



Kansas candidates for U.S. Senate 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 Kansas candidate for U.S. Senate is most committed to solving health care challenges, KHA surveyed the leading candidates about their perspectives related to health care. Their answers, edited only for length, are provided below.



Barbara Bollier (D)



Roger Marshall (R)

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Besides COVID-19, what is our country’s most pressing health care issue and how will you address it?	<p>Lack of access to affordable health care is our most pressing issue. In the U.S. Senate, I will:</p> <ul style="list-style-type: none"> • Fight to protect what works in the Affordable Care Act, such as pre-existing condition protections for Kansans, while improving what has been less successful. • Support federal efforts to incentivize Medicaid expansion in the 12 states that haven’t yet expanded, including Kansas. • Continue all efforts to prevent surprise medical billing. 	<p>Our most pressing issues are the viability of rural hospitals and the cost of health care. In the U.S. Senate, I will:</p> <ul style="list-style-type: none"> • Work to modernize how we pay for health care, which includes moving away from a fee-for-service model toward programs aimed at value-based care, as well as ensuring fair payment formulas. • Fight to protect coverage for pre-existing conditions. • Continue to work to increase telemedicine services and broadband access in rural areas.
What policies will you support to equip hospitals to effectively deal with COVID-19 in their communities?	<p>Congress must pass a fourth COVID-19 relief package as soon as possible. Kansas hospitals were struggling before the pandemic due to high rates of uncompensated care, made worse by Kansas’ failure to expand Medicaid. With months of limiting elective procedures, COVID-19 has devastated the bottom lines of Kansas hospitals. As U.S. Senator, I will deliver the support hospitals need to protect our communities from this pandemic.</p>	<p>Addressing the pandemic requires not only a whole-of-government approach, but also a partnership with the private players within the health care industry. As U.S. Senator, I will continue to address the critical operational challenges of rural health providers, including such solutions as targeted funding; additional financial support from state health plans; and working with manufacturers to prioritize new testing tools and equipment for Kansas hospitals.</p>
Do you support the 340B drug pricing program as it is, or will you recommend changes like those being sought by pharmaceutical companies?	<p>I wholeheartedly support the 340B drug pricing program and legislative efforts to protect 340B eligibility. Pharmaceutical companies have too much power, and politicians in Washington have failed to stand up to them. I also support more transparency in drug manufacturing, including legislation to allow Medicare to negotiate for lower prescription drug costs.</p>	<p>One of my goals is to make the 340B program more efficient and equitable for both covered entities and manufacturers. I recommend HHS have sufficient funds and staff to oversee the program; disallow duplicate discounts; stop the increasing discriminatory practice of pharmacy benefit managers taking essential 340B savings from covered entities; and codify a hospital’s ability to contract with outside pharmacies so vulnerable patients can see their trusted community pharmacists.</p>

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What changes will you champion to reduce Medicare and Medicaid regulatory burdens for hospitals?	As a physician, I understand the burdens of unnecessary regulations. I'll support legislation that allows providers to do what they do best: care for others. Washington makes too many decisions without listening to those on the front lines. Health care workers need more time to help patients, not fill out paperwork.	As a former rural provider, I believe we must continue our fight to reduce the regulatory barrier. The cost of our largely duplicative and inefficient regulations is staggering. The two regulatory domains requiring almost two-thirds of the financial and FTE commitment are Cost of Participation and billing and coverage verification. Addressing this low-hanging fruit can help lessen the load for hospitals.
What steps will you take to provide relief for small/rural hospitals to ensure they can continue providing health care to their communities?	I'm a longtime champion for Medicaid expansion because it's good for rural Kansas and Kansas hospitals. I visited Southeast Kansas Community Health Center recently, where they are filling gaps left by hospital closures in surrounding communities. I learned how patients must travel for care, and how expensive it gets to transfer to hospitals in towns nearby. We must do better. Medicaid expansion will help.	I believe we can take a regional approach wherein larger hospitals provide specialized care, and rural providers offer non-acute care to maintain those local revenue streams. New technologies, such as telehealth and increased care coordination, will keep patients closer to home and health care dollars in rural communities. Congress must also continue to fix issues in Medicare and Medicaid programs to close the gap between rural and urban hospitals.
Do you support any federal telehealth policy changes to make telemedicine more accessible?	Telemedicine is critically important for supporting rural Kansas. I was a longtime supporter of telemedicine in the Kansas Senate and will champion this cause in the U.S. Senate. I would like to join the bipartisan Telehealth Caucus, and I will eagerly support investments in rural broadband so telemedicine can expand further across Kansas.	Telemedicine is key for the long-term survival of our state's health care industry. It offers protection, safety and convenience during public health emergencies, and allows small hospitals some reimbursement for services they could not otherwise offer. The temporary waiver of Medicare regulations during the pandemic should be made permanent and include appropriate reimbursement mechanisms covering all costs to deliver this care.



To review the complete answers from candidates Barbara Bollier and Roger Marshall, please visit WeCareWeVote.org