

REQUESTS TO CONGRESS ON PRIORITY ISSUES

Medicare Physician Payment Reform

Legislation is needed that will create stability and adequacy of Medicare physician payment through comprehensive reform of the Medicare physician fee schedule, including annual payment updates tied to the Medicare Economic Index; revision of budget-neutrality requirements to avoid future cuts to the conversion factor; and simplification and improved clinical relevancy of quality reporting programs.

- Cosponsor the *Provider Reimbursement Stability Act* (H.R. 8163), which would reform outdated physician fee schedule budget-neutrality requirements, including raising the existing \$20 million budget-neutrality trigger to \$54.3 million.
- Cosponsor the *Efficiency Adjustment Delay Act* (H.R. 7520), which would pause the new Medicare -2.5% efficiency adjustment and require CMS to issue a report with data justifying a one-time efficiency adjustment application and only if certain conditions are met.

Prior Authorization

There are many tests that can be used to diagnose cardiovascular diseases and conditions. Which test is ordered by a physician should be based on a variety of factors, including symptoms, medical history, and a patient's physical characteristics. Too often, however, decisions are taken out of the hands of physicians and made by insurance companies solely on the basis of cost.

- Pass the *Improving Seniors' Timely Access to Care Act* (S. 1816 / H.R. 3514) to codify CMS prior authorization regulations for Medicare Advantage plans and require greater transparency of prior authorization processes, including approvals and denials by item and service, which will help patients and healthcare providers understand whether particular services are likely to be approved.

Appropriate Use Criteria (AUC) Mandates for Advanced Imaging

ASNC and its cardiovascular partner societies have led the development of AUC for diagnostic imaging. ASNC continues to advocate for use of AUC to help guide the appropriate utilization of cardiovascular tests. However, the ability of cardiologists to consult the AUC is being threatened by proposals that confine AUC consultation to CMS-qualified clinical decision support mechanisms (CDSMs), which may not include cardiology-developed AUC. This is significant because there are real differences among AUC in structure, approach, and appropriateness ratings.

- The goals of appropriate, evidence-based, coordinated care can be achieved effectively, efficiently, and comprehensively as part of broader CMS quality initiatives.
- Oppose the *Radiology Outpatient Ordering Transmission (ROOT) Act* (S. 1692 / H.R. 5737) as another costly and administratively burdensome mandate on the vast majority of physicians who order advanced diagnostic imaging tests. The legislation threatens the ability of clinicians to consult AUC developed by their specialty societies and will not meaningfully advance appropriate use of advanced diagnostic imaging and improve patient care.

Healthcare Price Transparency

Healthcare costs need to be more transparent so patients have access to information necessary to make informed decisions about their health. Consumers can obtain the most accurate cost information from their health insurance companies, including negotiated rates with in-network providers. Further, the *No Surprises Act* requires that uninsured and self-pay patients receive a good faith estimate when requested from a healthcare provider.

- Oppose the *Patients Deserve Price Tags Act* (S. 2355 / H.R. 5582) as currently drafted. The bill requires price transparency, including discounted cash price and payer-specific negotiated rates, from all imaging providers, including physician practices. The burden of compliance could be tremendous because an insurance provider may have multiple different plans with different negotiated rates.
- Support improved healthcare price transparency by promoting compliance by health plans and issuers with current price transparency requirements. This would ensure health plan enrollees get the most accurate price and cost information specific to their insurance plan, including cost-sharing obligations.

Physician Workforce

It is projected there will be shortfall of nearly 86,000 physicians in the U.S. by 2036 — a demand the U.S. cannot fill on its own. Accordingly, the U.S. healthcare workforce relies on physicians from other countries to provide patient care, including in medically underserved and rural communities. New immigration policies are creating uncertainty for physicians, medical trainees, and researchers and are disrupting the healthcare system.

- Cosponsor the *H-1Bs for Physicians and the Healthcare Workforce Act* (H.R. 7961), which would exempt healthcare professionals from the \$100,000 H-1B petition fee that stems from a proclamation issued by President Trump on Sept. 19, 2025.
- Encourage the Departments of State and Homeland Security to address prolonged visa processing delays and indefinite adjudicative holds by: establishing a discrete national-interest category that would be exempt from across-the-board adjudicative holds or prolonged administrative processing; and prioritizing visa and immigration benefit applications filed by physicians and medical trainees for expedited review, with adjudication timelines aligned to fixed academic start dates and patient care obligations.

Medicare Site Neutral Payment Policy

Most complex nuclear cardiology services—such as positron emission tomography (PET) and SPECT imaging—are often provided in hospital settings. This is largely due to the high capital costs of the equipment, specialized staffing requirements, and the need for robust infrastructure to handle radioactive materials.

- Oppose Medicare payment policies that do not account fully for the costs of providing advanced diagnostic imaging services by unique site of service.