

MEDICARE ADVANTAGE

Medicare Advantage programs often overpromise and under deliver for seniors. Many times, patients are surprised to learn the physicians they rely on, or procedures previously covered, are no longer part of the plan they have chosen. Steps have been taken to crack down on some of the most egregious behaviors by insurance companies, however, more work must be done. Legislation like the *Medicare and You: Handbook Improvement Act* (S. 5117) are needed to ensure seniors are fully informed of their choices. In addition, legislation is needed to allow seniors to switch back to traditional Medicare when their Medicare Advantage plan fails to live up to beneficiaries' expectations.



RURAL EMERGENCY HOSPITAL PROGRAM

Necessary Provider Issue – The REH Technical Assistance Center has interpreted CMS policies as prohibiting an REH that converted to a CAH under the “necessary provider” waiver from reverting back to CAH status if the REH model does not work for them. The ability to return to CAH status is a critical component to hospitals considering an REH conversion because it provides a safety net for maintaining services in their community. Without this flexibility, Kansas hospitals are less likely to consider the REH model we fought so hard to create. We ask our congressional delegation to press CMS to clarify that this prohibition does not exist.

Expansion of REH Eligibility – Kansas is fortunate that in communities where hospitals have closed, other hospitals have provided necessary care in a format that looks like a rural emergency hospital. However, this happened before the REH option was available. Kansas hospitals would like to see eligibility extended, within a limited timeframe, to allow these facilities that provide health care needs the ability to convert to REH status. Senator Moran’s Senate bill 3394, Rural Emergency Hospital Adjustment Act, would implement the expansion.



WORKFORCE

From nursing shortages to workplace safety, issues surrounding the health care workforce are front and center for many hospitals in Kansas. One way the federal government can partner with hospitals to ease staffing shortages is by expediting visas for foreign nationals with nursing degrees and credentials. In 2024, DHS will revisit which degrees will be STEM certified, allowing graduates to work in the US while their work visas are being adjudicated. Members of Congress can join KHA in petitioning DHS to label BSNs as STEM certified degrees. Additionally, Congress can pass the H.R.2255/S.1024, the Healthcare Workforce Resilience Act, which would make more work visas available for doctors and nurses.

The past few years have seen a sharp increase in the number of workplace violence incidents at hospitals as health care workers have increasingly become victims of physical attacks from patients they are there to serve. H.R.2584/S.2768, the SAVE Act, would make such assaults a federal crime. We encourage all members of Congress to co-sponsor their chamber’s version of the bill and pass it as soon as possible.

PRIOR AUTHORIZATION

Prior authorization is a tool used by health insurance plans to ensure patients receive the proper care at the right time. Unfortunately, many insurance plans apply prior authorization requirements in ways that create delays in care and drive up health care costs. New regulations have helped, but KHA will continue to advocate for legislation like the *Improving Seniors' Timely Access to Care Act* (H. 8487) to ensure unnecessary encumbrances do not keep seniors,–or anyone,–from receiving the care they need in a timely manner.



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RAPID FIRE REQUESTS

Make nursing education programs part of STEM for work authorization.

Protect the 340B program.

Stop site-neutral payment policies.

Make Medicare-dependent hospital program permanent. Make low-volume hospital higher threshold permanent.

Make Medicare telehealth flexibilities permanent.

Reopen PPS to CAH transition window.