

**We CARE  
We VOTE**

**Congressional Candidate**

**Q&A**

**1**

*The Kansas Hospital Association encourages Kansans to **VOTE** on Nov. 8 for the candidates who best represent their concerns and interests – especially when it comes to health and the economic strength of Kansas. KHA surveyed the leading Congressional candidates including District 1 incumbent Representative Tracey Mann about his health care platform.*



# **TRACEY MANN (R)**

## **District 1**

### **Question 1**

**What do you believe is the most pressing health care issue facing Americans today? How would you propose to address this issue if you were elected to Congress?**

**Answer:** I believe that the most pressing health care issue facing Americans today is barriers to care, including financial hardships, geographic location, lack of transport, availability of services, and more.

Breaking down these barriers to care has been a priority for me since being elected to Congress, especially for those in rural areas. One in six Americans live in rural areas, where these barriers to care are more prevalent.

I have supported additional funding for Certified Community Behavioral Health Clinics across the country, advocated for the increased use of tele-health services, and supported critical access hospitals and the 340B program, so that rural communities have increased access to care. I am committed to ensuring that quality health care can continue to be delivered to all Americans.



# **TRACEY MANN (R)**

## **District 1**

**Question  
2**

KHA has always opposed sequestration because we believe that Medicare should function like normal American businesses and families by paying bills in full. Unless Congress changes the law by January 1, Medicare will only pay 94% of its bills to providers. This will have huge, negative financial consequences for hospitals. What is your perspective on sequestration, and how would you propose to resolve this impending Medicare payment cliff?

**Answer:** I am adamant about meeting the Medicare obligations that past Congresses have made to our nation's seniors. I believe in preventing the sequestration of Medicare and other mandatory spending programs when possible and when it is not used as a game piece by opposing parties, while still controlling spending levels.

I support a fiscally responsible solution that does not include spending for programs that are unrelated to this health care issue. In the 117th Congress, I cosponsored a bill that did just that – H.R. 1955, the RESCUE Act.

**Question  
3**

The 340B drug pricing program has been essential for many Kansas hospitals who serve a high proportion of low-income Kansans, but pharmaceutical companies have been undermining 340B in an attempt to limit their involvement in this important part of our nation's health care safety net. Would you cosponsor a bill in the 118th Congress that would do what H.R.4390, the PROTECT 340B Act, does by restoring the program's integrity?

**Answer:** In the 117th Congress, I proudly cosponsored H.R. 4390, and would do so again in the 118th Congress. 340B programs are essential safety-net programs that provide health care options for rural communities and lower the costs of care at little to no cost for the taxpayer.

I recognize that the high cost of prescription drugs are putting a strain on many Kansans' wallets, which is why I cosponsored not only H.R. 4390, but several other pieces of legislation and cosigned letters relating to the 340B program.



# **TRACEY MANN (R)**

## **District 1**

**Question  
4**

Rural hospitals are indispensable in providing a robust health care network available to all Kansas. Unfortunately, Medicare payment adjustments for Medicare Dependent Hospitals and some Low Volume Hospitals are set to expire at the end of fiscal year 2022. Do you support these programs and others like the Rural Emergency Hospital program, set to go into effect on January 1?

**Answer:** Rural hospitals are a lifeline to rural communities. I believe that we must ensure that rural health care can continue to deliver for the Kansans who depend on it. That is why I recently cosponsored H.R. 8565, the Rural HELP Act, which addresses the impending Medicare Low Volume Hospital and Medicare Dependent, Small Rural Hospital programs' expirations by permanently extending these programs under Medicare.

Many communities in KS-01 depend on rural hospitals, and I am committed to supporting these programs.

**Question  
5**

In the Consolidated Appropriations Act, 2021, Congress included a provision that requires mediation to determine how much an insurer pays a provider when a surprise bill hits an insured person. Insurers are trying to get the Administration to go against the will of Congress to require in their final rulemaking process that mediators are to use the median in-network rate as the basis of the payment. If elected, how would you ensure that Congressional intent is followed and other factors besides the median in-network rate are considered in surprise billing cases?

**Answer:** Surprise billing cases can have detrimental effects on patients.

I am committed to enforcing Congressional intent when it comes to surprise billing. I will continue to support any legislation related to insurer mediation in surprise billing cases.