Senate
154 Russell Senate Office Building
Washington, DC 20510

The Honorable Ron Wyden
Ranking Member
Senate Finance Committee
221 Dirksen Senate Office Building
Washington, DC 20510

**RE: Coalition to Preserve Rehabilitation Support for H.R. 5940/S. 3480, the Seniors
Deserve SMARTER Care Act**

Dear Representative DelBene and Senator Murray:

On behalf of the undersigned members of the Coalition to Preserve Rehabilitation (“CPR”), we write to express our strong support for H.R. 5940/S. 3480, the *Seniors Deserve Streamlined Medical Approvals for Timely, Efficient, Recovery (“SMARTER”) Care Act of 2025*. CPR believes this important legislation is urgently needed to protect Medicare beneficiaries from harmful disruptions in care by preventing the implementation of the Wasteful and Inappropriate Services Reduction (“WISeR”) model, scheduled to begin on January 1, 2026.

CPR is a coalition of more than 50 national consumer, clinician, and membership organizations that advocate for policies to ensure access to rehabilitative care so that individuals with injuries, illnesses, disabilities, and chronic conditions may regain and/or maintain the maximum level of health and independent function. CPR is comprised of organizations that represent patients—as well as the providers who serve them—who are frequently inappropriately denied access to rehabilitative care in a variety of settings.

The WISeR Model introduces to the Medicare fee-for-service program a technology-driven, artificial intelligence-fueled, model to review the medical necessity of certain services. It relies on a financially-incentivized prior authorization and pre-payment review framework—much like the Recovery Audit Contractor (“RAC”) program—for select items and services furnished under

traditional Medicare in six states. The program takes the form of a five-year demonstration project, but the impact of the program is much more pervasive and, potentially, permanent. The application of these elements of a demonstration model to traditional Medicare is unprecedented and, alarmingly, was announced with no opportunity for public comment. Worse yet, the model went into effect on the first day of 2026.

CPR is particularly concerned that the model is being applied to several categories of services—such as electrical stimulation, vertebral augmentation, cervical fusion, epidural steroid injections, and skin substitute applications—that are often medically necessary for individuals with disabilities, and which often help facilitate patient participation in rehabilitation therapy following illness or injury. Delays or denials of these services, particularly under the traditional Medicare program, risk undermining patient recovery, functional progress, and long-term outcomes.

Although the model is currently limited to six states—New Jersey, Ohio, Oklahoma, Texas, Arizona, and Washington—CMMI has already indicated that it may expand the model to additional jurisdictions and service categories in future years. Before such expansion is considered, it is imperative that CMS fully assess whether the WISeR Model supports or hinders access to timely, medically necessary care. In its current form, the model raises significant concerns about both the alignment of financial incentives and the sufficiency of patient protections. The same concern exists for the potential of CMS to expand the list of services to which the WISeR model applies. With no public comment and seemingly no constraints that CMS believes are required to solicit public input on this program, the likelihood is high that CMS will expand this program in the future to whatever services it wishes to subject to AI-based, financially-incentivized, prior authorization and pre-payment review.

The CPR membership believes that *Seniors Deserve SMARTER Care Act* offers a clear and necessary solution by prohibiting the Secretary of Health and Human Services from implementing the WISeR model or any substantially similar model under the Medicare program. CMMI demonstrations must not threaten patient access to important physical medicine and rehabilitation procedures, must not be extended to intensive inpatient hospital rehabilitation, create barriers to timely hospital admissions, or shift focus from clinical decision making to algorithmic gatekeeping. Rehabilitation providers require supportive policies, not new administrative hurdles that compromise care quality and undermine functional recovery.

We appreciate your leadership and for championing Medicare beneficiaries by safeguarding access to critical medical rehabilitative care. As the bill advances, CPR stands ready to work with Congress and CMMI to develop patient-centered, evidence-based alternatives that improve program integrity without sacrificing timely access to medically necessary medical rehabilitation services. Should you have questions regarding this information, please contact Peter Thomas or Michael Barnett, coordinators for CPR, by e-mailing Peter.Thomas@PowersLaw.com or Michael.Barnett@PowersLaw.com, or by calling 202-466-6550.

Sincerely,

The Undersigned Members of the Coalition to Preserve Rehabilitation

ACCSES

ADVION

American Academy of Physical Medicine & Rehabilitation

American Association on Health and Disability

American Congress of Rehabilitation Medicine

American Medical Rehabilitation Providers Association

American Music Therapy Association

American Therapeutic Recreation Association

Association of Academic Physiatrists

Association of Rehabilitation Nurses

Brain Injury Association of America*

Disability Rights Education and Defense Fund (DREDF)

Falling Forward Foundation*

Lakeshore Foundation

Muscular Dystrophy Association

National Association for the Advancement of Orthotics and Prosthetics

National Association of Rehabilitation Providers and Agencies

National Association of Social Workers (NASW)

National Disability Rights Network (NDRN)

National Multiple Sclerosis Society*

RESNA

Spina Bifida Association

United Spinal Association*

**** CPR Steering Committee Member***