



ASE
Advocacy

ASEcho.org/Advocacy >

Dear ,

As we look back on the first few months of 2026, ASE has been actively engaged on multiple fronts:

- Submitting comments and letters to Congress and federal agencies.
- Working in coalition on issues impacting the House of Medicine.
- Providing members with timely analysis of developments that affect their practices and patients.

Below is a summary of where things stand.

Physician Payment Reform

Medicare physician payment has been under sustained pressure for years, and 2026 has brought both new urgency and new legislative vehicles for reform. The January 1 **implementation** of a 2.5% across-the-board reduction to work RVUs for non-time-based services, including echocardiography, added to a long pattern of continuous cuts, compounded by MACRA's structural lack of automatic annual inflation adjustments.

Congress has shown growing recognition of this problem, and ASE has been active in supporting recent legislation. In February, ASE joined 37 other organizations in a **letter** supporting the Efficiency Adjustment Delay Act (**HR 7520**), which would pause the new RVU reduction until 2030 and require CMS to produce empirical justification before any future cuts. Earlier this month, ASE sent a **letter of support** for the Provider Reimbursement Stability Act, which would modernize the budget neutrality threshold, require CMS to use actual claims data when projecting utilization, and cap year-to-year conversion factor swings at 2.5%.

Through the Alliance of Specialty Medicine, ASE has also participated in MACRA modernization **discussions** focused on establishing permanent annual inflationary updates tied to the Medicare Economic Index, improving specialist access to Alternative Payment Models, and streamlining MIPS reporting. The Medicare Payment Advisory Commission's March 2026 **report** reinforced these concerns, noting that rising input costs and the expiration of temporary 2026 payment increases may still leave clinicians facing effective payment erosion despite a modest proposed update for 2027.

For more information and to see the Society's recommendations, visit **[ASE's Medicare Physician Payment Reform](#)** page.

Artificial Intelligence Policy

2026 is shaping up to be a defining year for federal AI policy. In March, the White House **released** a National AI Policy Framework calling on Congress to act this year, emphasizing innovation, federal preemption of state AI laws, and reliance on existing regulatory bodies rather than a new oversight agency. For echocardiography, the stakes are significant. AI tools are being deployed for automated measurements, chamber analysis, valvular assessment, and clinical decision support. The current federal

framework, however, does not address the safeguards ASE considers **essential**: requirements that AI outputs not be finalized without physician review, that clinicians retain immediate override controls, and that liability be distributed equitably rather than placed solely on clinicians.

ASE has submitted recommendations to the **National Coordination Office** and **OSTP** addressing these gaps and will continue to engage with FDA, CMS, and Congress as legislation advances. Members can also consult ASE's recently published **AI Evaluation Guide**, developed through the AI Specialty Collaborative, for practical criteria on assessing AI tools before clinical adoption. The guide covers evaluation criteria for diagnostic accuracy, workflow integration, transparency, and vendor accountability, and is designed to help practices make informed decisions as AI tools become more prevalent.

Ambulatory Specialty Model for Heart Failure: What Practices Need to Know

Beginning January 1, 2027, CMS will launch the **Ambulatory Specialty Model** (ASM), a mandatory value-based care program holding cardiologists financially accountable for heart failure episodes. Cardiologists who have treated at least 20 heart failure episodes per year and practice in a selected geographic area are likely to be included. CMS released the **preliminary participant list** earlier this year; the final list is expected in summer 2026. Payment adjustments ranging from plus or minus 9% of all Medicare Part B professional services will follow on a two-year lag beginning in 2029.

Echocardiography sits at the center of this model. Imaging data including ejection fraction, chamber function, valvular status, pulmonary pressures, and strain will be essential for risk stratification, quality measure documentation, and managing episode costs. Practices should expect increased scrutiny of imaging utilization patterns and a growing premium on documentation that clearly links each study to clinical decision-making. ASE is closely tracking ASM implementation and advocating to ensure that echocardiography's role in heart failure care is accurately reflected in the model's quality measures, documentation standards, and value metrics. ASE has developed a **fact sheet** on the model, and a member webinar is planned. Bookmark and check back on the **ASE website** for more information; cardiologists listed as preliminary participants with questions about the model's impact can contact **AdvocacyInfo@ASEcho.org**.

Echocardiography in the ASC Setting: New Billing Opportunities

Effective January 1, 2026, certain TEE services are now billable in the **Ambulatory Surgical Center** setting, reflecting the broader migration of structural and interventional cardiac procedures to ambulatory sites of care. Covered codes include 93312, 93318, and the C-codes for TEE with contrast (C8925, C8926, and C8927). Physician payment under the Medicare Physician Fee Schedule is unchanged and site-independent. Facility payment in the ASC follows the ASC fee schedule rather than OPPS and is generally lower than hospital outpatient rates. ASE has a detailed member **webpage** covering documentation expectations, billing examples, modifier usage, and facility preparation considerations.

Workforce Advocacy

Physician workforce challenges continue to threaten access to specialized cardiovascular care, particularly in rural and underserved communities. First, the Administration's September 2025 Presidential Proclamation imposed a \$100,000 fee on H-1B visa petitions, creating a significant burden for institutions that rely on international medical graduates, who account for nearly one in four U.S. physicians and disproportionately serve rural and underserved populations. In March, the H-1Bs for Physicians and Healthcare Workforce act (**HR 7961**) was introduced to codify the exemption for physicians and health care workers from the fee and ASE sent a **letter of support**.

On the training side, ASE joined coalition **support** for reauthorization of the Rural Residency Planning and Development program, which since 2019 has helped create

rural training programs by covering start-up costs, accreditation, and faculty development. ASE has continuously supported expanding the physician pipeline in underserved and rural communities this Congress through a [letter of support](#) for the Resident Physician Shortage Reduction Act of 2025, and [support](#) for the Specialty Physicians Advancing Rural Care (SPARC) Act.

Finally, ASE also submitted [comments](#) to the Illinois Emergency Management Agency in April supporting the use of Enhanced Radiation Protection Systems as an alternative to lead aprons during fluoroscopically guided procedures, which would reduce musculoskeletal injury risk for sonographers and echocardiographers. ASE furthered this effort by joining the ALARA+ Coalition in a [letter of support](#) for Arizona SB1121, a state bill that would similarly permit the use of enhanced radiation protection devices in cath lab settings.

Join Us in Advocacy for 2026

The amount of policy activity in 2026 makes member engagement more important than ever. Physicians, sonographers, and other cardiovascular imaging professionals who communicate directly with policymakers, through constituent visits, comment letters, or grassroots campaigns, amplify ASE's advocacy in ways that staff alone cannot. Visit our [Take Action page](#) or join the [ASE Advocacy Network](#) to get involved.

Sincerely,

Katherine Stark, ASE Director of Advocacy

Echoing Innovation. Transforming Care.

American Society of Echocardiography | 919-861-5574 | [ASEcho.org](#)

American Society of Echocardiography | 2530 Meridian Parkway Suite 450 | Durham, NC 27713 US

[Unsubscribe](#) | [Update Profile](#) | [Constant Contact Data Notice](#)

