



KHA's Current Report
February 14, 2025

President's Perspective – Rural Health Advocates Come Together in Washington DC

Earlier this week, Kansas Hospital Association staff, hospital executives, medical students and other Kansans involved in rural health care delivery attended the National Rural Health Association's Annual Policy Institute in snowy Washington, DC. Despite the challenging weather conditions that shuttered schools in the area and drove the federal workforce to work from home for a couple of days, they came together with others from around the country to hear presentations from rural health advocates on the changed national policy environment and to hit Capitol Hill to visit with members and staff of the Kansas Congressional Delegation.

Our group was able to talk with Senator Roger Marshall, Congressman Derek Schmidt and briefly with Congressman Tracey Mann. Due to schedule changes caused by the inclement weather, they met with staff from our other delegation offices except for Congresswoman Sharice Davids, whose office had been affected by illness. The talk of the town is both chambers' forthcoming consideration of budget reconciliation bills, the process that began this week in earnest.

On Wednesday, the Senate Budget Committee marked up its version of the budget resolution, which is the first part of this process. They prefer a two-step approach, focusing this first budget resolution on border security and defense spending and deferring action on tax cuts until later in the year. It passed the committee on an 11-10 party-line vote and is now available for floor action. If passed, the spending levels included within the bill would be sent as "instruction" to the authorizing committees (in this case, Armed Services, Homeland Security and Government Affairs) to draft legislation in line with the budget resolution's numbers. The Senate's process is seen as the easiest of the two.

The House, however, is choosing to do, as one of our Kansas Delegation staffers put it, "one big, beautiful bill." This would include tax cuts and the spending items in the Senate bill. The text of their budget resolution was released on Wednesday while our group was in town, and it was immediately controversial. It instructed the committees of jurisdiction (including, in this case, Ways and Means, the committee that oversees Medicare and Medicaid) to come up with at least \$1.5 trillion in savings over 10 years. Still, it did not instruct them on how to do it. The House Budget Committee continued its markup of the bill late into Thursday. More details will be provided in the next *KHA Federal Advocate* newsletter.

In talking with members of our delegation, we impressed upon them the need to avoid further cuts to hospitals in Medicare by either treating hospital outpatient departments like primary care clinics in terms of payments—so-called "site-neutral" payment schemes—or extending Medicare sequestration beyond its 2032 expiration date. We thanked them for considering the permanent extension of pandemic-era telehealth flexibilities, the Medicare Dependent Hospital program, and the Low-Volume Hospital adjustment as part of the budget reconciliation process.

Additionally, we spoke at length regarding the need for more residency slots in rural areas. A special thanks goes to a group of KU School of Medicine students who eloquently described this need. Finally, we discussed the need for a follow-on bill to fix various problems with the current Rural Emergency Hospital program, generally referred to by advocates as REH 2.0. These include allowing retroversion to CAH status even if such hospital was a Critical Access Hospital due to a necessary provider designation, allowing recently closed hospitals to reopen as REHs, clarifying the ability of REHs to operate swing beds and allowing REHs to participate in the 340B Drug Pricing Program.

It was a successful visit, and despite the current chaos, our delegation left with a good understanding of the needs of Kansas' rural hospitals!

--Chad Austin

Noon Briefing: Medicaid's Presumptive Eligibility Program

Join Kansas Hospital Association staff for a Noon Briefing from noon to 1:00 p.m. on Feb. 26, when the Kansas Department of Health and Environment shares how the Presumptive Eligibility process works, including how a facility can become a qualified entity and the steps involved in assisting individuals with their Medicaid applications. Attendees also will discover how an organization can receive reimbursement for services provided during the Presumptive Eligibility period. This webinar will help you understand the benefits and responsibilities of becoming a qualified entity and how it can improve health care access in your community.



--Hayley Finch-Genschorck

Hotel Cut-off Approaching for the Infection Prevention Conference – March 13-14

Register and plan to attend the Infection Prevention Conference on March 13-14 in Wichita. This two-day event provides health care professionals with strategies for infection prevention and control and opportunities to network and discuss best practices.

Location and Hotel Accommodations

This conference will be held at the DoubleTree by Hilton Hotel Wichita Airport, located at 2098 Airport Road, Wichita, KS 67209. A block of rooms is reserved until Feb. 23 for March 12 and 13 at \$123 per night, plus tax. After Feb. 23, reservations will be accepted based on availability. To secure your room, call (316) 945-5272 and mention the group name "Kansas Hospital Association."



--Hayley Finch-Genschorck

On-Ramp Revamp: Managers' Role in the New-Hire Experience Educational Webinar - March 6

In today's competitive job market, attracting and retaining top talent requires a dynamic and multifaceted approach. This webinar will equip health care leaders and human resources professionals with tools and strategies to create a more engaging, supportive, and growth-focused work environment, leading to stronger retention and improved recruitment outcomes.

