

We CARE
We VOTE

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’ 2nd 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.



Michelle De La Isla (D)



Jake LaTurner (R)

	Michelle De La Isla (D)	Jake LaTurner (R)
Besides COVID-19, what is our country’s most pressing health care issue and how will you address it?	I want to make sure healthcare is available to every Kansan, without breaking the bank. I will prioritize two specific policies when I get to Washington: strengthening the Affordable Care Act, including preserving funds for Medicaid expansion; and authorizing the federal government to negotiate prescription drug prices under Medicare Part D. Many Kansans can no longer afford their medications even if they have health insurance.	Access to affordable health care remains a significant challenge in rural and underserved communities. 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. In addition, expansion of telehealth resources is vital to connecting rural and underserved communities to medical professionals, wherever they live and work.
What policies will you support to equip hospitals to effectively deal with COVID-19 in their communities?	I will advocate for hospitals to be included in any stimulus or relief package that is proposed to help our state and nation overcome COVID-19. Funding for additional PPE and PPP, as well as potential grants and other financial relief, should be provided to hospitals and providers at every level – especially in our rural communities. I will listen and work closely with our hospitals to understand and provide exactly what they need to serve patients and keep people employed.	To shore up hospitals under financial strain in the wake of COVID-19, I will advocate for common-sense flexibility regarding repayment of funds received through the Paycheck Protection Program (PPP) and Medicare Accelerated and Advance Payment Program (AAP). Expanded telehealth services have also allowed many Kansans to receive care in a safe, efficient and socially distant manner, and I believe that many of the policies enacted in recent months should become permanent.
Do you support the 340B drug pricing program as it is, or will you recommend changes like those being sought by pharmaceutical companies?	Especially without Medicaid expansion in Kansas, this is a critical program to ensure that our most vulnerable residents can access appropriate healthcare and prescription medications without filing bankruptcy. I will advocate to ensure that programs like 340B remain available so no one falls through the gap.	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 these patients.

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

	Michelle De La Isla (D)	Jake LaTurner (R)
What changes will you champion to reduce Medicare and Medicaid regulatory burdens for hospitals?	While regulations help standardize the healthcare industry and ensure the safety of patients, medical providers and personnel, it is important to allow for efficient service delivery and billing procedures that prevent the waste of time, resources and money on both sides. I will listen to our hospitals and medical providers to better understand the regulations that are burdensome under Medicare and Medicaid and work to build more efficient systems that achieve positive outcomes for all.	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 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.
What steps will you take to provide relief for small/rural hospitals to ensure they can continue providing health care to their communities?	I will advocate for Medicaid expansion and ensure that federal funds are still available when it finally passes the state legislature in Kansas. Financial relief and support are especially important in our rural communities. I also will work to fortify the Affordable Care Act to ensure that pre-existing conditions are covered by all health plans.	To leverage alternative models of care, I would endorse legislation such as the Rural Emergency Medical Center (REMC) Act. I am encouraged by the establishment of the Community Health Access and Rural Transformation Model (CHART), providing upfront seed funding for rural communities to transform care delivery systems. It will also allow rural hospitals to move to outpatient and emergency-focused models rather than a traditional inpatient model. Further, easing regulatory restrictions on critical access hospitals and expanding telehealth services eligible for Medicare reimbursement can provide greatly needed financial relief.
Do you support any federal telehealth policy changes to make telemedicine more accessible?	Telemedicine is a vital part of providing equal access to health care, especially in rural areas where hospitals and medical facilities have been forced to make cuts or close. It is not reasonable to ask our residents to drive for hours to seek medical attention or receive basic preventive care. That system will only result in more people developing chronic, untreated health conditions. We must work with hospitals and the insurance industry to make sure telemedicine is widely accessible and appropriately covered under health plans so the patient's needs come first, and so our medical providers can develop efficient service delivery systems.	I strongly support expanding access to telehealth as an efficient and high-quality way for rural patients to stay in close contact with their doctors. In the wake of the pandemic, 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.



To review the candidates' complete answers as provided, please visit [WeCareWeVote.org](https://www.WeCareWeVote.org).