



April 15, 2026

The Honorable Greg Murphy, MD  
Ways and Means Committee  
Washington, D.C. 20515

The Honorable Tom Suozzi  
Ways and Means Committee  
Washington, D.C. 20515

The Honorable John Joyce, MD  
Energy and Commerce Committee  
Washington, D.C. 20515

The Honorable Bob Onder, MD  
U.S. House of Representatives  
Washington, D.C. 20515

The Honorable Brad Schneider  
Ways and Means Committee  
Washington, D.C. 20515

The Honorable Jimmy Panetta  
Ways and Means Committee  
Washington, D.C. 20515

The Honorable Mariannette Miller-Meeks, MD  
Energy and Commerce Committee  
Washington, D.C. 20515

The Honorable Kim Schrier, MD  
Energy and Commerce Committee  
Washington, D.C. 20515

The Honorable Robin Kelly  
Energy and Commerce Committee  
Washington, D.C. 20515

Dear Representatives Murphy, Suozzi, Joyce, Onder, Schneider, Panetta, Miller-Meeks, Schrier, and Kelly:

On behalf of the American Society of Echocardiography (ASE), I write to express our strong support for the Provider Reimbursement Stability Act (H.R. 8163). This bipartisan legislation addresses structural flaws in the Medicare Physician Fee Schedule (MPFS) that have driven years of payment instability, and ASE urges Congress to act swiftly to advance it.

When accounting for inflation, Medicare physician payments have declined by roughly 30% since 2001. Over the same period, the costs of running a medical practice have risen sharply, from clinical staff wages to medical supplies and equipment. This growing gap between reimbursement and practice costs threatens physician viability across every specialty.

For echocardiographers, the impact is particularly severe. Cardiovascular imaging depends on expensive, rapidly evolving ultrasound technology and highly trained professionals whose wages have climbed in a competitive labor market. Yet CMS has gone years without updating the direct cost inputs that determine practice expense reimbursement, leaving echocardiography practices to absorb the difference between what Medicare pays and what these studies actually cost to perform. At the same time, abrupt swings in the MPFS conversion factor, often driven by budget neutrality adjustments built on outdated thresholds and flawed utilization estimates, make it nearly impossible for practices to plan ahead, invest in new imaging technology, or retain the workforce needed to meet growing demand for cardiac diagnostics.

H.R. 8163 directly addresses these challenges. The bill modernizes a budget neutrality threshold that has not been updated since 1992, requires CMS to correct utilization estimates using actual claims data, and mandates regular updates to the direct cost inputs that drive practice expense reimbursement. It also caps year-to-year conversion factor changes at 2.5%, providing a critical guardrail against the sudden payment swings that destabilize physician practices. Together, these reforms would bring long-overdue predictability to Medicare physician payment. For echocardiography, stable and accurate reimbursement is essential to preserving patient access to lifesaving cardiac imaging, particularly in rural and underserved communities where practices operate on thin margins and workforce shortages are most severe.

We thank you for your bipartisan leadership in advancing meaningful reforms to the Medicare physician payment system. If ASE can ever serve as a resource, please reach out to Katherine Stark, ASE Director of Advocacy, at [kstark@asecho.org](mailto:kstark@asecho.org).

Sincerely,

A handwritten signature in black ink that reads "D Wiener MD". The signature is written in a cursive, slightly slanted style.

David Wiener, MD, FASE  
President, American Society of Echocardiography