

November 23, 2020

The Honorable Ted Kaufman, Chairman
Biden/Harris Transition Committee
1120 20th St. NW
Washington, DC 20036

RE: Community Pharmacies: A Vital Partner in Reopening America

Dear Chairman Kaufman:

On behalf of the National Association of Chain Drug Stores (NACDS), we offer our assistance as your Transition Committee prepares for the Biden/Harris Administration in 2021. NACDS stands ready to support the incoming Administration in ensuring all Americans have access to essential healthcare, especially throughout the ongoing pandemic. Given our position on the frontline of COVID-19 response and recovery efforts, we urge swift and comprehensive action to ensure that Americans, across the continuum from the nation's critical workforce to those at disproportionate risk for COVID-19, have community access to vital COVID-19 vaccines and viral testing, whether for diagnostic, occupational, return-to-school, public health or surveillance purposes.

We commend the Biden/Harris Transition Team for its COVID-19 efforts to date. The nation currently stands on a precipitous cliff as we witness a surge of COVID-19 cases with more than 500,000 new infections in the last few weeks.¹ Thus, America critically needs swift and comprehensive COVID-19 pandemic mitigation and recovery strategy. This strategy should blend COVID-19 mitigation testing, surveillance and containment with a deliberate, national vaccine administration initiative that leverages frontline community partners, such as retail pharmacies.

Thus far, we know:

- The virus knows no boundaries; yet, Black, Hispanic, and Asian patients having significantly higher rates of infection, hospitalization, and death compared to their White counterparts, reflecting increased risk of COVID-19 exposure due to social determinants of health including work, living, and transportation situations.² Pharmacies are well positioned to expand access to care across all populations, including those most vulnerable to COVID-19.
- Improving access to COVID-19 testing before individuals develop severe illness is essential to slow the spread of infections. Molecular and serologic testing, along with surveillance and containment initiatives, are critical elements to the nation's recovery. Colleagues from the Johns Hopkins Center for Health Security and the Association of State and Territorial Health Officials (ASTHO) assert that to defeat COVID-19 epidemics the United States needs among other things: (1) convenient access to rapid diagnostic test; (2) widespread serological testing to determine infection rates, patterns and immunity; and (3) ability to

¹ Weixel N., US sets weekly record with over 500,000 new COVID-19 cases, The Hill, Oct 2020, *available at* <https://thehill.com/policy/healthcare/523459-us-surpasses-500000-covid-cases-sets-new-weekly-record>.

² Rubin-Miller L, Alban C, et al., COVID-19 Racial Disparities in Testing, Infection, Hospitalization, and Death: Analysis of Epic Patient Data, Kaiser Family Foundation, Sept 2020, *available at* <https://www.kff.org/coronavirus-covid-19/issue-brief/covid-19-racial-disparities-testing-infection-hospitalization-death-analysis-epic-patient-data/>.

trace all contacts of reported cases.³ As a centerpiece of neighborhoods across America, pharmacies are a vital component to enhancing testing access and slowing the spread of illness.

- Uncertainties of health coverage, loss of health insurance, and lack of knowledge of protections for the uninsured may delay many Americans from seeking diagnosis and care. Yet, accessing advice from healthcare professionals is essential to determine whether someone with potential COVID-19 symptoms will seek immediate testing or care. Pharmacies can help close this information gap for patients and ensure they understand the importance of seeking care if experiencing symptoms.

With 60,000 community pharmacies across the nation, chain pharmacies are seamlessly integrated into neighborhoods across the country. In fact, 90% of Americans living within 5 miles of a community pharmacy. Neighborhood pharmacists are trusted healthcare professionals, who have demonstrated commitment, ingenuity, and innovation throughout time. Moreover, longstanding evidence demonstrates that pharmacy care is a fundamental component to vital and sustainable communities,⁴ and many Americans from every walk of life depend on pharmacies for their healthcare. For instance, high-risk Medicaid patients visit their pharmacies about 35 times a year,⁵ and an analysis of 680,000 Medicare beneficiaries showed pharmacy visits significantly outnumber primary care encounters per year (13 pharmacy visits to 7 primary care encounters), and even more so in rural areas.⁶ Neighborhood pharmacists are among the most trusted healthcare professionals, with demonstrated commitment, ingenuity, and innovation, as they consistently expand access to care. As the nation has battled COVID-19, retail chain pharmacies have kept their stores open to provide Americans with vital care services, while stepping up as a centerpiece of the nation's COVID-19 response and recovery strategy.

