

President's Message for *November*

ASE ACHIEVES EXCELLENCE IN ADVOCACY

Contributed by **David H. Wiener, MD, FASE**, Director of Clinical Operations at the Jefferson Heart Institute and Clinical Professor of Medicine at Thomas Jefferson University, Philadelphia, PA

“I wanna be in the room where it happens.”

—Lin Manuel Miranda, “Hamilton”

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ASE staff and consultants are our eyes, ears, and spokespersons in the halls of power, making your ASE the voice of cardiac ultrasound for legislative and regulatory issues.

Most of us agree things are in flux in the healthcare environment, in the federal government, with reimbursement and other issues. In these uncertain times, members may rest assured: your ASE continues to lead the way, advocating on your behalf for high quality, fiscally sustainable cardiovascular ultrasound.

Our experienced, full-time advocacy team consists of Director of Advocacy Katherine Stark and Practice Advocate Manager Madison Schultz. They build and maintain relationships with key government entities on our behalf and oversee ASE's advocacy with Congress and the Administration, as well as ASE's coding and reimbursement efforts. ASE works with expert consultants, including the bipartisan firm Mehlman Consulting on congressional activities, and JDG Advisors Group on regulatory issues. ASE staff and consultants are our eyes, ears, and spokespersons in the halls of power, making your ASE the voice of cardiac ultrasound for legislative and regulatory issues.

ASE advocacy priorities align with the Society's strategic goals. Among our salient legislative priorities are positioning echocardiography as an advanced imaging modality, mandating laboratory accreditation, educating on the dele-

terious effects of site neutrality legislation on rural and underserved populations, pushing for physician payment reform, supporting medical research funding, and working to alleviate the crisis in the cardiac ultrasound workforce. On the regulatory side, ASE advocates on your behalf for equitable Centers for Medicare & Medicaid Services (CMS) decisions around the rules and payment models for healthcare services and clinicians. ASE maintains seats on the American Medical Association (AMA) CPT Editorial Panel (represented by Susan Mayer, MD, FASE, and Vera Rigolin, MD, FASE) and RVU Update Committee (RUC) (Danita Sanborn, MD, FASE, and Geoffrey Rose, MD, FASE) to ensure development of fair and appropriate CPT codes and value for echocardiography procedures. Details of our advocacy priorities can be found on the [ASE website](#).

Our most recent efforts on your behalf on the Hill and with the Administration include the following. Legislatively, ASE supported bills to reform prior authorization; and to address workforce issues via the Resident Physician Shortage Reduction Act of 2025 to increase the number of GME residency slots. ASE also advocated for funding for the National Institutes of Health. With the Administration, ASE signed a letter to the Department of Education to allow medical students to borrow additional Unsubsidized Direct Loans. ASE submitted comments to CMS on the Medicare Physician Fee Schedule Proposed Rule's proposed changes to physician payment, outlining the impact of proposed provisions on echo, and commenting on policy issues such as telehealth and Software as a Service.

ASE's advocacy team was on the job during the dog days of summer. We joined forces with other specialty societies through the Alliance of Specialty Medicine. ASE staff, immediate past ASE Advocacy Chair Dermot Phelan, MD, FASE, and committee member Stavros Agorastos, MHA, RDCCS, RVT, FASE, visited members of Congress, promoting physician payment reform, prior authorization reform and increasing graduate medical education. ASE's CEO Robin Wiegink, MNPL, Katherine Stark, and I represented the interests of our members at the American College of Cardiology (ACC) Legislative Conference in Washington in October.

On another aspect of the regulatory front, work to protect and expand the code family for echocardiographic services continues. CPT code 93355 (TEE services during transcatheter intracardiac therapies)



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has shown rapid utilization growth and was caught in a screen in September by the AMA RUC's Relativity Assessment Workgroup. ASE collaborated with ACC, the Society for Cardiovascular Angiography & Interventions (SCAI), and the American Society of Anesthesiologists to prepare a comprehensive Action Plan. We recommended maintaining the current code structure, positing TEE growth reflects significant advances and growth in structural heart interventions – each of which has a unique CPT code while there is only one interventional TEE code. This provides time for further study about how to structure the interventional TEE code to better reflect and compensate the work performed by ASE members.

The artificial intelligence (AI) landscape in healthcare is rapidly evolving on a regulatory level, and ASE has been at the forefront. ASE developed a policy statement on AI which supports the AMA CPT Editorial Panel's AI taxonomy, urged strengthening AI development standards for FDA-approved devices, voiced the central role of the clinician, and addressed liability concerns. ASE commented on these issues on your behalf as the Trump Administration developed its AI Action Plan. Recent developments and details about our approach to AI can be [found online](#).

Our members should appreciate the hard work of our staff and volunteers advocating for our field. We are present in the arcane areas “where the sausage gets made.” As a member you benefit, because ASE is the voice of cardiovascular ultrasound on the Hill, at the AMA, and everywhere.

This text also appears in an upcoming issue of JASE [OnlineJASE.com](#)