



**ASHA**  
American  
Speech-Language-Hearing  
Association

June 1, 2026

The Honorable Mehmet Oz  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-1845-P  
P.O. Box 8016  
Baltimore, MD 21244-8016

RE: Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2027 and Updates to the IRF Quality Reporting Program

Dear Administrator Oz:

On behalf of the American Speech-Language-Hearing Association (ASHA), we write to offer comments on the inpatient rehabilitation facility prospective payment system (IRF PPS) proposed rule for fiscal year 2027.

ASHA is the national professional, scientific, and credentialing association for 247,000 members, certificate holders, and affiliates who are audiologists; speech-language pathologists (SLPs); speech, language, and hearing scientists; audiology and speech-language pathology assistants; and students. Audiologists specialize in preventing and assessing hearing and balance disorders as well as providing audiologic treatment, including hearing aids. SLPs identify, assess, and treat speech, language, swallowing, and cognitive communication disorders. ASHA members practice in hospitals, skilled nursing facilities, inpatient rehabilitation facilities (IRFs), outpatient clinics, schools, home health, and private practices. As a result, they have a keen interest in the development of payment and coverage policies that regulate the provision of care to patients in IRFs.

### **VIII. Request for Information Regarding Future IRF Payment Reform**

In the proposed rule, CMS includes a request for information (RFI) on aligning the IRF PPS with payment reforms made in other post-acute care settings, such as skilled nursing and home health. ASHA believes such a change would be premature without additional stakeholder input and fully developed policy framework.

Prior to implementing the Patient Driven Payment Model (PDPM) and Patient Driven Groupings Model (PDGM) in skilled nursing and home health, respectively, CMS convened technical expert panels that included stakeholders with direct clinical expertise working in those settings, including SLPs. CMS also underwent extensive rulemaking to ensure reforms to these payment systems were clinically appropriate and operationally feasible. In fact, CMS did not implement these payment systems until approximately three years after first introducing the concepts for reform in 2017, with full implementation occurring in 2020. Given the scope and potential consequences of the changes contemplated in the RFI, ASHA believes it would be premature, at best, to implement such changes without first convening a technical expert panel and providing additional opportunities for meaningful stakeholder input.

In addition, although there has been longstanding interest in a unified payment system for post-acute care settings, both CMS and the Medicare Payment Advisory Commission (MedPAC)

have concluded—after extensive work, including technical expert panels and modeling—that such a payment system would be extraordinarily difficult, if not impossible, to implement. In its June 2016 report to Congress, MedPAC stated, “a truly reformed PAC payment system will ultimately need to embrace episode-based payments to focus providers on the care needs and outcomes of a patient throughout the episode of care and to dampen the incentives to furnish unnecessary services.”<sup>1</sup>

In other words, without fundamental reform to each post-acute payment system, a unified payment system is not feasible. RTI, the contractor CMS engaged to study a unified payment system and develop the report to Congress as required under the Improving Post-Acute Care Transformation (IMPACT) Act, reinforced MedPAC’s analysis. RTI noted that CMS does not have the statutory authority to modify any payment system in the ways necessary to implement a unified payment system.<sup>2</sup> This point is critical—while there may be interest in making such a transition, Congress has merely asked for a feasibility analysis and has not determined that mandating such reforms is appropriate.

Finally, the RFI does not provide sufficient detail regarding how these changes might impact IRF payment and coverage standards, such as the “60% rule” and the “three-hour rule.” The lack of specificity further reinforces the need for robust stakeholder engagement to ensure all relevant clinical, operational, statutory, and beneficiary access considerations are fully evaluated and to ensure that adverse unintended consequences do not occur.

In summary, ASHA cannot meaningfully comment on the RFI without additional detail regarding how CMS would implement such changes and how they would affect IRF payment, coverage, and care delivery standards. ASHA urges CMS not to pursue any transition without appropriate opportunities for stakeholder engagement, including a technical expert panel and other formal mechanisms for public input.

Thank you for your consideration of our comments. If you have questions or would like additional information, please contact:

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Submitted on behalf of the American Speech-Language-Hearing Association

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<sup>1</sup> Medicare Payment Advisory Commission. (2016). *Mandated report: Developing a unified payment system for post-acute care*. In Report to the Congress: Medicare and the health care delivery system. [https://www.medpac.gov/wp-content/uploads/import\\_data/scrape\\_files/docs/default-source/reports/chapter-3-mandated-report-developing-a-unified-payment-system-for-post-acute-care-june-2016-report-pdf](https://www.medpac.gov/wp-content/uploads/import_data/scrape_files/docs/default-source/reports/chapter-3-mandated-report-developing-a-unified-payment-system-for-post-acute-care-june-2016-report-pdf)

<sup>2</sup> Silver, B., Deutsch, A., Coomer, N., Warren, K., Kandilov, A., Ingber, M., Dorneo, A., & Potelle, J. (2022). *Report to Congress: Unified payment for Medicare-Covered Post-Acute Care: Analysis and Development of the Prototype Unified PAC Prospective Payment System Called for in the IMPACT Act*. RTI International. <https://www.cms.gov/files/document/unified-pac-report-congress.pdf>