



ASE
Advocacy

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As we close 2025, ASE looks back at the legislative and regulatory advances and challenges in echocardiography.

Physician Payment Reform: Progress Through Reconciliation

Throughout 2025, ASE led a comprehensive advocacy campaign to address ongoing cuts to Medicare physician payments. Early in the year, ASE actively supported the Medicare Patient Access and Practice Stabilization Act (H.R. 879), which aimed to eliminate the 2025 conversion factor cut and provide a 2% payment update. The Society sent a **letter of support** to bill sponsors in February and joined multiple coalition **letters** urging Congressional action.

A significant breakthrough came in June when the House included physician payment provisions in the One Big Beautiful Bill Act (H.R. 1), which proposed a 2.5% update for 2026 and a 10% Medicare Economic Index (MEI) adjustment beyond 2026. ASE sent targeted letters to both **House** and **Senate** Republican leadership, thanking them for including these provisions while advocating for a permanent solution through annual MEI-based updates to the conversion factor.

Impact of CMS Payment Rules on Echocardiography

In September, ASE **submitted comments** on the CY 2026 Medicare Physician Fee Schedule proposed rule, addressing two significant policy changes that, since the **final rule** was released, will substantially impact echocardiography practices. First, CMS will implement a new "efficiency adjustment" that will reduce work values by up to 2.5% for all non-time-based services, including echocardiography procedures. ASE strongly opposed this adjustment, arguing that the underlying assumption, that services become more efficient over time, contradicts peer-reviewed evidence showing 90% of CPT codes maintained the same or longer operative times.

Second, CMS will implement significant changes to practice expense methodology for facility-based services that will result in substantial payment reductions for hospital-based echo services, with interventional echocardiography facing estimated cuts of 11%. Following the October 31 final rule implementation, ASE joined coalition letters urging Congressional action to halt both the **efficiency adjustment** and **practice expense** cuts before January 1, 2026.

Additionally, ASE provided a **summary** on the CY 2026 Hospital Outpatient Prospective Payment System (OPPS) final rule, which included provisions that would impact cardiovascular services in the outpatient setting, including some TEE codes being added to the Ambulatory Surgical Center's Covered Procedures List.

Workforce Advocacy

ASE prioritized workforce issues throughout 2025, addressing physician training, visa restrictions, and student loan access:

- **Graduate Medical Education (GME)** – ASE joined the Alliance of Specialty Medicine and GME Advocacy Coalition in **supporting** the Resident Physician Shortage Reduction Act (S. 2439 / H.R. 3890), which calls for an annual increase of 2,000 Medicare-supported GME residency slots over seven years, and advocates for 25% of slots to be designated for specialty medicine.
- **H-1B Visa Reform** – When the Administration implemented a \$100,000 fee for H-1B visa applications, ASE joined the American Medical Association in **urging** the Department of Homeland Security to exempt physicians, arguing that H-1B physicians are critical to addressing physician shortages and disproportionately serve underserved and rural communities.
- **Student Loan Access** – ASE joined coalition **letters** opposing provisions in reconciliation legislation that would eliminate the Grad PLUS program and impose new limits on Direct loan borrowing for physician residents, and **urged** the Department of Education to preserve the long-standing federal loan exception allowing medical students to borrow additional Unsubsidized Direct loans above statutory limits.
- **Rural Specialty Care** – ASE **supported** the Specialty Physicians Advancing Rural Care (SPARC) Act (S. 1380/H.R. 4681), which would establish a loan repayment program of up to \$250,000 over six years to incentivize specialty physicians to practice in rural communities.

Prior Authorization Reform

ASE continued its advocacy for streamlining prior authorization processes. The Society **supported** the Reducing Medically Unnecessary Delays in Care Act (H.R. 2433), which would require prior authorization decisions to be made by board-certified physicians in the same specialty as the treating physician and mandate timely responses. ASE also joined **letters** supporting the Improving Seniors' Timely Access to Care Act (H.R. 3514/S. 1816), which would establish electronic prior authorization systems for Medicare Advantage plans with transparency requirements and tighter approval timelines. In November, the Society **commended** House appropriators for adopting an amendment to halt funding for the Medicare WISeR Model, expressing concerns about introducing prior authorization into Medicare Fee-for-Service without adequate safeguards.

Artificial Intelligence Regulatory Reform

ASE emerged as a leading voice on AI policy in cardiovascular imaging. In March, the Society **submitted** recommendations to the National Coordination Office for developing an AI Action Plan, calling for standardized AI terminology, strengthened FDA approval processes, recognition of essential clinician oversight, and clarity on liability concerns. In October, ASE **responded** to the Office of Science and Technology Policy's Request for Information on AI Regulatory Reform, outlining the Society's core principle requiring physicians to maintain oversight of all AI used in clinical decision-making, with no auto-finalization, immediate override controls, and continuous monitoring.

Protecting NIH Research Funding

Amidst proposed budget cuts and funding interruptions, ASE worked diligently to protect federal research funding for cardiovascular ultrasound. In June, ASE **joined** the Ad Hoc Group for Medical Research in urging Congress to reject the proposed \$18 billion cut to the NIH budget. The Society **supported** the Financial Accountability in Research (FAIR) model for supporting essential research costs and requested at least \$47.2 billion for NIH in FY 2026. To better understand the impact on the echocardiography community, ASE launched surveys on **funding interruptions** and **research experiences**, using member responses to inform advocacy efforts.

ASE Advocacy Resources

To support member engagement in advocacy, ASE developed and enhanced several resources throughout 2025:

- **Comprehensive Legislative Priorities** – In March, ASE sent a comprehensive **letter** to Congressional leadership highlighting the Society's full range of advocacy

priorities for the 119th Congress, including physician payment reform, site neutrality, mandatory laboratory accreditation, echocardiography as advanced imaging, artificial intelligence policy, medical research funding, and workforce development.

- **Updated Advocacy Website** – ASE launched a redesigned [advocacy webpage](#) featuring health policy priorities, coding and billing resources, a full list of all ASE correspondence, and engagement opportunities.
- **Policy One-Pagers** – ASE created comprehensive fact sheets on each advocacy priority, including [mandatory laboratory accreditation](#), [advanced imaging](#), [site neutrality](#), [physician payment reform](#), [the echocardiography workforce](#), and [artificial intelligence](#). These one-page summaries provide background, potential impacts, and legislative recommendations.
- **Educational Webinars** – The Pulse on Politics webinar series provided members with timely updates on Congressional activities, including sessions on the new [Congress and Administration](#) (August), the [federal appropriations process](#) (November), and an upcoming webinar on the impact of the Physician Fee Schedule (December 18 – [register here!](#))

Join Us in Advocacy for 2026

As we look ahead to 2026, the challenges facing echocardiography practices remain significant. Medicare payment cuts, workforce shortages, and evolving technology policies will continue to shape our field. Your voice is essential in these conversations.

If you'd like to become more involved in ASE's advocacy activities, visit our [Take Action page](#) or join the [ASE Advocacy Network](#) to stay informed about legislative developments and opportunities to engage with policymakers. Together, we can ensure that echocardiography continues to thrive and that patients maintain access to high-quality cardiovascular ultrasound services.

Echoing Innovation. Transforming Care.

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