Sound Saves Lives

June 9, 2025

The Honorable John Thune Majority Leader United States Senate Washington, DC 20510

Dear Majority Leader Thune,

The American Society of Echocardiography respectfully urges the Senate to include provisions updating the physician payment conversion factor in any upcoming legislation under consideration. Given the House of Representatives' recent inclusion of physician payment updates in their reconciliation legislation, the One Big Beautiful Bill Act (H.R.1), we encourage the Senate to similarly prioritize this critical healthcare issue. The inclusion of a physician payment provision would demonstrate the Senate's commitment to addressing longstanding challenges in healthcare reimbursement that directly impact patient access to care. Our Society emphasizes why regular inflationary updates are vital for maintaining a sustainable healthcare system that serves all Americans effectively.

ASE has been actively engaged in advocating for sustainable Medicare physician payment reform through multiple channels. The Society proudly supported the Medicare Patient Access and Practice Stabilization Act (H.R. 879), urging Congress to eliminate the 2.83% Medicare Physician Fee Schedule cut and provide an inflationary update for calendar year 2025. Additionally, ASE submitted comprehensive comments on the most recent Physician Fee Schedule proposed rule, highlighting the critical need for Congressional action to address the fifth consecutive year of conversion factor reductions. ASE's advocacy efforts consistently emphasize that Medicare reimbursement cuts have created massive challenges for physicians treating cardiac and vascular diseases, forcing difficult choices that compromise patient care. Physicians – including echocardiographers – want to be able to continue to provide high quality patient care, while being properly reimbursed for the services they provide.

The current reimbursement structure has created a concerning disparity that demands immediate attention. While CMS has finalized sizeable increases for most other Medicare payment rates in 2025—including 2.9% for inpatient hospitals, 3.0% for inpatient rehabilitation facilities, and 3.7% for Medicare Advantage plans—physician payments continue to decline. This widening gap between healthcare facilities and the physicians who directly diagnose, treat, and manage Medicare beneficiaries' care has contributed to a dramatic shift in practice patterns. As ASE noted in our comments on the Physician Fee Schedule, the proportion of cardiologists employed by hospitals or health systems has risen from just 10% in 2008 to 90% by 2022¹, ironically increasing overall Medicare program costs while threatening the sustainability of independent practices. To address these challenges and maintain

¹ Joynt Maddox, Karen E. "Health Economics of Cardiovascular Disease in the United States." *Circulation*, vol. 150, no. 6, 6 Aug. 2024, pp. 419–421, https://doi.org/10.1161/circulationaha.124.068295.

patient access to essential cardiovascular care, ASE has proposed implementing an annual inflation adjustment to the conversion factor based on the MEI, which CMS itself has recognized as "the best measure available" for reflecting the true costs of providing high-quality care.²

ASE strongly encourages the Senate to prioritize physician payment reform in upcoming legislative considerations. We recognize that without Senate action, the current system remains fundamentally unsustainable for long-term healthcare delivery. The population changes in the U.S. with the baby boomers aging and the rise of chronic diseases in the younger generations, continue to accelerate the number of patients entering the healthcare system. This trend will only increase this economic strain. We eagerly look forward to working with the Senate to ensure that Medicare reimbursement reaches truly sustainable levels that reflect the real costs of providing quality cardiovascular care. ASE views the 10% MEI adjustment as an important starting point in this ongoing effort, and we hope the Senate will join this collaborative partnership to develop comprehensive solutions. We stand ready to serve as a resource to share the real-world experiences of echocardiographers and their patients, providing valuable insights that can inform future policy decisions and help create a more stable foundation for Medicare physician payments.

Thank you for your consideration of this critical issue. If the Society can ever serve as a resource, please reach out to Katherine Stark, ASE Director of Advocacy, at kstark@asecho.org.

Sincerely,

Theodore Abraham, MD

President

cc: The Honorable Michael Crapo

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² 88 FR 78818