A poor onboarding experience can leave new hires feeling overwhelmed and disengaged. This session reimagines the onboarding process by introducing a more comprehensive, customized approach that extends from the first week to the first quarter. Discover how to integrate compliance, culture, and professional growth into the onboarding experience, ensuring a smoother transition for new employees and reducing early turnover.



--Hayley Finch-Genschorck

2024 KHA Public Funding Survey – Deadline Extended to Feb. 19

The KHA Public Funding Survey deadline has been extended to Feb. 19. To encourage participation, emails were sent to all Kansas Hospital Association member hospital CEOs and CFOs. Hospital-level results are shared with all participants, and responses support KHA advocacy efforts as we head into the 2025 legislative session.

[Click here](#) to participate. Please direct questions to [Sally Othmer](#) at (785) 233-7436.

--Sally Othmer

Infertility and Mental Health: What Every Perinatal Provider Should Know – Feb. 19

Kansas Connecting Communities is hosting a webinar from 1:00 to 3:00 p.m. on Feb. 19, entitled *Infertility and Mental Health: What Every Perinatal Provider Should Know*. During this webinar, Shatiera Amankrah, LCSW, PMH-C, will provide an overview of the mental health implications of infertility, including common diagnoses, risk factors and ways perinatal providers can support the emotional needs of their patients. Amankrah is a certified perinatal mental health therapist with more than a decade of experience in mental health counseling. As the founder of Seeds of Hope LLC, Amankrah has built a practice specializing in infertility counseling, third-party reproduction, and perinatal mental health, informed by her personal experiences with infertility, extensive academic training and professional expertise.



--Karen Braman

Tuberculosis Outbreak in KCK Metro Area – Update and TB Resources Available

The Kansas Department of Health and Environment, with support from the Centers for Disease Control and Prevention and local health departments, has been responding to a tuberculosis outbreak in the Kansas City, Kansas, metropolitan area since January 2024. In recent weeks, the outbreak has been reported to be one of the largest in documented history in the U.S.

As of Jan. 31, 2025, there are 67 confirmed cases of active TB, including 60 in Wyandotte County and seven in Johnson County. Of these individuals, 35 have completed treatment and are considered cured, and 30 are currently under treatment. Most are no longer considered infectious to others or are isolating to avoid infecting others. There are two reported deaths associated with this outbreak. There are 79 confirmed latent TB cases, including 77 in Wyandotte County and two in Johnson County. Individuals with latent TB infections are not infectious to other people. Thirty-one individuals have completed treatment, and 28 are currently under treatment.

As a reminder, mandated reporters, including clinicians, are required by Kansas Administrative Regulation (K.A.R. 28-1-2) to report all suspected cases of active tuberculosis to the 24/7 KDHE Epidemiology Hotline (877-427-7317, option 5) within four hours of suspicion. Report all latent TB infection cases to the county's local health department and KDHE within 24 hours. Laboratories are required by K.A.R. 28-1-18 to report laboratory reports of tuberculosis cases to KDHE using an approved electronic method.

For more information on the Kansas City Area TB Outbreak and TB resources for providers, visit the [KDHE Tuberculosis Program website](#).

--Karen Braman

2025 Kansas Immunization Conference May 20-22

The [2025 Kansas Immunization Conference](#), sponsored by the Kansas Department of Health and Environment, is scheduled for May 20-22 at the Wichita Marriott. KDHE's Kansas Immunization Program collaborates with local health departments and other health care providers to reduce or eliminate vaccine-preventable diseases that can cause disability and death. Registration opens soon. Please share this with your team members who are engaged in immunization.

--Karen Braman

Spring Ahead with a Fresh Blooming Perspective for Sterile Processing Education – March 29

The mission of the Kansas Society for Healthcare Central Service Professionals is to advance the improvement of Central Service by developing efficient, effective and economical education and training programs for central service. Slated for March 29 at Memorial Health System in Abilene, the KSHCSP Board invites all personnel employed in any aspect of device reprocessing, including infection prevention, risk management, SPD technicians, manager and supervisors and GI and OR personnel to [Spring Ahead with a Fresh Blooming Perspective for Sterile Processing Education](#). Earn free CE credits online through [Steris University](#). Walk-ins are welcome. This event is free for members or \$40 for non-members, which includes membership for 2025. Please pre-register by emailing Joanna Berg, KSHCSP president, jberg@vet.k-state.edu or kshcspboard@gmail.com. We look forward to seeing you there.

--Dennis George

Have You Joined KC Health Communicators?

[KC Health Communicators](#) is looking for marketing and communications professionals in health care or health care-adjacent fields. KCHC members share best practices and continue professional development through education and networking. They host four education events (two in-person and two virtual) throughout the year and a conference in the fall. [You must be a member to attend the education events](#).

