March 20, 2025

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

The Honorable Charles Schumer
Minority Leader
United States Senate
Washington, DC 20510

The Honorable Michael Johnson
Speaker
House of Representatives
Washington, DC 20515

The Honorable Hakeem Jeffries
Minority Leader
House of Representatives
Washington, DC 20515

Dear Majority Leader Thune, Minority Leader Schumer, Speaker Johnson, Minority Leader Jeffries:

On behalf of the American Society of Echocardiography (ASE), we look forward to working closely with you and the 119th Congress. ASE is the Society for Cardiovascular Ultrasound Professionals™. As the largest global organization for cardiovascular ultrasound imaging serving physicians, sonographers, nurses, veterinarians, and scientists, ASE is the leader and advocate, setting practice standards and guidelines for the field. Since 1975, the Society has been committed to advancing cardiovascular ultrasound to improve lives. In this capacity as the voice for cardiovascular ultrasound professionals and patients, we thank you for your consideration of the following policy recommendations, as well as a short introduction to echocardiography.

Why is an Echocardiogram Important?
The use of ultrasound to non-invasively look at the heart and circulation system to detect disease has been used for over 50 years. It is the first-line of diagnosis of cardiac conditions for the global population. ASE has partners in 117 countries around the world, advancing care in this field. In the U.S. alone, there are approximately 31 million cardiovascular ultrasound procedures on patients each year. The procedure is highly safe and can be used on a wide range of patients, from fetal to the elderly.

What is an Echocardiogram?
An echocardiogram (often called an "echo") is a sophisticated, non-invasive diagnostic imaging examination that emits high-frequency sound waves (ultrasound) to generate detailed, real-time images of the heart's structure and function. During this procedure, an echocardiographer or sonographer applies a gel-coated transducer to the patient's chest, which emits sound waves that reflect off cardiac structures and return as echoes. These echoes are then converted into moving pictures displayed on a monitor, revealing the intricate workings of the heart's chambers, valves, muscles, and blood flow patterns.

The Safety of Echocardiograms

Echocardiography is recognized as the safest cardiac imaging modality available. The technology utilizes harmless sound waves rather than ionizing radiation (found in X-rays, CT scans, and nuclear medicine), thus eliminating any risk of radiation-induced cellular damage or cancer development. Echoes pose no safety concerns regardless of how many times they are performed and can be performed for vulnerable populations such as pregnant women, children, and patients requiring frequent monitoring. Even when ultrasound enhancing agents (also known as contrast) are used to improve image quality, the microbubble agents used in echocardiography have an exceptional safety record[1] with adverse reaction rates lower than 0.01%. The echo procedure is entirely painless and non-invasive, requiring no needles, injections, or surgical interventions.

Clinical Necessity in Cardiology and Healthcare

Echocardiography has become the cornerstone of cardiovascular diagnosis and management. An echo provides immediate, real-time visualization of cardiac function, allowing cardiologists to observe the heart's pumping action, valve movement, and blood flow in real time. This measurement is invaluable for detecting subtle abnormalities that static imaging modalities might miss.

For example, the ejection fraction measurement—the percentage of blood ejected from the left ventricle with each contraction—serves as the foundational metric for diagnosing heart failure, determining treatment strategies, and establishing prognosis. This can't be accurately obtained through other static imaging methods. Additionally, advanced echo techniques such as Doppler imaging can detect abnormal blood flow patterns, revealing valve stenosis (narrowing), regurgitation (leaking), or shunts (abnormal connections)[2]. This provides crucial information for treatment including surgical planning and timing. Catheter-based procedures for life-threatening conditions like severe valve disease have transformed care, reducing the need for high-risk open-heart surgeries. These advancements rely heavily on echocardiographic guidance. Furthermore, echo's portability allows for bedside evaluation of critically ill patients who can't be transported to radiology departments, providing life-saving diagnostic information in emergency and intensive care settings.

