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Congressional Candidate

Q&A

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*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 Senator Jerry Moran about his health care platform.*



JERRY MORAN (R)

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: In my conversations with both Kansas providers and patients, the issues of workforce shortages and protecting access to care in rural communities comes up most frequently.

Similar to other industries in the current economic climate, workforce shortages continue to be one of the most difficult challenges facing the health care industry. In addition to certain pandemic response provisions disincentivizing work and the broader workforce issues facing our country, our hospitals are also battling challenges particular to its industry, including high retirement rates, workforce burnout, salary rate competition, and lack of educational entities to prepare the future health care workforce.

Congress must encourage the Department of Health and Human Services to decrease regulation, consequently allowing hospitals, especially rural hospitals, the flexibility to hire nurses and doctors as available.

During the pandemic, hospitals relied on visiting nurses to provide care to Kansans, but the need for these nurses significantly exacerbated the competition. Kansas patients had to be turned away even when beds were available due to the lack of nurses. These challenges will not dissipate as we come out of the worst of the pandemic and Congress must consider stepping into a stronger oversight role of nurse staffing agencies if necessary. Additionally, my colleagues and I should address the health care workforce shortages with a long-term plan that includes increased educational opportunities, Graduate Medical Education slots, incentives to serve in rural America, and support for staff mental health and burnout.

The Kansas Hospital Association is pleased to offer you a Congressional Candidate Q&A.

To engage in health care advocacy visit: www.kha-net.org/advocacy



JERRY MORAN (R)

Question

**1
cont.**

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?

Along with workforce shortages, the closure of rural hospitals has increased at an alarming rate over the past several years. I am determined to protect the federal programs that offer Kansas' rural hospitals much-needed assistance to continue their services. Critical Access Hospitals are one of the most essential ways for rural Kansas patients to receive access to care. Congress needs to protect CAHs from Medicare sequestration cuts or potentially harmful changes to the program as we evaluate the proposed changes CMS released in June.

Additionally, the Rural Emergency Hospital designation is a new federal program offering more cost efficiency and higher reimbursement rates from the Centers for Medicare and Medicaid. I am working closely with CMS as the agency drafts its conditions of participation for the REH designation. Kansas is estimated to be one of four states with the highest number of facilities to qualify as an REH. It is essential for CMS to understand the realities on the ground in our state and make sure the new designation assists the rural hospitals and rural communities as it was intended by Congress.



JERRY MORAN (R)

**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 oppose sequestration because across-the-board budget cuts are not an effective, thoughtful way to govern. Congress should meet statutory budget requirements; however, when it fails to do so, the consequences of broad budget cuts are unfair and often, as in the case of the Medicare sequestration, can have a dangerous impact.

The Medicare sequestration moratorium should be extended into the upcoming Fiscal Year 2023 and included in the FY23 omnibus or another end-of-the-year legislative package. I have supported the moratorium extensions Congress has passed over the past several years. Kansas hospitals are currently facing significant financial strain due to the impact of the COVID-19 pandemic, workforce shortages, supply chain bottlenecks, and inflation.

Now is not the time to allow the Medicare sequestration moratorium to end. As an appropriator on the Labor-HHS Appropriations Subcommittee, I will work with my colleagues to ensure the extension is included in legislation passed at the end of the 117th Congress.



JERRY MORAN (R)

**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: The 340B drug pricing program offers a lifeline to Kansas hospitals who reliably serve uninsured or low-income Kansans. As a result, 340B covered entities can continue to care for their communities without fear of intense financial strain. Yet, the recent actions of pharmaceutical companies and mixed responses coming from the Department of Health and Human Services are threatening the integrity of the 340B program.

The recent Supreme Court rulings will now prevent regulations from the Trump administration and the Biden administration from cutting reimbursement rates for certain drugs under 340B. Consequently, the most pressing issue still facing the program is the refusal of certain pharmaceutical companies to pull medications from the program or their noncompliance by withholding discounts under the program.

When it comes to restoring the integrity of the 340B program, HRSA and HHS Office of Inspector General continue to issue warnings to the pharmaceutical companies noncompliant with the statute, but fail to enforce penalties. Congress ought to press HHS OIG and Secretary Xavier Becerra on the lack of enforcement of the 340B statute and I intend to continue highlighting the harmful financial impact the noncompliance is causing Kansas hospitals.



JERRY MORAN (R)

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: Without rural hospitals, countless Kansans would be left without access to care and forced to consider moving elsewhere to raise their families. Rural providers are the heartbeat of their communities, but many are at a high risk of closing due to financial and staffing challenges. As the senator from a rural state, one of my highest priorities is to protect and strengthen rural health care in Kansas. From the conversations I have with providers in Kansas' rural communities and Health Professional Shortage Areas, I understand the genuine need for the various federal programs offering higher reimbursement rates to health care facilities in rural and medically underserved areas.

I fully support both the Low Volume Hospital and Medicare Dependent Hospital programs and am a cosponsor of S.40099, the Rural Hospital Support Act that would extend the LVH program. Both programs were included in the Fiscal Year 2022 continuing resolution I supported in September and extended until December 16, 2022.

It is always essential to ensure the Medicare programs protecting rural hospitals from closure are maintained, but in the pandemic aftermath, shoring up financial support for rural hospitals is more important than ever. In my role as an appropriator and a member of the Labor-HHS Appropriations Subcommittee, I will actively work to ensure the inclusion of the Low Volume Hospital and Medicare Dependent Hospital programs are extended into the upcoming Fiscal Year 2023.



JERRY MORAN (R)

**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: There have been promising recent successes in the lawsuit the Texas Medical Association filed against the Department of Health and Human Services, which resulted in a revised final rule released in August. However, as the new lawsuit filed on September 22 outlines, there is still a heavy reliance on the qualifying payment amount as the appropriate out-of-network rate.

As the judicial process plays out, it would be beneficial for Congress and committees of jurisdiction to hold hearings on the implementation of the No Surprises Act. The Consolidated Appropriations Act of 2021 was passed in the midst of the public health emergency; consequently, the inclusion of the No Surprises Act was by and large overshadowed by the continued response to COVID-19. A proper oversight hearing as well as direct member engagement with the Centers for Medicare and Medicaid would ensure congressional intent is made clear to CMS.

CMS Administrator Chiquita Brooks-LaSure and I have worked well together on numerous issues directly impacting Kansas hospitals, including CMS approval of the state's provider assessment waiver and the new Rural Emergency Hospital conditions of participation. I am committed to continue working closely with CMS in the new Congress and will raise the concerns KHA, the hospital industry, and Kansas patients have with the revised final rule to arrive at a solution aligning with congressional intent.