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ASE advocates on legislative and regulatory issues affecting the use of cardiovascular ultrasound on behalf of our membership. Below are details on the Society's advocacy activities since the start of 2025.

Click [here](#) to join ASE's Advocacy Network! Take advantage of this member benefit and stay informed with timely updates about the Society's advocacy work.

Tell Us About Your Research Funding Experiences

ASE strongly supports federally funded biomedical research, which is vital to advancing cardiovascular ultrasound technologies and patient care. In the last few months, there have been interruptions to federal disbursements and currently, Congress is discussing funding levels for the next fiscal year.

With the added attention to biomedical research funding, ASE encourages all members to participate in either of our two important surveys: **"Impact of Funding Interruptions on Cardiovascular Ultrasound Research"** and **"Share your Story! Impact of Biomedical Research Funding on Cardiac Ultrasound."**

Your responses will help ASE effectively advocate with policymakers in Congress and the Administration, demonstrating the real-world impact of research investments and strengthening our collective voice in partnership with other associations. Your experiences matter and will directly inform efforts to secure predictable, consistent funding for medical research.



[>>> Share your story!](#)

ASE Details Advocacy Priorities for the 119th Congress in Letter to Congressional Leadership

Last week, ASE sent a comprehensive [letter](#) to the 119th Congress advocating for critical policy priorities that will improve the field of cardiovascular ultrasound and ensure better patient outcomes.

The letter highlighted the importance of echocardiography as a safe, non-invasive imaging modality that plays a pivotal role in diagnosing and managing cardiovascular conditions. Additionally, it included a list of the Society's policy recommendations, such as:

- Calls for physician payment reform to address unsustainable cuts to the Medicare

- Physician Fee Schedule.
 - Opposition to site-neutral payment policies that could harm rural communities.
 - Mandatory accreditation for echocardiography labs to enhance quality standards.
 - Recognition of echocardiography as advanced imaging.
 - Responsible integration of AI in echocardiography.
 - Continued NIH funding to support research and innovation.
 - Reforms to strengthen the echocardiography workforce through prior authorization improvements, expanded GME slots, and increased telehealth access.
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Congress Passes Continuing Resolution (CR) to Keep the Government Funded through September 30 - Includes Telehealth Extensions But No Physician Payment Adjustment

On March 14, Congress averted a government shutdown Friday just hours before the funding deadline, after the Senate approved a House-passed spending bill. The bill included several health provisions that extended current Medicare coverage of telehealth services initially enacted temporarily through a COVID-19 relief law, now through September. Telehealth provisions extended included:

1. *Geographic and Originating Site Flexibility*: Medicare beneficiaries will continue to benefit from pandemic-era flexibility, allowing them to receive telehealth services from any location, including their homes, without being restricted to rural areas or designated medical facilities. This maintains the expanded access introduced during the pandemic.
2. *Audio-Only Telehealth Services*: Coverage for audio-only (telephone) telehealth consultations will remain in place. Medicare will continue to reimburse for services conducted without video, acknowledging that audio-only options are essential for patients with limited technology access or capabilities.
3. *Federally Qualified Health Centers and Rural Health Clinics*: These facilities will continue to be authorized to serve as distant site providers for non-behavioral/mental telehealth services under Medicare. This provision ensures ongoing access for patients who rely on these centers for remote care.

Unfortunately, Congress did not include provisions in the CR to alleviate the 2.8% Medicare physician payment cut, which went into effect on January 1, 2025. Congress has repeatedly failed to address the Medicare Physician Fee Schedule conversion factor cuts, continuing a five-year pattern of declining reimbursement for healthcare providers. In fact, since 2001, when adjusted for inflation, Medicare physician payments have decreased by 33%. Cuts to the Medicare conversion factor have slashed physician reimbursement across all specialties, threatening practice sustainability and potentially limiting access to care for millions of Medicare beneficiaries.

ASE, in coalition with the entire House of Medicine, is actively working with Congress and the Administration in providing relief for current cuts, as well as looking for opportunities to reform the system. In the last few weeks, ASE sent several letters in support of the Medicare Patient Access and Practice Stabilization Act (H.R. 879). This legislation would, effective April 1, prospectively cancel the 2.83% payment cut that went into effect on January 1, while also providing a 2.0% payment update, helping to stabilize physician practices and protect patients' access to care. You can read the letter ASE sent, as well as the others the Society signed onto, here:

- [**ASE Sends Letter to Physician Payment Fix Bill Sponsors**](#)
- [**ASE Joins the Alliance of Specialty Medicine in Support of H.R. 879**](#)
- [**ASE Joins the Conversion Factor Coalition Urging Congressional Action on Cuts**](#)
- [**AMA Medicare Payment Federation Letter**](#)

However, we need your support! Advocacy is a team sport and it is important that you [**contact your representative today**](#) and urge them to cosponsor the Medicare Patient Access and Practice Stabilization Act. Take a moment and let your Members of Congress know how these cuts impact you, your practice, and your patients.

ASE Submits Comments to the Trump Administration on Artificial Intelligence

On March 14, ASE submitted recommendations to guide the development of a national Artificial Intelligence Action Plan, positioning AI as a valuable tool that could transform cardiovascular ultrasound while emphasizing necessary guardrails. In the comments, ASE called for standardized terminology to distinguish between AI that assists, augments, or acts autonomously; FDA-validated development processes to prevent algorithmic bias; payment models that recognize the continued importance of clinical expertise rather than assuming AI reduces physician workload; and a balanced approach to liability that doesn't place undue burden on practitioners. These recommendations aim to help the Trump Administration establish policies that harness AI's potential to improve diagnostic accuracy and efficiency in echocardiography while protecting both patients and providers.

ASE Comments and Correspondence

In addition to ASE's comments on physician payment reform, the Society also sent the following letters:

- [Alliance of Specialty Medicine Letter to the Senate Bipartisan GME Group](#)
- [Alliance of Specialty Medicine Comment Letter to CY 2026 Medicare Advantage and Medicare Prescription Drug Benefit Programs Proposed Rule](#)
- [ASE Comments to CMS in Support of TTVR Medicare Coverage Proposal](#)

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Advancing Cardiovascular Ultrasound to Improve Lives

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