



AMERICAN PHARMACISTS ASSOCIATION
STATEMENT FOR THE RECORD

BEFORE THE U.S. SENATE HEALTH, EDUCATION, LABOR AND PENSIONS (HELP)
COMMITTEE ON

“VACCINES: AMERICA’S SHOT AT ENDING THE COVID-19 PANDEMIC”

TUESDAY JUNE 22, 2021



Chair Murray, Ranking Member Burr, and Members of the Committee, the American Pharmacists Association (APhA) is pleased to submit the following Statement for the Record for the U.S. Senate Health, Education, Labor and Pensions Committee hearing on "Vaccines: America's Shot at Ending the COVID-19 Pandemic."

APhA is the largest association of pharmacists in the United States advancing the entire pharmacy profession. APhA represents pharmacists in all practice settings, including community pharmacies, hospitals, long-term care facilities, specialty pharmacies, community health centers, physician offices, ambulatory clinics, managed care organizations, hospice settings, and government facilities. Our members strive to improve medication use, advance patient care and enhance public health.

Mitigating Vaccine Hesitancy, Especially Among High-Priority Populations to Promote Health Equity by Maximizing the Use of Trusted Community Pharmacists

Due to the trust earned between pharmacists, their patients, and their communities, pharmacists have opportunities to advance public health through immunization access and advocacy for our nation's vulnerable populations—which is an invaluable asset that should be emphasized under the equitable distribution and administration of the FDA-authorized and approved COVID-19 and other vaccines to break down barriers and ensure health equity.

Pharmacists can facilitate and amplify disease prevention strategies, because many vulnerable and minority populations at higher risk for COVID-19, influenza, and pneumococcal disease visit pharmacies and are seen by pharmacists daily.

Working with local and state public health departments, state and/or national immunization coalitions, local community and other groups (e.g., employers, faith-based organizations, schools, teachers, diabetes, heart, lung, or retired persons' associations), pharmacists can promote vaccination among high-risk minority and underserved populations.

APhA urges the Committee to ensure all legislation focused on vaccine hesitancy and confidence include a strong, fully-funded component for pharmacists to lead education and outreach campaigns within their practices and communities supporting clinically recommended vaccinations to eliminate stigma and improve prevention and health outcomes for high priority and vulnerable patient populations to promote vaccine and health equity.

Expediently Pass Legislation to Make Permanent Pharmacists' Temporary COVID-19 Authorities

During the COVID-19 public health emergency (PHE), pharmacists have demonstrated the ability to significantly expand access to care and equity in care,¹ and they will only be able to continue to do so if certain regulatory barriers are permanently removed. The pandemic has demonstrated how essential and accessible pharmacists are in the United States. Pharmacists and pharmacies' lights stayed on from the start of the pandemic and have unquestionably solidified pharmacies as essential components of public health infrastructure.

Nearly 90 percent of Americans live within five miles of a community pharmacy. Pharmacies often offer extended hours and added convenience for many underserved and rural communities. These attributes have greater significance as many individuals and caregivers have limited flexibility to take off from work or school to access these services. Pharmacists are trusted and accessible healthcare professionals with established relationships with their patients. Pharmacists also have strong relationships with local medical providers and hospitals to refer patients as appropriate.

As you know, the fight against COVID-19 has demanded the federal government take action to allow pharmacists and other health care professionals to do more of what they are trained to do. By being more flexible about certain requirements and expanding scope of practice through new authorities, the federal government made it easier for pharmacists to provide care to patients during the COVID-19 PHE. The problem is many of these flexibilities and authorities are not considered permanent and further action is needed to expand access to pharmacist-provided services. If action is not taken by Congress, patients, including many minorities in underserved communities, and many adolescents, will not be able to receive needed immunizations and care at pharmacies across the country once the PHE ends.

Many of these new authorities and flexibilities, authorized by HHS under the Public Readiness and Emergency Preparedness Act (PREP Act), including pharmacists' ability to order and administer COVID-19 and childhood vaccines and tests for COVID-19, influenza, and respiratory syncytial virus (RSV), as well as pharmacy interns and pharmacy technicians to administer COVID-19 tests, COVID-19 vaccinations, and childhood vaccines to persons aged 3 years or older should continue as they have significantly increased patient access and care.

