

INVESTING IN ACCESS TO CARE

Kansas patients deserve access to the right care at the right time.

64%

of physicians report that prior authorizations led to ineffective initial treatments (i.e., step therapy).



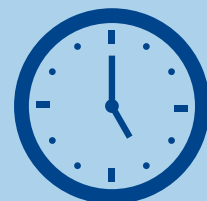
62%

of physicians report that prior authorizations led to additional office visits.



46%

of physicians report that prior authorization led to immediate care and/or ER visits.



5 hours

is the amount of time it takes to process ONE complex prior authorization form, according to Kansas hospitals.



In a 2022 American Medical Association survey, **physicians reported that 89 percent** of patients requiring a prior authorization had a somewhat or significant negative outcome.

Legislative Priorities

**20
25**



HELP PATIENTS RECEIVE MORE TIMELY ACCESS TO CARE by adding statutory timelines for prior authorization for chronic, urgent and emergent care.

CREATE A PROGRAM TO REIMBURSE FOR PATIENT BOARDING that is currently an expense solely borne by hospitals without reimbursement while patients await care in the appropriate care settings.

IMPROVE THE KANSAS GUARDIANSHIP PROGRAM for the purposes of medical next of kin so a patient's family can become surrogate decision makers faster than the current court system allows so

patients can be transferred easier to the appropriate care settings in order to get the best care possible.

INVEST IN PATIENT INTERFACILITY TRANSPORT to help assist patients who need higher levels of care but are not getting timely transport due to emergency services prioritizing other emergency calls ahead of interfacility transport needs.

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KHA SOCIAL CHANNELS



FINANCIAL ISSUES



Inadequate Cash Flow

Margins allow hospitals to invest in services to meet growing demand, keep pace with the rapid changes in health care and subsidize access to community services.

National average of cash on hand is 265 days.

Kansas average of cash on hand is 62 days.

Current Medicaid underpayments leave approximately 35 percent of costs born by hospitals.



67 percent of hospitals in Kansas had a negative operating margin going into 2024.

Average Operating Margins



National studies show 60 Kansas hospitals are at risk of closing.



Hospitals in Kansas must remain financially healthy to serve patients with emergency medical needs.

CONTINUE TO BRING MEDICAID RATES IN LINE with surrounding states.

PERMANENTLY APPROVE THE CHANGES to the health care access improvement program so that hospitals can continue their own investments in supporting the Medicaid program.

KEEP KANSANS' ACCESS TO BEHAVIORAL HEALTH SERVICES by continuing a state add-on payment for the behavioral health beds that currently serve Kansans but are a significant cost driver for financially vulnerable hospitals.

PASS A BILL THAT REQUIRES the Kansas Department of Aging and Disability Services to allow Rural Emergency Hospitals flexibility to provide services like skilled care without having to meet guidelines as if they are a new facility.

PROTECT THE 340B PROGRAM by building on the budget proviso that prohibits drug manufacturers from trade practices that limit the ability of community pharmacies to participate in the program and patients' freedom to choose their local pharmacy.

EXTEND THE RURAL HOSPITAL INNOVATION GRANT PROGRAM so hospitals can continue to seek grants for critical services as they transition to new models of care.

EXPLORE WAYS TO REDUCE THE UNCOMPENSATED CARE that is currently being provided at Kansas health facilities without compensation.

Get the facts about 340B. Visit: 340BKansas.org

340B creates healthier Kansas communities.

WORKFORCE OPPORTUNITIES

Kansas needs investments in health care professionals.

ALLOCATE ADDITIONAL FUNDS FOR THE KANSAS NURSING INITIATIVE GRANT PROGRAM and allow more flexibility on how those funds can be expended so nursing programs can be better equipped to train and graduate more students.

CREATE A SCHOLARSHIP PROGRAM FOR ALLIED HEALTH CARE STUDENTS WHO SERVE IN CRITICAL AREAS OF NEED FOR THE HEALTH CARE WORKFORCE. Currently the PROMISE Act doesn't allow many Allied Health Programs to access scholarships. Additionally, the Kansas Nursing Service Scholarship is only for full-time nursing students. KHA asks policymakers to invest more into the Nursing Service Scholarship program and allow Allied Health Programs and part-time students access to a Health Care Service Scholarship Program.

INCREASE GRADUATE MEDICAL EDUCATION FUNDING TO GROW PHYSICIAN TRAINING slots in Kansas and create incentives for physician residents to practice in underserved areas of specialty and geographic areas across Kansas.

RE-ENVISION THE RURAL OPPORTUNITY ZONE PROGRAM allowing those serving in rural opportunity zones to use the benefits of the rural opportunity zones for more possibilities such as housing or childcare.



Increased shortages of nurses are anticipated as 29 percent of Kansas registered nurses and 23 percent of licensed practical nurses are planning to retire within the next five years.



Enrollment in nursing education programs is down 39 percent over the last 10 years.

2X

The shortage of health care employees in Kansas is nearly double what it was four years ago. In 2019, the vacancy rate for positions in Kansas hospitals was 7.4 percent and in 2023 it was 13 percent.

CREATE A TAX INCENTIVE FOR PRECEPTORS AND MENTORS that are training the health care professionals of the future.

CONSIDER LEGISLATION TO ALLOW FACILITIES TO PRESS CHARGES on behalf of health care workers who are assaulted on the job by creating a crime of interference with the health care services of others.

CREATE A PROGRAM ALLOWING UPSKILLING TRAINING OF HEALTH CARE PROFESSIONALS so that they can serve in a wide variety of capacities inside a health care setting for both hospitals and long-term care facilities.

- SOURCES
- State of Nursing in Kansas
 - KHA Survey Data Completed March 2023
 - 2022 Cost Report Data, Centers for Medicare & Medicaid Services
 - Census Bureau, 2022
 - Kaufman Hall March 2023, National Hospital Flash Report
 - CHQPR Rural Hospitals at Risk Report, July 2023