Likewise, with the dual threats of COVID-19 and flu this year, communities nationwide have bolstered their flu vaccination campaigns, with support of retail pharmacies, to strengthen trust across diverse communities, especially those in greatest need. Compared to last year's flu vaccination rates, retail pharmacy flu vaccinations are up 72%,⁷ further demonstrating our industry's commitment to provide needed care services. In a poll conducted by Morning Consult and commissioned by NACDS, three-in-four adults said they trust pharmacists to administer a COVID-19 vaccination, and one-third of adults say they are *more likely* to get a COVID-19 vaccination if it is available at a pharmacy. Mass vaccination of priority populations followed by the broader American public is central to reopening America, and pharmacies are poised to support this national imperative.

³ Watson C., et al., A National Plan to Enable Comprehensive COVID_19 Case Finding and Contact Tracing in the US, *available at* https://www.centerforhealthsecurity.org/our-work/pubs_archive/pubs-pdfs/2020/200410-national-plan-to-contact-tracing.pdf

⁴ Dalton K, Byrne S., Role of the pharmacist in reducing healthcare costs: current insight., *Integr Pharm Res Pract.* 2017;6:37–46, Published 2017 Jan 25 doi:10.2147/IPRP.S108047, *available at* <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5774321/>; Newman TV, Hernandez I, et al., Optimizing the Role of Community Pharmacists in Managing the Health of Populations: Barriers, Facilitators, and Policy Recommendations, *J Manag Care Spec Pharm.* 2019 Sep;25(9):995-1000, doi: 10.18553/jmcp.2019.25.9.995, *available at* <https://www.ncbi.nlm.nih.gov/pubmed/31456493>.

Armistead LT, Ferreri SP., Improving Value Through Community Pharmacy Partnerships. *Population Health Management*, 2018, *available at* <https://www.liebertpub.com/doi/abs/10.1089/pop.2018.0040?journalCode=pop>; Milosavljevic A, et al., Community pharmacist-led interventions and their impact on patients' medication adherence and other health outcomes: a systematic review, *International Journal of Pharmacy Practice*, June 2018, *available at* <https://onlinelibrary.wiley.com/doi/full/10.1111/ijpp.12462>.

⁵ Gaskins RE. Innovating Medicaid: the North Carolina Experience, *NC Med J.* 2017, *available at* <https://www.ncbi.nlm.nih.gov/pubmed/28115558>.

⁶ Berenbrok LA, Gabriel N, Coley KC, Hernandez I., Evaluation of Frequency of Encounters With Primary Care Physicians vs Visits to Community Pharmacies Among Medicare Beneficiaries, *JAMA Netw Open.* 2020;3(7):e209132, *available at* doi:10.1001/jamanetworkopen.2020.9132.

⁷ IQVIA: National Prescription Audit (NPA). Monitoring the Impact of COVID-19 on the Pharmaceutical Market, published Nov. 6, 2020, *available at* <https://drugch.nl/34wNGjr>.

RECOMMENDATIONS

As the incoming Administration converts its Biden-Harris COVID-19 plan to a blueprint for re-opening America, we urge the COVID-19 Task Force to envision greater collaboration between the private sector and all levels of government to create the requisite infrastructure to re-open the nation's economy, while mitigating and defeating the current pandemic and suppressing future outbreaks. Specifically, we urge the Biden/Harris Administration's COVID-19 Task Force to support the following actions:

A. EXECUTION OF NATIONAL COVID-19 VACCINATION STRATEGY

Federal and state governments are well underway planning their COVID-19 vaccination strategies, and pharmacies are ready to support as vaccination destinations. These engagements build on prior research conducted by the Centers for Disease Control and Prevention (CDC)⁸ and the vision set forth by the Obama/Biden Administration during the H1N1 pandemic to leverage retail pharmacies to provide pandemic vaccine to Americans.

