

**We CARE
We VOTE**

Congressional Candidate

Q&A

1

The Kansas Hospital Association encourages Kansans to **VOTE** on Nov. 8 for the candidates who best represent their concerns and interests – especially when it comes to health and the economic strength of Kansas. KHA surveyed the leading Congressional candidates including District 1 incumbent Representative Jake LaTurner about his health care platform.



JAKE LaTURNER

(R) District 2

Question

1

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?

Answer: The most pressing health care issue facing Americans today is the rapidly rising cost of care.

In order to help mitigate this problem, I introduced the Health Savings Act of 2021 to expand access to HSA's and FSA's and allow American workers to maintain financial control over their health care spending without tax penalties. The bill would also increase how much individuals can save in the accounts and the array of items and coverage options they can purchase with them.

I believe that increasing access to these types of consumer-directed accounts will help drive market based competition to rein in the cost of care moving forward.



JAKE LaTURNER

(R) District 2

**Question
2**

KHA has always opposed sequestration because we believe that Medicare should function like normal American businesses and families by paying bills in full. Unless Congress changes the law by January 1, Medicare will only pay 94% of its bills to providers. This will have huge, negative financial consequences for hospitals. What is your perspective on sequestration, and how would you propose to resolve this impending Medicare payment cliff?

Answer: The scheduled Medicare payment cuts, combined with the possibility of the 4% PAYGO reduction, have the potential to undermine the financial stability of providers across the country. These cuts, along with the lowest conversion factor since 1994, must be addressed in order to align payment levels with the cost of care. Congress must act on this issue prior to the January 1 deadline in order to provide clarity and long-term stability for Kansas medical providers.

**Question
3**

The 340B drug pricing program has been essential for many Kansas hospitals who serve a high proportion of low-income Kansans, but pharmaceutical companies have been undermining 340B in an attempt to limit their involvement in this important part of our nation's health care safety net. Would you cosponsor a bill in the 118th Congress that would do what H.R.4390, the PROTECT 340B Act, does by restoring the program's integrity?

Answer: Yes, I am a proud cosponsor of H.R. 4390 in the current Congress and will continue to advocate for solutions that require fair treatment of 340B providers.

This simple solution would prohibit insurers and pharmacy benefit managers from discriminating against rural hospitals who use the 340B program to serve low income and uninsured Kansas, and it is vital that Congress moves forward with this legislation to protect these safety-net providers.



JAKE LaTURNER

(R) District 2

**Question
4**

Rural hospitals are indispensable in providing a robust health care network available to all Kansas. Unfortunately, Medicare payment adjustments for Medicare Dependent Hospitals and some Low Volume Hospitals are set to expire at the end of fiscal year 2022. Do you support these programs and others like the Rural Emergency Hospital program, set to go into effect on January 1?

Answer: Yes, I recently co-sponsored H.R. 1887, the Rural Hospital Support Act, to extend the MDH and LVA programs by 5 years. These rural providers depend on revenue from Medicare, and I will continue to support these designations to ensure that small, rural hospitals can continue to operate and provide vital care in their communities.

**Question
5**

In the Consolidated Appropriations Act, 2021, Congress included a provision that requires mediation to determine how much an insurer pays a provider when a surprise bill hits an insured person. Insurers are trying to get the Administration to go against the will of Congress to require in their final rulemaking process that mediators are to use the median in-network rate as the basis of the payment. If elected, how would you ensure that Congressional intent is followed and other factors besides the median in-network rate are considered in surprise billing cases?

Answer: Congress passed the No Surprises Act with the intent that the IDR process would be able to address unique billing disputes without unfairly or disproportionately factoring in any single criteria. The requirement to consider factors submitted by both parties specifically rejects the policy currently being pursued by the administration.

The constitutional role of any administration is to faithfully execute the laws passed by the Congress, and I will continue to support any and all efforts – either through continued outreach to the current administration or through legislative remedies – to ensure that the legislature’s intended policy is properly implemented.