The Kansas Hospital Association encourages Kansans to **VOTE** on Nov. 6 for the candidates who representing their concerns and interests best — especially when it comes to your health and the economic strength of Kansas. KHA surveyed the leading gubernatorial candidates about their health care platform. A quick snapshot of their responses is shown below, with their complete answers following.

<table>
<thead>
<tr>
<th>What do you believe are the most pressing health care issues facing Kansans today?</th>
<th><strong>LAURA KELLY (D)</strong></th>
<th><strong>DEREK SCHMIDT (R)</strong></th>
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</thead>
<tbody>
<tr>
<td>Medicaid expansion</td>
<td>Access to quality and necessary health care in every community throughout the state</td>
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<th>What are the top two to three health care policies you would like to implement in Kansas?</th>
<th><strong>LAURA KELLY (D)</strong></th>
<th><strong>DEREK SCHMIDT (R)</strong></th>
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| Expanding Medicaid  
Modernizing and regionalizing the state's mental health system through crisis stabilization and crisis intervention centers  
Address the state’s workforce shortages | Managing litigation risk environments  
Reinforcing reasonable medical malpractice caps and liability protections  
Stronger protections for the health care workers who are victims of criminal attacks |

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<th>What changes do you recommend for KanCare (Kansas Medicaid)?</th>
<th><strong>LAURA KELLY (D)</strong></th>
<th><strong>DEREK SCHMIDT (R)</strong></th>
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| Recently expanded Medicaid program coverage for postpartum mothers from 60 days to 12 months  
Strengthen program through Health Care Access Improvement Panel State Plan  
Take advantage of flexibility available in the Medicaid program that would allow the reduction of stringent demonstration standards | I do not intend to make major changes but keep listening to health care professionals who have ideas for how to improve the system |

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<th>What steps would you take to provide relief for Kansas hospitals to ensure they can continue to provide services in their communities?</th>
<th><strong>LAURA KELLY (D)</strong></th>
<th><strong>DEREK SCHMIDT (R)</strong></th>
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| Signed and supported the Rural Emergency Hospital Model and will remain committed to working with our rural hospitals as they transition to new care model | Medicaid reimbursement rates are not keeping up with the rising cost of services  
Engage in ongoing conversations with providers and policymakers |

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<th>How do you view the role of telemedicine in our current health care system?</th>
<th><strong>LAURA KELLY (D)</strong></th>
<th><strong>DEREK SCHMIDT (R)</strong></th>
</tr>
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| Critical to rural areas  
Payment structure should evolve so that health care facilities can continue to provide service  
Expanded broadband needed | Provide new and expanding opportunities to increase access to a wider range of medical services, particularly in rural areas  
Payments must not be a disincentive to telemedicine and I think the rates/reimbursement issue requires attention |
First and foremost, I want to say thank you for not only your hard work and tireless efforts during the COVID-19 pandemic, but also for what you do for your patients and your communities day in and day out.

The last four years have by no means been easy – and while we might not have agreed at every point on every approach – we have navigated the challenges together, as partners.

When I first ran for governor in 2018, one of my highest priorities was to strengthen the health care system in the state of Kansas. And, while we have worked together over the years to make significant progress, there is still much more to do.

I look forward to continuing our partnership in a second term, and I would be honored to receive the Kansas Hospital Association endorsement.

The people who work in our health care system know what the critical needs are on the ground.

My view is that listening to them is the best way for policy makers to set health care priorities.

For example, in my current role as attorney general, I heard loud and clear from health care professionals how the federal COVID-19 vaccine mandate was likely to worsen staffing shortages, particularly for nurses, in some of our underserved areas, so I set about challenging that mandate. That same approach will guide me as governor.
LAURA KELLY (D)

All Kansans, no matter where they live, deserve accessible, affordable health care. That is why, as governor, I have worked side-by-side with the Kansas Hospital Association to advance Medicaid expansion.

The fact that Kansas has not expanded Medicaid is beyond understanding. Not only would it expand access to affordable health care for over 150,000 hard-working Kansans, it would also have a significant impact on every Kansan’s life. We have left nearly $6 billion on the table, forfeited over 23,000 jobs, forced closure of rural hospitals, strained the budgets of our large urban hospitals as they provide uncompensated care, and lost much-needed health care providers to neighboring states. Even Kansans with private insurance are now paying the cost – with higher premiums through employer based insurance.

Each year as governor, I have presented Medicaid expansion proposals (all uniquely tailored to respond to stated legislative concerns). As long as I am governor, I will continue to fight for Medicaid expansion to provide access to health care for 150,000 Kansans and a healthier workforce for our businesses.