1. *Maintain Pharmacy as a Centerpiece of the COVID-19 Vaccine Initiative.*

- **Maintain existing vaccine administration contracts for the benefit of the public and facilitating the nation's effective and safe vaccination initiative.** More than a dozen of chain pharmacies, including large national chains, regional chains, and networks of independent pharmacies have signed vaccine provider contracts with the Department of Health and Human Services (HHS). These agreements commit retail pharmacies to provide COVID-19 vaccinations to the public in accordance with federal priority guidelines and detailed storage, handling, and reporting requirements. Similarly, certain retail pharmacies have contracted with the federal government to support vaccination at long-term care facilities to priority populations.
- **Work with state governments to ensure their jurisdiction vaccination plans are operationally feasible, consistent, and efficient to best serve Americans.** In collaboration with state health departments, retail pharmacies of all sizes are supporting state plans to vaccinate priority populations and the public. Yet, we are witnessing lack of uniformity across jurisdictions with respect to vaccine administration requirements from needless red tape for provider enrollment and billing processes to specifying the use of specific freezers— all of which hamper a seamless and frictionless vaccine administration initiative.

2. *Address COVID-19 Vaccine Enrollment, Billing, and Reimbursement Challenges.*

For the nation's strategy to deploy mass vaccination effectively, key retail pharmacy enrollment, reimbursement, and billing operational challenges should be addressed across government and commercial payers.

- **Help ensure fair and adequate reimbursement for all settings, including pharmacies, is a needed tenet of nationwide, a sustainable COVID-19 vaccination initiative.** All payers, including state Medicaid programs and commercial plans, should recognize CMS' leadership on: (1) covering/billing through pharmacy benefits instead of medical benefits; and (2) using the Medicare vaccine administration rates as a floor for reimbursement and that reimbursement should not be reduced in any way due to administrative, network, or other fees. Fair and

⁸ A CDC Pandemic Influenza Vaccine Modeling Study showed that national capacity increased to 25 million vaccine doses per week when retail pharmacies were included in the model, highlighting that the time to achieve 80% national vaccination coverage is significantly reduced by 7 weeks with pharmacies deployed. Numerous other studies indicate the strength of pharmacies to significantly improve vaccine uptake and access.

adequate reimbursement for all settings, including pharmacies, is a critical tenet of nationwide, a sustainable COVID-19 vaccination initiative.

- **Require payors to deploy real-time, seamless pharmacy benefit claims billing.** The Medicare program, state Medicaid programs, commercial payers, and the COVID-19 Fund for the Uninsured, should deploy a seamless pharmacy benefit claims billing process for COVID-19 vaccines (like other vaccines) as a necessary alternative to complexity and arduous medical benefit claims billing processes. Existing real-time processes should also be deployed to better determine patient insurance eligibility at the pharmacy counter/point of sale. Further, continued efforts are needed to expeditiously streamline the HHS billing process for the uninsured, via the existing EPAP or by enhancing the HRSA/Optum systems to support a minimum real-time eligibility verification.
- **Engage in discussions/take actions to encourage payers to work together for the good of the country by refraining from creating needless billing processes that stifle or hinder access by Americans and/or indirectly prevent retail pharmacies from billing for the administration of COVID-19 vaccines.**

3. Maintain PREP Act Guidances and Amendments to Facilitate Mass Vaccination.

As we move toward vaccinating the public and reopening America, a number of recent guidances and amendments made under the current Public Readiness and Emergency Preparedness (PREP) Act declaration have greatly enhanced retail pharmacy engagement. Specifically, these guidances provide pharmacists authority to order and administer, and appropriate pharmacy staff authority to administer, to persons ages 3 or older FDA-authorized or FDA-licensed COVID-19 vaccinations.

- **Maintain these important Prep Act declaration guidances and amendments while addressing some outstanding limitations.** These guidances have reduced scope of practice barriers across the nation that otherwise could have greatly limited pharmacist and pharmacy staff participation in COVID-19 vaccination.
- **Remove the following outstanding vaccine administration obstacles:**
 - Amend HHS Guidance to align COVID-19 vaccine training requirements to existing state requirements for the authorization to administer COVID-19 vaccines. Otherwise, community pharmacists in 36 states could be precluded from administering the COVID-19 vaccine because of the arbitrary 20-hour training requirement in the HHS Guidance.
 - Should there be state barriers that may complicate a pharmacy technician's ability to administer these vaccines due to state ordering or supervision limitations, amend HHS Guidance to allow pharmacy technicians to administer these vaccinations under any provider with authority under state law, not just a pharmacist.
 - Extend HHS Guidance on pediatric catch-up vaccines (3-18 years of age) to all adults, so that Americans can have access to adult catch-up immunizations at their community pharmacy regardless of what state they live in.