¹ National Pharmacy Organizations Unite to Take a Stand Against Racial Injustice. June 5, 2020, available at: https://www.accp.com/docs/news/Pharmacy_Statement_On_Racial_Injustice.pdf

Maintaining these authorities, particularly for children and adolescents, is vital as we enter into the next stage of COVID-19 vaccinations and getting American families back to work. As you know, HHS cited a May 2020 Centers for Disease Control and Prevention (CDC) report which found a troubling drop in routine childhood immunizations as a result of families staying at home.² In addition, a separate claims analysis found that teens and adults potentially missed over 26 million doses of recommended vaccines in 2020.³ While families followed public health warnings about going out, an unfortunate result was many missed routine vaccinations. This decrease in childhood vaccination rates is a public health threat and a collateral harm caused by the COVID-19 pandemic. As a result, HHS temporarily extended pharmacists' authority to order and administer, as well as pharmacy interns and pharmacy technicians to administer, childhood vaccines to avoid preventable diseases in children, reduce additional strains on the healthcare system, and any further increases in avoidable adverse health consequences—particularly if such complications coincide with an additional resurgence, or variants of COVID-19.⁴ Clearly, these temporary authorities for pharmacists need to be made permanent to maintain vaccine access for underserved and minority communities to reduce current and future vaccine hesitancy in these communities.

S. 1362 / H.R. 2759, the *Pharmacy and Medically Underserved Areas Enhancement Act*

The COVID-19 pandemic has further illustrated how difficult it is for some patients living in medically underserved communities to access care and achieve optimal medication therapy outcomes. A strong body of evidence has shown that including pharmacists on interprofessional patient care teams with physicians, nurses, and other health care providers produces better health outcomes and cost savings. As stated above, pharmacists are one of the most accessible health care providers in the nation, with nearly ninety percent of Americans living within five miles of one of the nation's 88,000 pharmacies.⁵

Despite the fact that many states and Medicaid programs are turning to pharmacists to increase access to health care, Medicare Part B does not cover many of the impactful and valuable patient care services, including all Advisory Committee on Immunization Practices (ACIP)-recommended vaccinations, pharmacists can provide. As proven during the COVID-19

² Jeanne M. Santoli et al., *Effects of the COVID-19 Pandemic on Routine Pediatric Vaccine Ordering and Administration — United States, 2020*, CDC, 69 MMWR 591, 592 (2020), <https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6919e2-H.pdf>

³ Avalere Health. *Updated Analysis Finds Sustained Drop in Routine Vaccines Through 2020*. June 9, 2021, available at: <https://avalere.com/insights/updated-analysis-finds-sustained-drop-in-routine-vaccines-through-2020>

⁴ <https://www.hhs.gov/sites/default/files/third-amendment-declaration.pdf>

⁵ NCPDP Pharmacy File, ArcGIS Census Tract File. NACDS Economics Department.

pandemic, pharmacists are an underutilized and accessible health care resource who can positively affect beneficiaries' care and the entire Medicare program.

Accordingly, APhA strongly urges the Committee to include S. 1362, the *Pharmacy and Medically Underserved Areas Enhancement Act*, recently introduced by bipartisan members of this Committee, in any of the Committee's legislative packages to end the COVID-19 pandemic to allow pharmacists to deliver vital patient care services in medically underserved areas to help break down the barriers to achieving health care equity in this country, improve patient care, health outcomes, the impact of medications,⁶ and consequently, lower health care costs and extend the viability of the Medicare program.

By recognizing pharmacists as providers under Medicare Part B, S. 1362 would enable Medicare patients in medically underserved communities to better access all vaccinations and other health care services through state-licensed pharmacists practicing according to their own state's scope of practice. To reiterate, in medically underserved and rural communities, pharmacists are often the closest health care professional and the most accessible outside normal business hours. S. 1362 recognizes that pharmacists can play an integral role in addressing these longstanding disparities to help meet health equity goals⁷ and ensure that our most vulnerable patients have access to the care they need where they live. Helping patients receive the care they need, when they need it, is a common sense and bipartisan solution that will improve outcomes and reduce overall costs.

Conclusion

APhA would like to thank the Committee for working with us to make key COVID-19 health care flexibilities for pharmacists permanent to decrease vaccine hesitancy and promote health care equity and recognizing pharmacists as health care providers under Medicare Part B. Please contact Alicia Kerry J. Mica, APhA Senior Lobbyist, at AMica@aphanet.org or by phone at (202) 429-7507 as you consider these vital issues to end the COVID-19 pandemic.

⁶ See, Avalere Health. Exploring Pharmacists' Role in a Changing Healthcare Environment. May 2014, available at: <http://avalere.com/expertise/life-sciences/insights/exploring-pharmacists-role-in-a-changing-healthcare-environment> Also, See, Avalere Health. Developing Trends in Delivery and Reimbursement of Pharmacist Services. October 2015, available at: <http://avalere.com/expertise/managed-care/insights/new-analysis-identifies-factors-that-can-facilitate-broader-reimbursement-o>

⁷ The White House. Executive Order On Advancing Racial Equity and Support for Underserved Communities Through the Federal Government. January 20, 2021, available at: <https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/20/executive-order-advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government/>