Additionally, echocardiography is an exciting space for new technology innovations. For example, intracardiac echocardiography (ICE) provides high-resolution cardiac imaging inside the heart using catheter-mounted ultrasound transducers, improving the visualization in real time during procedures. The use of artificial intelligence with echocardiography is revolutionizing the echo field by automating measurements, improving diagnostic accuracy, and providing valuable decision-making support for echocardiographers.

ASE Policy Recommendations

To improve the field of echocardiography and provide the best care for patients, ASE makes the following recommendations:

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[1] Wei K, Mulvagh SL, Carson L, et al. The safety of Definity and Optison for ultrasound image enhancement: a retrospective analysis of 78,383 administered contrast doses. J Am Soc Echocardiogr. 2008 Nov;21(11):1202-6. doi: 10.1016/j.echo.2008.07.019. PMID: 18992671.

[2] Zoghbi WA, Adams D, Bonow RO, et al. Recommendations for Noninvasive Evaluation of Native Valvular Regurgitation: A Report from the American Society of Echocardiography Developed in Collaboration with the Society for Cardiovascular Magnetic Resonance. Journal of the American Society of Echocardiography. 2017 Apr;30(4):303-371. doi: 10.1016/j.echo.2017.01.007. PMID: 28314623.

Physician Payment Reform

The current Medicare Physician Fee Schedule (MPFS) is outdated and unsustainable, failing to keep pace with the rising costs of delivering care. Unlike hospitals and other healthcare sectors, physician reimbursement under the MPFS lacks an automatic inflationary adjustment, leaving providers vulnerable to financial strain as operational costs continue to rise. Compounding this issue, the continued cuts to the conversion factor (CF) have further reduced physician payments, making it increasingly difficult for practices, especially independent and rural ones, to maintain high-quality care. Without meaningful reform, these financial pressures threaten access to essential services, including echocardiography, which plays a critical role in diagnosing and managing cardiovascular disease.

Echocardiography has been disproportionately affected by these cuts, despite its increasing utilization and importance in early disease detection. Reimbursement reductions make it harder for practices to invest in advanced technology and hire and retain skilled staff, ultimately jeopardizing the quality and availability of echo services. If the trend of cuts to physician payment continues, inadequate reimbursement could lead to reduced access, longer wait times, and potential delays in life-saving diagnoses.

ASE supports an annual inflation adjustment to the conversion factor based on the Medicare Economic Index (MEI) so that practices may keep pace with increasing healthcare costs and evolving medical needs. In the final CY 2024 Physician Fee Schedule, MEI was listed as "the best measure available of the relative weights of the three components in payments under the PFS—work, practice expense (PE), and malpractice (MP)."[3] ASE urges Congress to work with CMS to implement this adjustment, which would ease downward pressure on reimbursements and better reflect the true costs of providing high-quality care.

> ASE recommends that Congress pass legislation eliminating the annual CF cut to payments in the yearly MPFS to stop the five-year run of cuts. Additionally, Congress and CMS need to work together on solutions that prevent further reductions, such as an annual inflation adjustment to the CF based on the MEI to ensure practices can keep pace with rising healthcare costs.

Site Neutrality

Site neutral payment policies mandate that healthcare services receive standardized reimbursement rates when performed by the same type of professional, regardless of the location where the care is provided. While in concept this policy seems to reduce barriers and healthcare costs, analysis of Medicare claims data from 2023 suggests that the implementation of such a policy could lead to a 76% reduction in reimbursement for commonly used codes.[4] Echocardiography's diagnostic complexity arises from the severity of cardiovascular diseases encountered, the need for advanced imaging protocols, and the time-intensive nature of both performing and interpreting studies. Applying site-neutral payments would disproportionately reduce reimbursement for echocardiography, jeopardizing clinicians' ability to provide essential care for patients most in need.

