

Sharice Davids - KHA Survey Response

1. Besides the COVID-19 pandemic, what do you believe is the most pressing healthcare issue facing Americans today? How would you propose to address this issue if you were elected to Congress?

Starting in just a few weeks, the Supreme Court will hear arguments on the legality and constitutionality of the Affordable Care Act; but for the last four years, The Trump administration has consistently sought to weaken and undermine the ACA and the protections it extended to millions of Americans. Upholding, reinforcing, and expanding the ACA is the most pressing and comprehensive health care issue facing Americans past the pandemic. Along with my Democratic colleagues, I've fought to maintain vital protections for individuals with pre-existing conditions as the administration has allowed short-term duration plans, which do not provide those protections, to extend their reach. I've advocated among my colleagues and the Kansas delegation to pass legislation to incentivize Medicaid expansion in the 14 states that have yet to extend coverage to low-income adults.

2. What policies would you support in Congress to provide hospitals the necessary resources to effectively deal with the COVID-19 pandemic in their communities?

I was very proud to vote for the CARES Act, which created a provider relief fund for hospitals who have been so hard hit by the pandemic. The financial toll from stopping all elective surgeries for weeks and from purchasing price-inflated PPE and testing supplies is serious for many hospitals, and many may require additional relief to stay standing through the pandemic. Since COVID-19 began to spread in earnest in the U.S., I have advocated for using every tool in our arsenal to ensure that we have a sufficient supply of PPE for our health care and frontline workers, from pushing the administration to use the full force and scope of the Defense Production Act to introducing legislation to help small manufacturers right here in Kansas shift to producing N95 masks, gloves, and gowns.

3. The 340B drug pricing program has been essential for many Kansas hospitals who serve a high proportion of low-income Kansans. Do you support this program as it is or are you recommending any changes to it like those being sought by pharmaceutical companies?

I strongly support the 340B program and the absolutely crucial savings it provides to our critical access hospitals, community health centers, and other 340B providers who serve low-income and underinsured Kansans. Pharmaceutical companies are seeking to dramatically disrupt the program and threaten access to critical drugs for the many patients of 340B partners, and I have pushed Secretary Azar to use his secretarial authority to clarify that these companies do not have the power to do so. I have also urged PhRMA to push back on these threats and preserve this essential program.

4. What changes would you champion to reduce the regulatory burden for hospitals under the Medicare and Medicaid programs?

One of the regulatory and administrative burdens I hear about most from health care providers is the issue of prior authorization. It was never intended to place such administrative burden on hospitals that it hampers care and takes away valuable

resources from providers, which is why I support standardizing and streamlining the process and preventing potential abuse. I have also urged the leadership of the House as well as CMS and HHS to take action on the most recently proposed physician fee schedule, which would impose drastic cuts to many specialty physicians. Many of these physicians have already endured steep financial losses due to the delay in elective procedures and surgeries during the pandemic, and these cuts could prove devastating to hospitals and practices that depend on revenue from these specialized services.

5. What steps would you take to provide relief for small and rural hospitals to ensure they can continue to provide health care services to their communities?

One of the greatest long-term challenges in rural health care is the growing threat of physician shortages, especially in our rural and underserved communities. At the federal level I support increasing the number of resident positions eligible for graduate medical education repayments to ensure that we have enough doctors across the state and in every community.

6. How do you view the role of telemedicine in our current health care system? Do you support any federal telehealth policy changes to make it more accessible?

Telemedicine has been a true lifesaver during the pandemic by allowing so many folks to see their providers while staying home and staying safe. While the immediate waivers CMS granted to broadly expand telemedicine capacity were meant to be temporary, it's clear now that this should be a fixture in our health care system. Many vulnerable individuals face transportation challenges in seeing their health care providers regularly, especially those living in underserved or very rural areas. I support permanently extending several of the most common-sense telehealth waivers, including removing restrictions that require originating sites to be in a rural area and allowing patients' homes to serve as originating sites for all telehealth services. We've seen patients of all ages learn to adapt to telemedicine, and the many advantages it can provide long-term are worth exploring beyond the pandemic.