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# Kansas candidates for U.S. House weigh in on **health care**

The Kansas Hospital Association encourages you to **VOTE on November 3** for candidates who represent you best – especially when it comes to your health, your family’s health, and the overall health and economic strength of Kansas. To help you determine which 2020 candidate for representing Kansas’ 3rd Congressional District is most committed to creating a healthier Kansas, KHA surveyed the leading candidates about their perspectives related to health care. Their answers, edited only for length, are provided below.



**Sharice Davids (D)**



**Amanda Adkins (R)**

	<b>Sharice Davids (D)</b>	<b>Amanda Adkins (R)</b>
Besides COVID-19, what is our country’s most pressing health care issue and how will you address it?	Upholding, reinforcing, and expanding the Affordable Care Act is the most pressing issue. I’ve fought to maintain vital protections for individuals with pre-existing conditions, and I’ve advocated among my colleagues and the Kansas delegation to pass legislation to incentivize Medicaid expansion in the states that have yet to extend coverage to low-income adults.	Reduce cost, cut red tape, and make it easier to gain access to health care. Health care reform must address coverage issues and protect individuals with pre-existing conditions. Real change will only come when there is direct alignment between the individual and providers, better coordination of care, and transparency on total cost of care. My mission is to make the system better.
What policies will you support to equip hospitals to effectively deal with COVID-19 in their communities?	I was very proud to vote for the CARES Act and its provider relief fund. The financial toll from stopping elective surgeries and purchasing price-inflated PPE and testing supplies is serious for many hospitals, and many may require additional relief. I advocate for using every tool in our arsenal to ensure a sufficient supply of PPE, including legislation to help small manufacturers here in Kansas shift to producing N95 masks, gloves, and gowns.	The nation needs a plan that improves disease detection, risk mitigation, and supply chain management. Each is critical to reopening our communities and ensuring hospitals have the resources needed. We must decrease our reliance on foreign drug and medical device manufacturing. This will take time to implement, and I support appropriate oversight, ensuring medical product costs are not increased by more than 25%.
Do you support the 340B drug pricing program as it is, or will you recommend changes like those being sought by pharmaceutical companies?	I strongly support the 340B program and the crucial savings it provides critical access hospitals, community health centers, and others. Pharmaceutical companies want to disrupt access to critical drugs for the many low-income/underinsured patients of 340B partners, and I have urged Secretary Azar and PhRMA to push back on these threats and preserve this essential program	I support the 340B drug pricing program. I am committed to keeping drug prices low for all Americans and encouraging innovation in the pharmaceutical industry. Congressional oversight of 340B should ensure all participants share the burden of providing care to those who need it, and ensure 340B does not negatively impact the pharmaceutical industry’s investments in research.

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What changes will you champion to reduce Medicare and Medicaid regulatory burdens for hospitals?	One regulatory burden I hear most from providers is the issue of prior authorization. It was never intended to hamper care and take away resources from providers, which is why I support standardizing and streamlining the process and preventing potential abuse. I also urge House leadership, CMS and HHS to take action on the most recently proposed physician fee schedule, which could prove devastating to hospitals and practices that depend on revenue from specialized services.	Federal leaders need to support providers in managing risk and coordinating care. We must reduce waste, fraud, and abuse in Medicare and Medicaid to ensure more funding is spent on patient care and lessen regulatory requirements for hospitals so they can provide care rather than focus on paperwork. Rural hospitals have difficulty achieving the same economies of scale as larger health systems. Congress should ensure Medicare regulations recognize these difficulties and reimburse accordingly.
What steps will you take to provide relief for small/rural hospitals to ensure they can continue providing health care to their communities?	One of the greatest long-term challenges in rural health care is the growing threat of physician shortages, especially in our rural and underserved communities. At the federal level, I support increasing the number of resident positions eligible for graduate medical education repayments to ensure that we have enough doctors across the state and in every community.	The problems rural hospitals face require us to ease federal requirements, such as allowing rural hospitals to operate 24-7 emergency medical centers without requiring overnight hospital beds in order to get paid for treating Medicare patients. Health care decisions are best made at the local level. I will support policy solutions that empower providers and models that allow for economic efficiency.
Do you support any federal telehealth policy changes to make telemedicine more accessible?	Telemedicine has been a true lifesaver. While the CMS waivers were meant to be temporary, I support permanently extending several commonsense telehealth waivers, including removing requirements that originating sites be in rural areas and allowing patients' homes to serve as originating sites. We've seen patients of all ages adapt to telemedicine, and the advantages it can provide are worth exploring beyond the pandemic.	In August, President Trump released an Executive Order to improve telehealth access for Medicare beneficiaries, and during the pandemic the federal government put in place temporary programs allowing telehealth to be reimbursed by Medicare at a level comparable to in-person visits. We must ensure these steps are made permanent where possible, so telehealth services remain a core component of care delivery for elderly and rural populations.



To review the complete answers from candidates Sharice Davids and Amanda Atkins, please visit [WeCareWeVote.org](https://www.WeCareWeVote.org)