



Kansas Hospital
ASSOCIATION

2020 Federal Candidate Questionnaire - Tracey Mann

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?

In the Big 1st District, maintaining access to quality and affordable health care is of primary importance. I believe that our rural communities are some of the best places in America to live and raise a family, but in order to stay vibrant and attractive, they need to continue to have excellent local health care facilities and doctors. I am concerned that the possibility of rural hospital closures and a lack of primary care physicians in our rural communities could put Kansas' families at risk. In Congress, I will work to support our rural hospital network to ensure that we have a continuum of care that recognizes local needs and the availability of community resources.

This all begins, of course, with a strong Medicare program, which, due to Obamacare's financial ramifications, has been robbed of roughly \$800 billion in the ten years since the law was passed. This is unacceptable, and in Congress, I will work to keep Medicare funding strong so that our rural health care system can stay strong with it.

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?

Ensuring that hospitals have access to a robust supply of personal protective equipment and funding to bridge through the current economic downturn are paramount. One keeps hospital employees and patients safe while doctors do their life-saving work, while the other ensures that all of our hospitals survive the economic hardships brought on by the COVID-19 pandemic.

The CARES Act and subsequent legislation have taken great strides in this direction. Next year, however, it will be important that members of Congress listen to hospitals on how the federal government is requiring them to account for the funds they received to help them get by. The last thing that we want to do is to have our health care providers emerge from the pandemic hobbled with crippling debt due to federal accounting requirements that make no sense.

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?

The current controversy about the 340B program has nothing to do with anything Kansas' hospitals have done. For our state, the 340B program works, and I do not believe that it needs any changes.

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

A major emerging issue is how COVID-19 pandemic provider relief funds are going to be accounted for. Many hospitals took advance Medicare payments just to stay afloat during the worst of March and April when revenues cratered. How the federal government handles repayment of these advance payments and how they require hospitals to account for pandemic relief funds may be the difference between the survival and the closure of a rural hospital. I am committed to working to find solutions that recognize the need to maintain our network of rural hospitals while also not sending the Medicare trust fund into insolvency.

Also, small hospital administrators in rural areas should not face inordinate administrative burdens and paperwork throughout this process. I will work to try and keep the regulatory work necessary for balancing the books on pandemic relief funds manageable.

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?

The federal government should not have a constricted approach to rural hospital size, burdening cities and counties with a fixed number of hospital beds just to keep getting Medicare funding. I support ideas like KHA's Primary Health Center model that would allow our rural communities to keep their costs under control while still providing residents with needed emergency services and access to primary care. Also, I support efforts allow PPS hospitals to choose whether or not they would like to become critical access hospitals. In general, it's been far too long since the federal government allowed for new rural hospital categorization options, and I support giving our rural communities more choices so that they can decide what works best for them going forward.

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?

Telehealth adoption is crucial for quality of life maintenance in rural Kansas. We all know about the distances involved in driving from place to place in Big 1st; telehealth eliminates

the need for many of these long trips. One of the effects of the COVID-19 pandemic on Kansas' health care system has been the widespread normalization of telehealth. As such, federal regulations in this regard need to change permanently to reflect this fact. While the Trump Administration's waiver allowing for higher reimbursement rates for telehealth visits during the current public health emergency is a good start, Congress needs to enshrine such policy changes in statute in order to reflect this new reality. The physical plants of doctors offices and hospitals need to be maintained, so returning to low Medicare reimbursement rates for telehealth visits after the pandemic would put rural hospitals at risk and jeopardize the types of in-person care that needs to be present everywhere in the state.