B. PHARMACIES ESSENTIAL ACCESS DESTINATIONS FOR COVID-19 TESTING

Since early in the pandemic response, retail pharmacies have greatly assisted state governments through private-public partnerships to provide community COVID-19 testing, and they have been a key partner to the federal government in the national public-private testing partnership. Local and state COVID-19 testing efforts have been bolstered by pharmacies

in nearly every state,⁹ and since early May, 1,874 local pharmacy locations have received approval to provide point-of-care tests, including COVID-19.¹⁰

As testing will continue to be a core tenet to combating the pandemic, retail pharmacy stands ready to expand the nation's testing capacity to meet critical national testing needs. A recent analysis indicated that more than half of U.S. counties and nearly 70% of rural counties have no testing sites. Even among counties with testing, nearly 60% do not have capacity to meet demand. Further, racial disparities in access to testing sites persist, as testing sites in predominantly white zip codes have one testing site per 14, 500 people, while zip codes with predominantly people of color have one testing site per 23,300 people.¹¹ As the nation looks to close these testing capacity and racial disparity gaps to ensure all Americans have access to COVID-19 testing, pharmacies are well positioned and eager to support.

1. Maintain PREP Act Guidances and Amendments for COVID-19 Testing

Recent PREP Act declarations, which provided pharmacists authority to order and administer, and appropriate pharmacy staff to administer, COVID-19 tests have allowed pharmacists to significantly assist national testing efforts.

- **Maintain critical HHS guidances on COVID-19 testing.** These guidances have reduced scope-of-practice barriers to allow pharmacies to provide even more critical support as national testing efforts are further expanded.
- **Renew existing COVID-19 testing contracts and enter into additional ones .** These testing efforts are essential to re-opening businesses and communities, whether for diagnostic, occupational, return-to-school, public health or surveillance purposes.
- **Remove the following outstanding reimbursement testing obstacles:**
 - **Use emergency enforcement discretion to allow pharmacies to directly bill Medicare for administering a COVID-19 tests as suppliers, or as mass testers like mass immunizers, instead of requiring retail pharmacies to bill through physicians.** HHS has given clear and preemptive authority to pharmacists to autonomously order and administer COVID-19 tests under the current PREP Act declaration. Thus, it is illogical that CMS requirements in its Third Interim Final Rule prevent pharmacies from directly billing Medicare when a pharmacist administers a COVID-19 test to a Medicare beneficiary. Pharmacies should be paid when pharmacists administer COVID-19 tests, and CMS should remove its requirements for pharmacists to bill "incident to a physician," which is an unnecessary requirement into this model. Without this action, testing by pharmacies is hampered.
 - **Remove the needless "scope of practice" requirement in the Third Interim Final Rule that undercuts HHS' PREP Act declaration guidances.**

2. Explore Legislative or Executive Action to Further Address Testing Reimbursement Obstacles.

- **Support legislation to establish emergency supplier/provider status for the duration of the pandemic.** Doing so could allow pharmacies to dramatically ramp up testing efforts to assist national priorities to

⁹Community Based Testing Sites for COVID-19, available at <https://www.hhs.gov/coronavirus/community-based-testing-sites/index.html>.

¹⁰ NASPA, available at <https://naspa.us/resource/covid-19-testing/>.

¹¹ Health Affairs, Expand COVID-19 Testing With Real-Time Processing Through Community Pharmacies, July 1, 2020, available at <https://www.healthaffairs.org/doi/10.1377/hblog20200629.567658/>.

combat the virus and reopen communities. To date, NACDS has gained significant bipartisan support for this proposal as Congress considers additional COVID-19 legislative relief.

- **Make permanent supplier/provider status for pharmacists in the Medicare Part B Program.** To help ensure that all Americans can access essential pharmacy care services, Congress and the Executive Branch should move quickly to provide needed authority for pharmacists to provide these services during the COVID-19 pandemic.

We welcome the opportunity to meet as soon as possible with members of the transition team to discuss how retail pharmacy can provide even greater contributions to the nation's COVID-19 response and recovery strategy. Please contact NACDS' Tom O'Donnell to schedule a meeting at your earliest convenience. In the interim, please feel free to contact NACDS' Kathleen Jaeger with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Steven Anderson", with a long horizontal flourish extending to the right.

Steven C. Anderson, FASAE, CAE, IOM
President and Chief Executive Officer