Additionally, site neutral payment policies could disproportionately harm rural populations, and exacerbate barriers to healthcare services, including echocardiography. In rural areas, smaller, specialized clinics often serve as crucial providers of diagnostic services, including echoes. Site neutral

[3] 88 FR 78818

[4] U.S. Centers for Medicare & Medicaid Services. (2023). Medicare Provider Utilization and Payment Data.

payment policies would have a direct impact on the already financially strained rural clinics, as any reduction in reimbursement rates for these facilities may result in closures. With fewer local options, rural patients could face longer travel times and increased costs to access necessary echo services, creating significant barriers to timely diagnosis and treatment. This could be particularly detrimental for individuals with cardiovascular conditions who require frequent monitoring and intervention.

> ASE recommends that Congress should explore other policies that will not harm rural clinicians, communities, and the practice of echocardiography. A site-neutral payment policy should not be implemented to solve issues of health equity and cost, without consideration for the unintended consequences of the policy. ASE recommends further study of the policy and alternative options to mitigate these risks, as site neutrality could have an adverse impact on the field of echocardiography and result in rural hospital closures which would negatively affect high-need communities.

Medicare Laboratory Accreditation

Accreditation is the formal review process that allows organizations and medical systems to demonstrate their commitment to quality to ensure the minimum standards of care are met. While locations that provide most cardiovascular imaging modalities are required to attain accreditation, echocardiography laboratories are not mandated to undergo the standardization process associated with accreditation.

Accreditation is essential for ensuring reliability, accuracy, and consistency in testing, particularly in critical fields like echocardiography. By adhering to rigorous standards, accredited labs enhance their credibility, ensuring trust among patients, healthcare providers, and regulatory bodies In echocardiography, where precise imaging protocols and measurements are crucial for diagnosing heart conditions, accreditation ensures that equipment is properly calibrated, sonographers are well-trained, and procedures meet the highest standards. This reduces the risk of misdiagnosis, enhances patient safety, and minimizes the need for repeat tests, ultimately lowering healthcare costs. Currently, any provider can submit claims for echocardiography CPT codes, leading some clinicians to order and perform inappropriate and inaccurate echocardiograms. This can cause improper under- and overuse of the tests, and can result in incorrect diagnoses, unnecessary care delays, missed pathology, additional and potentially invasive patient tests, needless patient financial burden, and unnecessary Medicare spending.

In 2005, the Medicare Payment Advisory Commission (MedPAC) recommended Congress require mandatory accreditation for all imaging services performed on Medicare beneficiaries to curb rapid utilization and spending growth and ensure patient safety[5]. However, Congress enacted legislation in 2008 to mandate accreditation only for a subset of imaging providers, which did not include echocardiography-specific clinicians.

> ASE recommends parity of imaging services by mandating accreditation for Medicare coverage of echocardiography services to improve patient outcomes and quality of care, preventing unnecessary healthcare utilization and lower Medicare spending.

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[5] Medicare Payment Advisory Commission. Report to the Congress: Medicare Payment Policy. March 2005, https://www.medpac.gov/wp-content/uploads/import_data/scrape_files/docs/default-source/reports/Mar05_EntireReport.pdf.

Echocardiography as Advanced Imaging

Advanced imaging refers to diagnostic imaging services that provide a detailed, high-resolution view of internal structures to aid in accurate diagnosis and treatment planning[6]. As defined in Section 1834(e)(1)(B) of the Social Security Act, advanced imaging services include modalities such as MRI, CT, and nuclear medicine. Unfortunately, echocardiography is not included as an advanced diagnostic service.

Echocardiography should be classified as advanced imaging due to its critical role in diagnosing and managing cardiovascular diseases with high precision and real-time visualization of the cardiac structure. Like other advanced imaging modalities included as advanced imaging, echocardiography provides highly detailed, dynamic assessments of cardiac structure and function, enabling early detection of conditions like heart failure, valve disorders, and congenital abnormalities. Its ability to offer non-invasive, radiation-free imaging with Doppler, Strain, and 3D capabilities further enhances diagnostic accuracy. Recognizing echocardiography as advanced imaging ensures appropriate reimbursement, promotes quality standards, and supports its continued integration into cutting-edge cardiac care.