2025 Schedule

- **Wednesday, Feb. 26**
Health Care in the New Political Environment
North Kansas City Hospital
11: a.m. to 1:00 p.m.
- **Wednesday, April 30**
Preparing Your Hospital for the World Cup
Location: TBD
- **Wednesday, June 18**
Using AI in Health Care
Virtual

- **Wednesday, Aug. 13**
What Urban Hospitals Can Learn from Rural Hospitals/What Rural Hospitals Can Learn from Urban Hospitals
Virtual
- **Friday, Oct. 17**
2025 KCHC Fall Conference
Location: TBD

If you have not renewed your membership or are a first-time member, please visit the [KCHC website](#), and download the [membership form](#). If you have questions about KC Health Communicators or want to RSVP for the Feb. 26 education event, please contact [Shelby Stacy](#) at (785) 233-7436.

--Shelby Stacy

Screening for Syphilis in Pregnancy – ACOG Guidance

In April 2024, the American College of Obstetricians and Gynecologists issued a [Practice Advisory on syphilis testing in pregnancy](#). Due to rapidly increasing rates of congenital syphilis, ACOG advises that obstetrician-gynecologists and other obstetric care professionals should screen all pregnant individuals serologically for syphilis at the first prenatal care visit, followed by universal rescreening during the third trimester and at birth rather than use a risk-based approach to testing. From 2012 to 2021, congenital syphilis cases in the United States increased by 755 percent. From 2017 to 2021, [CS rates rose 219 percent in the US and rose 648 percent in Kansas](#). The April 2024 Practice Advisory notes that ACOG continues to endorse the Centers for Disease Control and Prevention [Sexually Transmitted Infection Treatment Guidelines, 2021](#).

--Karen Braman

Severe Hypertension in Pregnancy – AIM Safety Bundle Introduction – Recording Available

If your team could not attend the Jan. 28 KPQC Learning Forum: *Severe Hypertension in Pregnancy – AIM Safety Bundle Introduction*, or you want to share the information with colleagues, here are the [resources](#), [recording](#) and [slide deck](#) links. These links are also available on the [Kansas Perinatal Quality Collaborative website](#). Even if your facility does not provide OB services, this is excellent information for emergency departments and clinics that will likely encounter pregnant or postpartum women. For more information, please contact KPQC Co- Coordinators, [Terrah Stroda](#) or [Kari Smith](#).

--Karen Braman

Federal and National News

CDC Issues Health Advisory for Ebola Disease in Uganda

On Thursday, Feb. 6, the Centers for Disease Control and Prevention on Thursday issued a health advisory related to a recently confirmed outbreak of [Ebola disease](#) in Uganda caused by the Sudan virus disease. The advisory summarizes current recommendations for U.S. public health departments and clinicians about case identification, testing and biosafety considerations in clinical laboratories.

In addition, health care providers are reminded to systematically assess patients with compatible symptoms for exposure risk and the possibility of viral hemorrhagic fevers, including Sudan virus disease, through a triage and evaluation [process](#) that includes recent travel history.

Study Results Show enCompass Reduces Stigma, Increases Knowledge

A recent [study](#) published in the *Journal of Addictive Diseases* shows that individuals who participated in the Addiction Policy Forum's [enCompass](#) program saw decreased addiction stigma and improved knowledge about substance use disorders after receiving the intervention.

The Addiction Policy Forum developed the enCompass intervention to increase knowledge about SUDs, correct misconceptions, improve helping behaviors and reduce stigma. Components of the intervention include the following:

- Stigma reduction methods include tools and strategies identified by leading stigma researchers and summarized by the National Academies of Sciences, Engineering and Medicine
- Knowledge-building components of enCompass include addiction basics, treatment, and recovery delivered via an eight-hour program through brief lectures, animated explainer videos, and video segments from leading neuroscientists, addiction psychiatrists, and emergency medicine physicians
- Misconception corrections embedded throughout the curriculum address common misconceptions about SUD and recovery and use best practices for correcting myths and misinformation
- Skills building is integrated into the curriculum and practiced to reduce the potential for discrimination. For example, family members and concerned significant others practice communication skills appropriate for someone with SUD

Before You Go ...

- Stimulant use disorder is a rapidly growing concern across the country, with escalating rates of death attributed to amphetamines and cocaine. Currently, no medications are approved for the treatment of stimulant use disorder. A recently released [article](#) in the *Journal of Addiction Medicine* entitled, *Prescribing Psychostimulants for the Treatment of Stimulant Disorder: Navigating the Federal Legal Landscape*, digs into key considerations regarding the off-label use of psychostimulants, such as dextroamphetamine, methylphenidate and modafinil.
- As more states legalize medical and recreational marijuana, the prevalence of cannabis use and cannabis use disorder also are on the rise. A recent study published in *JAMA*, [Brain Function Outcomes of Recent and Lifetime Cannabis Use](#), explores the long-term effects of heavy cannabis use on the brain and related systems.
- Did you know? These social determinants of health – identification as LGBTQ+, experiences of childhood abuse, sexual assault, housing status and past military experience – were linked with the highest rates of suicidal ideation and attempts. A recent [paper](#) published in *JAMA* about SDOH and suicide-related outcomes explores the significant risk factors of suicide mortality.