



As we reach the mid-point of the year, we are pleased to share that we experienced a significant increase in our Advocate base. We have increased the number of Zotec employee advocates by **over 200%**.

We are very proud that so many of our team members are helping to support our advocacy efforts in this constantly evolving market. The more voices we have speaking up to our legislative leaders, the more opportunity we have to continue to make an impact for our clients, their patients, and our company. **Thank you for your support!**

## Legislative Updates

We recently enhanced our **legislative tracking**, which ensures that our team is getting the latest, and most up-to-date, information coming from **Washington D.C. and all 50 states**. Here is an update of all of the legislation we have taken action on and are currently monitoring:

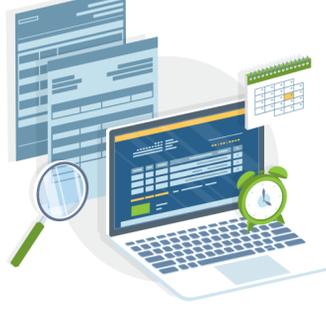


### 2022 Physician Fee Schedule/ Medicare Sequester:

On April 13, Congress voted to extend the **2% Medicare sequester through the end of 2021**. This legislation extends the current 2% Medicare sequester moratorium established by the Coronavirus Aid, Relief, and Economic Security (CARES) Act through the end of 2021. Without congressional action, the moratorium was set to expire after March 31, 2021.

The outstanding issue of an **additional 4% Medicare sequestration cut**, stemming from the budgetary effects of the American Rescue Plan, still remains. The American Rescue Plan (\$1.9T) was not completely “paid for” so Congress enacted “pay as you go” requirements, which triggered the sequester cuts. The House passed a resolution to address these cuts, but Senate has not yet acted. We sent out a call to action and **368 advocates** contacted their members of Congress.

Based on past history, Congress may wait until Q4 2021 before turning their attention to these cuts, but we will continue to diligently advocate to prevent these cuts from taking effect in 2022.



### Fair Debt Collection Act:

Recently the House passed **H.R. 2547** 215 -207, passing on party lines, which was expected.

Introduced in April, the **Comprehensive Debt Collection Improvement Act**, H.R. 2547, would provide new consumer protections against certain debt collection practices, and specifically includes a section on medical debt collection. We sent out a call to action and **343 advocates took action** and contacted their legislator.



It is unclear at this time if the Senate will hear it or not. The bill has become part of a collection of many other pieces of legislation that we will continue to keep watching and will keep you updated on any changes in the progression of this legislation.

### Clinical Decision Support:

The **Protecting Access to Medicare Act (PAMA)** of 2014, established a program to increase the rate of “Appropriate Advanced Diagnostic Imaging Services” provided to Medicare beneficiaries.

Radiology practitioners ordering an advanced diagnostic imaging service for a Medicare beneficiary, or clinical staff acting under his/her direction, will be **required to consult a qualified Clinical Decision Support Mechanism (CDSM)**.

Currently, the program is set to be **implemented on January 1, 2022**. However, CMS has indicated they have encountered challenges in implementing the law — particularly the claims-based reporting requirements where radiologists/imaging facilities are required to include the applicable G-Code and modifier on the claim.

The ACR is urging CMS to express support to Congress for **eliminating the real-time claims processing element**; along with a coalition of about 10 - 12 medical societies representing the “ordering physicians” that want to eliminate the program in general.



### Out of Network Billing (OON)/ Surprise Medical Billing (SMB):

Xavier Becerra, newly appointed secretary of HHS, has pledged to implement **a balanced approach to the No Surprises Act**. HHS is meeting with stakeholders to request to start this process, which should include the following:



All independent dispute resolution (IDR) **factors should be weighed equally** and the IDR process will be critical to holding plans accountable, while working to keep the patient out of the mix.



To make sure that **the process is fair and balanced** and that providers and insurers are treated equally.



To **avoid any rules that would lead to a de facto benchmark payment rate**, ensuring the neutrality of the data used to develop the qualified payment amount; and



That **plans be held accountable** for responding to claims submission in a timely fashion.

The No Surprises Act impacts state OON/SMB laws. Recently, we sent a call to action out in the state of North Carolina to **defer state level OON billing**, which was referred to the Commerce and Insurance committee for review.

In addition to the federal advocacy, Zotec is working with physician and hospital stakeholders in GA, OH, MI and VA — each state which has recently enacted an SMB law — as the regulators in these states create rulemaking to implement the new state laws. We will continue to monitor the legislation carefully in all 50 states.

## ZPAC Growth

### Advocates:

<b>2,874</b> Total Advocates	<b>907</b> New Advocates since Jan. 1, 2021
<b>436</b> Total Zotec Employee Advocates	<b>291</b> New Zotec Employee Advocates since Jan. 1, 2021

### Text Recipients:

<b>589</b> Total Text Opt-ins	<b>294</b> New Text Opt-ins since Jan. 1, 2021
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### Legislative Connections: Emails, Tweets, etc.

<b>22,097</b> Total Connections	<b>2,887</b> Total Connections since Jan. 1, 2021
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