To date, the exclusion of echocardiography services from the advanced imaging classification has had significant consequences. It has led to inconsistencies in lab quality, as accreditation and regulatory oversight are not held to the same rigorous standards as other advanced imaging modalities. Additionally, the lack of formal recognition has allowed unqualified specialists to perform echocardiograms, increasing the risk of misdiagnosis and adding more costs to the system. Without proper classification, the rapid growth in echocardiography utilization and improper utilization remains unaddressed, limiting reimbursement policies and hindering advancements in technology and training.

> ASE recommends that Congress recognizes echocardiography as an advanced imaging service to ensure higher quality standards, proper oversight, and the use of qualified specialists, ultimately improving patient outcomes and reducing costs. Classifying echo as advanced imaging will also address the rapid utilization growth, align reimbursement policies with its critical role in cardiac care, and support technological advancements.

Artificial Intelligence

Artificial Intelligence (AI) is revolutionizing healthcare, offering innovative tools that enhance diagnostic accuracy, streamline workflows, and improve patient outcomes. ASE supports[7] the responsible integration of AI while advocating for standardized terminology to distinguish between assistive, augmentative, and autonomous AI applications. Clear definitions will help ensure appropriate payment pathways and reimbursement models that reflect AI's role in patient care. Additionally, AI development must undergo rigorous FDA validation to ensure transparency, robust data representation, and alignment with high-quality clinical standards.

While AI has immense potential, clinical decision-making remains irreplaceable. AI should be designed to support, not replace, the expertise of clinicians, particularly in fields like echocardiography, where interpretation and patient-specific considerations are critical. Current payment structures must evolve

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[6] Social Security Administration. Social Security Act, Section 1834(e)(1)(B). https://www.ssa.gov/OP_Home/ssact/title18/1834.htm.
[7] American Society of Echocardiography. ASE's AI Policy Statement. ASEcho.org, https://www.asecho.org/ase-policy-statements/#:~:text=ASE's%20AI%20Policy%20Statement.

to recognize AI's varied applications without diminishing the clinician's role. Liability concerns also present a major challenge, as fears of algorithm inaccuracy and malpractice risks may hinder adoption. To fully harness AI's benefits, liability must be distributed fairly across the healthcare system, ensuring that physicians are supported rather than burdened. By addressing these concerns, AI can be integrated safely and effectively, enhancing patient care while maintaining clinician oversight and accountability.

> ASE recommends that Congress should support the responsible integration of AI in healthcare by standardizing terminology, ensuring appropriate reimbursement models, and implementing fair liability protections, while also fostering innovation that enhances patient care and supports clinician oversight.

Biomedical Research Funding

Robust biomedical research funding is essential for driving medical innovation, improving patient outcomes, and strengthening the economy. The National Institutes of Health (NIH) has played a pivotal role in advancing echocardiography technology, supporting groundbreaking research in areas such as 3D and 4D imaging, artificial intelligence-driven diagnostics, and contrast-enhanced ultrasound. These advancements have improved the accuracy of cardiovascular disease detection, leading to earlier diagnoses and more effective treatments. Beyond healthcare benefits, every dollar invested in biomedical research generates significant economic returns by creating jobs, fostering new industries, and reducing long-term healthcare costs through better disease management and prevention.

Cuts to research funding would have devastating effects on echocardiography labs and the broader healthcare system. Reduced NIH support would slow the development of cutting-edge imaging techniques, limiting the ability of echo labs to adopt and refine new technologies that enhance diagnostic precision. Additionally, funding shortfalls could lead to workforce reductions, fewer training opportunities for sonographers and echocardiographers, and hindered progress in personalized medicine. Without sustained investment, the U.S. risks losing its global leadership in medical innovation, ultimately compromising patient care and economic growth. In FY 2023, every $1 of NIH funding generates approximately $2.46 in economic activity through direct spending, job creation, and commercialization of new treatments. For the year, NIH funding generated an estimated $92.89 billion in economic activity.[8] To ensure continued progress, Congress must prioritize biomedical research funding, safeguarding the future of echocardiography and other life-saving medical advancements.