DEREK SCHMIDT (R)

Access to quality and necessary health care services in every community throughout the state.

The principle impediments sometimes differ by locality, and policy makers must work with the provider community to ensure public policy responses address the needs.
Gubernatorial Candidate Side-by-Side cont.

**LAURA KELLY (D)**

I will continue to fight to expand Medicaid, and I will tailor my plan to be a bi-partisan Kansas-specific plan. Expanding Medicaid would provide affordable health insurance to 150,000 Kansans, create nearly 23,000 new jobs, provide access to health care in our rural communities, and increase our economic output by billions of dollars.

I will also prioritize continuing the work we’ve done to modernize and regionalize the state’s mental health system through crisis stabilization and crisis intervention centers, including the addition of the new state mental health hospital in Southcentral Kansas, expanding certified community behavioral health centers and increasing substance use disorder services across the state.

**DEREK SCHMIDT (R)**

Managing the litigation risk environment is important for hospitals and for the medical providers who work with them. I support reinforcing (or reinstating) reasonable medical malpractice caps, and I also favor the COVID-19 liability limitations vetoed by the governor in April.

In addition, I support the legislation vetoed in April that would have provided stronger protections for health care workers who are victims of criminal attacks. I believe it is critical to continually work closely with the health care community in Kansas to identify needs that require attention from state policy makers.
Recently, I’ve expanded Medicaid postpartum coverage from 60 days to 12 months for new mothers, a move that will decrease rates of infant and maternal mortality. However, the single most significant thing we can do is expand Medicaid. I’ve pushed for years to expand access to affordable health care for Kansans who fall in the coverage gap.

Beyond that, we can work to strengthen the Medicaid program through increasing provider reimbursement rates – most immediately through the Health Care Access Improvement Panel State Plan Amendment, which my administration has aggressively pursued at the federal level and here in Kansas at the administrative level.

The state should also take advantage of flexibility available in the Medicaid program through Centers for Medicare and Medicaid Services that would allow the state to reduce stringent demonstration standards and enhance cost-saving program innovations that prioritize preventive health care and proven alternative delivery models.

I do not at this time intend major changes to KanCare. I will keep listening to health care professionals who have ideas for how to improve the system.
Clearly, while Medicaid expansion is the single most impactful policy the state can enact to ensure hospitals can continue serving their community, it isn’t the only thing we can do.

Kansas rural communities are changing – and so should our health systems. That is why I have been a long-time supporter of KHA’s Rural Alternative Care/Primary Health Center Model; and throughout 2019, I lobbied the Trump administration to allow Kansas to pilot the alternative payment program through the Centers for Medicare and Medicaid Innovation Center.

When CMS established the “Rural Emergency Hospital” (REH) payment/delivery model, I signed HB 2208 into law, allowing for the licensure of REHs and establishing the $10 million Rural Hospital Innovation Grant Fund. As new facilities come online as early as next year, there will no doubt be growing pains – and I remain committed to working with our rural hospitals as they transition to this new care model.

What steps would you take to provide relief for Kansas hospitals to ensure they can continue to provide health care services to their communities?

Many health care professionals have expressed to me concern about Medicaid reimbursement rates not keeping up with the rising cost of services.

Joe Biden’s inflation is pricing many providers out of doing business and this, in my view, is an urgent threat to rural health care providers. I will continue to engage in ongoing conversations with providers and policymakers.
Telemedicine is another tool we can use to provide Kansans with access to health care – and it’s especially critical in our rural regions where access to health care is often limited.

Telemedicine was vital during COVID-19. I signed several executive orders expanding the use, access and payment of telehealth services to ensure Kansans received access to the care they needed from the safety of their own homes. As telehealth has evolved over the years, so should the payment structure for telehealth so Kansans can continue to use – and health care facilities can continue to provide – telehealth services.

A modified telehealth payment model requires robust, high-speed internet access statewide. As governor, I’ve made expanding broadband one of my top priorities by establishing the Office of Broadband Deployment and creating the state’s first-ever state-funded grant program. During my second term, I will work to ensure every Kansas home and business can access affordable, quality internet service.

How do you view the role of telemedicine in our current health care system? Do you support any telehealth policy changes to make it more accessible?

LAURA KELLY (D)

Telemedicine provides new and expanding opportunities to increase access to a wider range of medical services, particularly in rural communities.

To maximize that potential, it is important that payment rates not be a disincentive to telemedicine, and I think this rates/reimbursement issue requires attention.

DEREK SCHMIDT (R)