FEDERAL LEGISLATIVE PRIORITIES

Kansas Hospital Association
MEMBERS OF THE KANSAS CONGRESSIONAL DELEGATION -

As Congress begins the 2nd Session of the 117th Congress, the Kansas Hospital Association wants to share our legislative priorities for 2022. The COVID-19 pandemic continues to affect every issue health care providers are currently struggling to manage.

While the following list is by no means comprehensive, it represents the major items we anticipate working on. We look forward to working with you.

Chad Austin, President and CEO
Audrey Dunkel, Vice President Government Relations

OPPOSE SEQUESTRATION CUTS

KHA is opposed to Medicare sequestration. It is fundamentally unfair for any non-charity care customer to pay less than the cost of the care they receive from a provider. This is particularly true of the largest customer in the country, Medicare.

Congress has provided hospitals a holiday in their scheduled sequestration cuts during the COVID-19 pandemic, but it is expiring soon. Pending cuts of one to six percent would cripple struggling hospitals.

NO SEQUESTRATION, PLEASE!

2022 Federal Legislative Priorities
MAKE TELEHEALTH FLEXIBILITIES PERMANENT

Telehealth flexibilities expanded during the public health emergency increased health care access for all Kansans.

Several bills seek to make telehealth flexibilities permanent. KHA’s priorities in these pending bills include:
• allowing for homes to be originating sites,
• eliminating geographic restrictions, and
• allowing reimbursements for audio-only telehealth calls.

PROTECT 340B DRUG REIMBURSEMENT PROGRAM

The 340B Drug Program requires pharmaceutical companies provide certain prescriptions at discounted rates to hospitals for uninsured or underinsured patients. This program shares the burden of uncompensated care equitably between hospitals and pharmaceutical companies.

Pharmaceutical companies are undermining this program through onerous reporting standards and limiting the number of contract pharmacies allowed to dispense the drugs.

Litigation on the program’s future is pending, however, KHA requests you restore the integrity and purpose of the 340B Drug Program, through congressional measures including H.R.4390, the PROTECT 340B Act, and S.773/H.R.3203.

EASE PROVIDER RELIEF FUND REPORTING

The CARES Act’s Provider Relief Fund is a lifeline for many hospitals as they navigate the financial impact of the COVID-19 pandemic.

However, the Health Resources and Services Administration reporting requirements place an onerous burden on hospitals still dealing with the effects of surges in COVID-19 care while facing severe staffing shortages.

We request support in asking HRSA to ease burdensome reporting requirements.

2022 Federal Legislative Priorities
AMEND NO SURPRISES ACT

KHA supported passage of the No Surprises Act to ensure patients are not stuck with unexpectedly large medical bills due to gaps in their insurance coverage and to protect hospitals from price fixing.

However, by directing mediators to primarily consider in-network rates as the baseline for insurance company payments to hospitals for uncovered care, it makes this process susceptible to price fixing.

KHA hopes to resolve this through litigation or statutory clarification.

REMOVE UNCOMPENSATED CARE CUTS

KHA supports Medicaid (KanCare) expansion. However, the version of Build Back Better bill pays for expansion by cutting uncompensated care payments.

This proposed trade-off is one Kansas hospitals are unwilling to make and will harm hospitals’ ability to provide care to the uninsured and underserved.

MEDICAID PROVIDER ASSESSMENT SEeks APPROVAL

The Kansas Medicaid Provider Assessment is paid by all non-critical access hospitals and matched with federal funds to be distributed to all providers who see Medicaid patients. This process is approved by Centers for Medicare and Medicaid Services as long as the state has appropriate management processes in place, as Kansas does.

The Kansas Department of Health and Environment is submitting new documentation regarding how a failure by CMS to approve the requested three percent increase harms low-income Kansans’ access to care by continuing to pay low Medicaid rates to safety net hospitals.