> ASE recommends continued support of NIH funding to drive medical breakthroughs that save lives, reduce healthcare costs, and strengthen America's position as a global leader in biomedical innovation.

Echocardiography Workforce

Improving the echocardiography workforce efficiency requires addressing administrative burdens like prior authorization, which unnecessarily delays patient care and strains healthcare providers. The current prior authorization process for echocardiography is often unclear, time-consuming, and inconsistent, creating obstacles for both patients and clinicians. Reform is needed to streamline this

[8] National Institutes of Health. Direct economic contributions. https://www.nih.gov/about-nih/what-we-do/impact-nih-research/serving-society/direct-economic-contributions

system, ensuring that prior authorization claims are processed through a transparent, electronic system with a quick turnaround time. Additionally, claims should be reviewed by qualified healthcare professionals who understand the clinical necessity of echocardiographic testing, rather than insurance administrators who may not appreciate the critical nature of these services. By modernizing and standardizing prior authorization, providers can focus on delivering timely, high-quality cardiac care instead of navigating bureaucratic hurdles.

Another critical step in strengthening the echocardiography workforce is expanding Graduate Medical Education (GME) slots, particularly for specialty care providers, such as echocardiography. The current shortage of trained echocardiographers is a growing concern, as demand for cardiac imaging continues to rise due to an aging population and increasing prevalence of heart disease. Without additional GME slots, the pipeline of future specialists will remain inadequate, leading to longer wait times, reduced access to care, and potential declines in diagnostic accuracy. Increasing funding for GME programs will ensure more physicians receive specialized training in echocardiography, improving patient outcomes and addressing the growing need for skilled cardiovascular imaging experts. According to the Association of American Medical Colleges, the United States faces an overall shortage of up to 124,000 physicians by 2034, including 77,100 specialty and 48,000 primary care physicians.[9] It is especially critical to act now because specialty physicians require up to seven years (even longer if they pursue a post-residency fellowship) of post-graduate residency training compared to three years for primary care physicians.

Expanding access to telehealth is also a crucial step in optimizing use of the echocardiography workforce and improving patient care. Telehealth enables remote interpretation of echoes by specialists, ensuring that patients in rural areas receive timely, expert evaluations without the need for extensive and often unnecessary travel. For example, telemedicine for fetal imaging is especially important for pregnant women in rural areas who face barriers like distance, transportation, and medical risks such as preterm labor. Instead of traveling hundreds of miles to a specialized center, patients can instead receive local scans with their primary cardiologist while using telemedicine for expert consultation and surgical planning. Investing in telehealth infrastructure and policies that support reimbursement for remote echocardiography services will help bridge access gaps in rural communities, reduce delays in care, and enhance the efficiency of the cardiovascular imaging workforce.

> ASE recommends that Congress should reform prior authorization by implementing a transparent, electronic system with timely reviews by qualified healthcare professionals, ensuring patients receive prompt echocardiographic care without unnecessary delays. Additionally, expanding GME slots for echocardiography specialists and investing in telehealth infrastructure will address the current workforce shortages, improve access to care in rural areas, and strengthen the nation's ability to meet the growing demand for cardiac imaging.

In Closing

Thank you for the opportunity to provide insight on the importance of echocardiography and to share the Society's policy priorities. ASE looks forward to working with the 119th Congress to improve the field of echocardiography and provide the best care for patients. If you have any questions or see an

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[9] American Association of Medical Colleges. Summary Report: The Complexities of Physician Supply and Demand: Projections From 2021 to 2036. March, 2024.

opportunity for collaboration, please contact Katherine Stark, ASE Director of Advocacy at kstark@asecho.org.

Thank you,

Theordore Abraham, MD, FASE
ASE President