

Jake LaTurner - KHA Survey Response

1. Besides the COVID-19 pandemic, 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?

A: Besides the ongoing COVID-19 health crisis, which has tested this nation's healthcare system over the past several months, I believe access to affordable health care remains a significant challenge for many in rural and underserved communities. I also know many communities in Kansas and across the country are still struggling to deal with an opioid and prescription drug abuse crisis that has only intensified in the wake of the COVID-19.

In order to ensure that individuals and families are able to access affordable and quality healthcare, I will advocate for policies that put patients and doctors at the center of health care decisions and expand availability of association health plans for individuals and small businesses. I also believe that recent expansions of telehealth resources will be a vital tool to connecting rural and underserved communities to medical professionals, no matter where they live and work.

2. What policies would you support in Congress to provide hospitals the necessary resources to effectively deal with the COVID-19 pandemic in their communities?

A: In order to answer the call of duty, over the course of the COVID-19 pandemic, many hospitals and providers across the country greatly reduced in-person patient visits and elective procedures, so they could conserve valuable resources and focus on caring for those affected by this terrible disease. As a result, many hospitals continue to face significant financial strain. In order to shore up these vital institutions and prevent closures in communities most in need, I will advocate for common-sense flexibility in regards to repayment of funds received through the Paycheck Protection Program (PPP) and Medicare Accelerated and Advance Payment Program (AAP).

Expanded access to telehealth services has also allowed many Kansans to remain connected to their doctors in a safe and efficient and social distant manner, and I believe that many of the policies enacted over the past several months should be extended permanently going forward.

3. The 340B drug pricing program has been essential for many Kansas hospitals who serve a high proportion of low-income Kansans. Do you support this program as it is or are would you be recommending any changes to it like those being sought by pharmaceutical companies?

A: I understand the importance of the 340B program for keeping hospital doors open to low income patients in underserved communities. It is vital that the 340B program be preserved to serve patients for which the program is intended.

4. What changes would you champion to reduce the regulatory burden for hospitals under the Medicare and Medicaid programs?

A: I strongly support eliminating or reducing duplicative and burdensome reporting requirements such as the 96 hour physician certification rule which can act as a barrier to the timely acquisition of quality care by patients in rural communities where significant transportation challenges exist.

I also support ongoing efforts by the administration and others to eliminate certain supervisory requirements of physician assistants so they can provide patients with the highest level of care possible as determined by their education and training.

5. What steps would you take to provide relief for small and rural hospitals to ensure they can continue to provide health care services to their communities?

A: I support efforts to leverage alternative models of care for small and rural hospitals so healthcare workers can remain in underserved communities across Kansas and care for patients where they live. To achieve this goal I would endorse legislation such as the Rural Emergency Medical Center (REMC) Act, which had previously been championed by Representative Lynn Jenkins.

I am also encouraged by the work of the administration through the U.S. Centers for Medicare & Medicaid Services to establish the Community Health Access and Rural Transformation Model (CHART). This program will provide new upfront seed funding for rural communities so they can begin the difficult task of transforming their healthcare delivery systems. It will also allow small rural hospitals to move to outpatient and emergency department focused models rather than a traditional inpatient model.

Additionally, I believe that easing regulatory restrictions on critical access hospitals and expanding the list of telehealth services eligible for Medicare reimbursement can also provide greatly needed relief for hospitals currently in danger of having to shut their doors to patients.

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

A: I strongly support expanding access to telehealth services and believe that more needs to be done to serve patients in their homes and communities where they live. Transportation issues have long been a hurdle for patients who live in rural communities and telehealth offers an efficient and high quality way for these individuals and families to stay in close contact with their doctors no matter their distance from the nearest hospital.

In the wake of the COVID-19 pandemic, the Centers for Medicare & Medicaid Services (CMS) extended temporary waivers for services provided to individuals enrolled in Medicare, Medicaid, and the Children's Health Insurance Program (CHIP), and I believe that some of these waivers should be made permanent.