

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 3 incumbent Representative Sharice Davids about her health care platform.



# SHARICE DAVIDS (D)

## District 3

**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 too many Americans are suffering -and dying- because they lack affordable health care. While Congress has made recent strides to combat high medical costs, such as passing my bill to end surprise medical billing, giving Medicare the power to negotiate drug costs and capping monthly insulin costs at \$35 a month for folks on Medicare, we still have a long way to go.

The biggest challenges facing our health care system include:

- We pay the highest cost for prescription drugs in the world. This is unacceptable.
- Women face too many restrictions and regulations over the care of their own bodies. Costs are too high for the full range of necessary reproductive health care services, including prenatal, post-natal, contraception, and fertility treatment.

To address these issues facing our health care system, I would:

- Support the continued expansion of Medicaid.
- Support legislation that prevents price gouging and restricts the ability of companies to slow the introduction of generic brands.
- Support legislation that ensures women have access to a full range of health care services and that they are not excluded from insurance plans or denied care by providers.
- Support initiatives aimed at reducing the alarming and preventable disparity of maternal mortality rate facing African American mothers.
- Support legislation to expand the ACA to ensure that more families have affordable health care coverage.
- Support initiatives to expand funding for mental and behavioral health access for staff and patients.



# **SHARICE DAVIDS (D)**

## **District 3**

**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:** Throughout the pandemic, I have pushed and voted for sequestration cuts to be delayed, understanding how harmful those cuts would be to an already stressed system. I've heard from local hospitals about the financial toll these cuts would take if enacted in 2023, and am continuing to consider ways to protect Kansas hospitals.

**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:** I proudly cosponsored the bipartisan PROTECT340B Act and would support a bill that does something similar, but I would need to see legislation before pledging to cosponsor a bill.

I am a strong supporter of the 340B program and know just how critical it is to many Kansas hospitals and their patients. I have also joined with colleagues to push the administration to use its authority to protect 340B providers and the integrity of the program from these threats.



# **SHARICE DAVIDS (D)**

## **District 3**

**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:** Yes, I voted for the establishment of the Rural Emergency Hospital program as a part of the Consolidated Appropriations Act of 2021. Across the country, and especially in rural areas, it is critical that we create policies that best allow everyone to access quality, affordable health care in their communities.

**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:** This year, my bill to end surprise medical billing went into effect. I am proud of the impact that the No Surprises Act has already had in protecting patients from surprise medical bills.

However, I have been concerned about some aspects of its implementation. I've urged the administration to follow Congressional intent by revising the rule to ensure that mediators do not use the median in-network rate as the default, benchmark rate. I believe HHS's most recent rule took steps to address this issue, and I am committed to ensuring that the mediation process works fairly and as intended.