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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’ 1st 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.



Kali Barnett (D)



Tracey Mann (R)

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Besides COVID-19, what is our country’s most pressing health care issue and how will you address it?	The biggest health care issue facing Americans right now is affordability. The best treatments in the world could be right down the street, but if someone can’t afford it or their insurance doesn’t cover it, then it may as well not exist at all. We need to build on the strengths of the Affordable Care Act while we work toward a more robust public option that ensures Americans can access healthcare regardless of their employment status.	Maintaining access to quality and affordable health care is of primary importance. The possibility of hospital closures and a lack of primary care physicians could put Kansas’ rural families at risk. I will work to support our rural hospital network to ensure we have a continuum of care that recognizes local needs and the availability of community resources. This all begins with a strong Medicare program, which, due to Obamacare’s financial ramifications, has been robbed of roughly \$800 billion in 10 years. I will work to keep Medicare funding strong so that our rural health care system can stay strong with it.
What policies will you support to equip hospitals to effectively deal with COVID-19 in their communities?	I would support real financial aid for our struggling hospitals – not loans as provided in the last relief package. I would also support expanding our Strategic National Stockpile so that it’s available for all states and does not exist just to “supplement” local supplies.	Ensuring that hospitals have access to a robust supply of PPE and funding to bridge the economic downturn is paramount. The CARES Act and subsequent legislation have taken great strides, but next year, Congress must listen to hospitals on how the federal government is requiring them to account for the funds they received to help them get by. The last thing we want is to have our health care providers hobbled with crippling debt because of federal accounting requirements that make no sense.
Do you support the 340B drug pricing program as it is, or will you recommend changes like those being sought by pharmaceutical companies?	I would not support the changes being sought by pharmaceutical companies or any other changes that would restrict or raise 340B drug pricing. The only changes I would support would be to expand access, so more patients on fixed incomes can get the prescriptions they need.	The current controversy about the 340B program has nothing to do with anything Kansas’ hospitals have done. For our state, the 340B program works, and I do not believe that it needs any changes.

See reverse for more questions and answers from these two candidates ►

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What changes will you champion to reduce Medicare and Medicaid regulatory burdens for hospitals?	We need to be proactive in reviewing the administrative expectations for participation in crucial Medicare and Medicaid programs, while ensuring that important reporting and oversight is not lost.	A major emerging issue is how pandemic provider relief funds are going to be accounted for. Many hospitals took advance Medicare payments just to stay afloat. How the federal government handles repayment and how it requires rural hospitals to account for relief funds may be the difference between survival and closure. I am committed to finding solutions that recognize the need to maintain our network of rural hospitals while not sending the Medicare trust fund into insolvency.
What steps will you take to provide relief for small/rural hospitals to ensure they can continue providing health care to their communities?	First, we need to examine the loans provided through Medicare/Medicaid in the CARES Act for small hospitals who won't be able to pay back such a loan. Second, we should invest in the infrastructure of these hospitals to make sure they have the same state-of-the-art facilities that would prevent people in their communities from seeking other out-of-town options.	The federal government should not have a constricted approach to rural hospital size, burdening cities and counties with a fixed number of hospital beds just to keep getting Medicare funding. I support models that would allow our rural communities to keep costs under control while still providing emergency services and primary care. Also, I support efforts allowing PPS hospitals to choose whether to become critical access hospitals. It's been far too long since the federal government allowed for new rural hospital categorization options.
Do you support any federal telehealth policy changes to make telemedicine more accessible?	Telemedicine has proved to be an invaluable resource during the pandemic when people were not able to leave their homes. In rural areas like the 1st District, telemedicine is essential so those who don't live near a hospital or health center can still access a doctor. This is especially important for our seniors who are unable to travel long distances to reach a doctor's office. Telemedicine must be covered under all health plans so everyone can get the care they need, no matter where they live.	One effect of the pandemic on Kansas' health care system has been the widespread normalization of telehealth. Federal regulations in this regard need to change permanently. While the temporary waiver allowing for higher reimbursement rates for telehealth visits is a good start, Congress needs to enshrine such policy changes in statute to reflect this new reality. The physical plants of doctors' offices and hospitals need to be maintained, so returning to low Medicare reimbursement rates for telehealth visits would put rural hospitals at risk and jeopardize in-person care.

