



**Amanda Adkins, Candidate for Kansas' Third Congressional District
Response to Kansas Hospital Association
2020 Federal Candidate Questionnaire**

- 1. Besides the COVID-19 pandemic, 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?**

Our healthcare system was broken long before COVID-19, but the pandemic created an urgent need for common sense reforms. We need to reduce cost, cut red tape, and make it easier for individuals and families to gain access to the healthcare services they need. My opponent, Sharice Davids, wants to do just the opposite – put bureaucrats in charge of healthcare, eliminate or make more expensive employer-based insurance, and impose massive healthcare taxes on families.

I believe we need a better plan than the Affordable Care Act (ACA) for how we deal with crisis in the healthcare system. Healthcare reform must address coverage issues and continue to protect individuals with pre-existing conditions. However, the American people should expect more than 'band-aid' solutions that do not reduce the cost of health care. Real change will only come when there is direct alignment between the individual and providers, better coordination of care, and transparency on total cost of care. I recently released a healthcare reform plan related to these goals that can be viewed [HERE](#).

I am committed to healthcare that is smarter, more transparent and more affordable. I will support policy solutions that encourage providers, the most trusted resource in healthcare, to coordinate care over a lifetime, resulting in better health outcomes and lower costs. We need transparency on total cost of care and local decision-making on how money is spent. And finally, healthcare decisions must center on the individual and the family, not be dictated by the government. These decisions should assume that healthcare dollars are directly managed by the individual, based on their healthcare risks and needs. When that is not possible these decisions should be managed at the state or community level.

Congress lacks enough leaders with business and healthcare experience, and we owe it to future generations to resolve the issues related to the financing and management of the US healthcare system. As a leader in healthcare for more than a decade, my mission is to make the system better.

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 believe the nation needs a three-point COVID-19 response plan that improves upon: 1.) disease detection; 2.) risk mitigation; and 3.) supply chain management. Each of these components is critical to reopening our communities safely and efficiently and ensuring hospitals have the resources needed to deal with the pandemic in their communities.

While we have seen improvements in disease detection and are learning more about preventing the spread of the disease, America remains vulnerable when it comes to medical supply chain management. Specifically, the US medical supply chain remains dangerously dependent on China and other countries. The Federal government needs to take more aggressive steps in oversight, planning and security of the US medical supply chain, including incentivizing manufacturers to return drug manufacturing to the US.

I was pleased when the President issued an Executive Order in August aimed at strengthening the U.S. supply chain for essential drugs and medical devices. The Administration rightfully recognizes the need for increased domestic production of essential medicines, medical equipment and protective gear, including personal protective equipment (PPE). We must decrease our country's reliance on foreign drug and medical device manufacturing. This process will take time to implement effectively and I support provisions in the Executive Order calling for appropriate procurement cost oversight, ensuring medical product costs are not increased by more than 25%.

US healthcare providers – our communities' first line of defense – should not have to depend on a medical supply chain that is coming from a single foreign country. Let me be clear – I strongly support international business, but the role of the Federal Government is first and foremost the safety and security of our citizens.

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 would you be recommending any changes to it like those being sought by pharmaceutical companies?

The 340B drug pricing program is a tool to keep drug costs low for Americans who need assistance while supporting hospitals who leverage the program as part of care delivery. This program is particularly important now given the impact of the COVID-19 pandemic on vulnerable community hospitals.

I support the 340B drug pricing program, and I am committed to keeping drug prices low for all Americans. I am also committed to encouraging innovation in the pharmaceutical industry. As such, Congressional oversight of the 340B drug pricing program should include not only an assessment to ensure all participants in the healthcare system are sharing the burden of providing care to those who need it in an efficient economic model, but also

ensuring the 340B program does not negatively impact the pharmaceutical industry's investments in research. We must keep drug prices low for those who need it, while also encouraging innovation in the pharmaceutical industry.

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

Healthcare providers are the most important relationship in helping identify and manage risk – particularly in the current crisis – as well as coordinate care. Federal leaders need to support providers in this work. We must reduce waste, fraud, and abuse in the Medicare and Medicaid programs to ensure more funding is spent on patient care. We must also lessen the regulatory requirements for hospitals under these programs so they can provide care, rather than focus on burdensome paperwork.

Kansas hospitals are in a unique position in that rural hospitals have difficulty achieving the same economies of scale as larger suburban healthcare systems. Congress should ensure Medicare regulations recognize these difficulties and reimburse accordingly.

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?

Rural hospitals are closing across the United States at an alarming rate. I understand and appreciate the problems they face including geographic isolation, patient populations that are often older and sicker, and shortages of primary care providers and specialists. These problems require we take a new look at care delivery and support rural health leaders by easing federal requirements and improving regional innovation. I believe healthcare decisions are best made at the local level – not by the federal government. Local decision makers are far better equipped to meet the unique needs of their specific demographics.

Rural healthcare can and should provide basic primary care, wellbeing services and emergency services, and then connect into specialty centers of excellence in regional hospitals or health systems. One way we can ease federal requirements is to allow rural community hospitals the flexibility to operate as rural emergency medical centers with 24-7 services, but not require they maintain expensive infrastructure including requirements to maintain overnight hospital beds. Currently, the federal government requires rural hospitals to operate overnight hospital beds in order to get paid for treating Medicare patients. This does not reflect the demographics or economic reality of many places in Kansas.

Consistent with my belief that healthcare needs to be smarter, I will support policy solutions that empower providers in all communities with the ability to coordinate care over a lifetime, resulting in better health outcomes and lower costs. I support models that allow for economic efficiency.

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?

The pandemic has created an opportunity for providers to rethink how they engage people, including through the more rapid expansion of telehealth services. Telemedicine allows for electronic communication between a person and their provider to get advice, gain care, receive reminders and address some healthcare needs. While telehealth was never intended to replace in-person care, it can provide an easy and efficient avenue for people to access medical advice quickly and safely, particularly in today's environment.

In August, President Trump released an [Executive Order](#) to advance and improve telehealth access for Medicare beneficiaries. This Order directed HHS to implement new payment mechanisms to rural health providers, ensuring they have flexibility in Medicare rules. The Executive Order also directed the Secretaries of HHS and Agriculture develop a strategy to improve the healthcare infrastructure available to rural Americans, including increasing access to healthcare by reducing regulatory burdens. We must ensure these steps are made permanent where possible and specifically ensure providers are reimbursed appropriately for time spent on telehealth visits.

During the COVID-19 pandemic the federal government put in place temporary programs allowing telehealth services for Medicare beneficiaries to be reimbursed at a level comparable to in-person visits. This has encouraged both physicians and people to use the service. I support making this a permanent change to ensure telehealth services remain a core component of healthcare delivery for our nation's elderly and rural populations.