



NATIONAL ASSOCIATION OF
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JOHNS HOPKINS
BLOOMBERG SCHOOL
of PUBLIC HEALTH

Center for
Health Security



Striving Toward

Health Equity in COVID-19

The Role of Pharmacies in a National Response

Executive Summary

The COVID-19 pandemic, in addition to highlighting deficiencies in the United States (US) preparedness and systems for response to public health emergencies, has made visible many longstanding health inequities. Pandemic outcomes driven by these inequities are alarming. Data from the early months of the pandemic revealed that Black Americans were suffering from COVID-19 in disproportionately high numbers, with an increased likelihood of death.^{1,2} As more data were collected, it became clear that other minority groups, including American Indian and Alaska Native, and Hispanic and Latinx populations, were suffering at higher rates as well.^{3,4,5} As of June, 2021, Black persons are still 2x as likely to die from COVID-19 as White persons, Hispanic or Latinx persons are 2.3x as likely to die, and American Indian or Alaska Native persons are 2.4x as likely to die, when looking at age adjusted data.⁶ These trends have been connected to the longstanding inequities and social determinants of health faced by Black, Indigenous, and People of Color (BIPOC), such as high prevalence of chronic disease, uneven healthcare access, lack of insurance coverage, poverty, and crowded living conditions.⁷

Having more fully recognized these inequities over the last 18 months, many US organizations and businesses have responded to these concerning trends with an intensified focus on making the public health and healthcare response and recovery more equitable. There is much work still to be done, but to make continued progress, it is important to reflect on what has happened, where progress has been made, and where health equity still needs to be advanced. As we reflect on the progress to date, before and during the COVID-19 pandemic, it is clear that realization of health equity requires synergistic action and partnership across all industries and sectors, public and private. From public health agencies, community health centers, faith and community-based organizations, other parts of government, retail pharmacies, and more, each partner contributes unique reach, expertise, and valuable experiences in the nation's aim to improve health for those facing unequal obstacles to access, care and support.

Since the start of the COVID-19 vaccination campaign in the U.S. in December of 2020, through the Biden Administration's Month of Action in June 2021, and now during the 2021-22 flu season, these partners have made significant commitments, showcasing their ingenuity and creativity, to reach out to, reassure, and vaccinate individuals facing health disparities.

During the nation's Month of Action, for example, pharmacies committed to expand access to vaccinations by increasing the number of mobile and pop-up clinics, expanding vaccination hours, partnering closely with community leaders, and making walk-in opportunities for vaccination widely available.^{8,9} After federal approval to offer COVID-19 booster shots to certain groups in September 2021, pharmacies have deployed innovative strategies focused on the areas of staffing, patient communications, vaccination events at community functions, the use of pharmacy drive-thrus, and coordination with state and local partners and local employers. Further, pharmacies have deployed appointment-based systems to address anticipated surges in demand for COVID-19 vaccination.¹⁰

While progress has been made to break down inequities and disparities that have proven so detrimental during the COVID-19 response, the work is not complete. A critical next step must be to ensure that changes, which have proven beneficial in expanding access and advancing equity thus far during the pandemic, are institutionalized to secure better health moving forward. Such action will not only help to better prepare the nation for future health crises, but it will also strengthen our healthcare system to better provide the routine care that supports the health and wellbeing of our most vulnerable communities every day.

Implementation of the following policy recommendations would help foster equity:

1. Policymakers should support the immediate development and implementation of a sustainable patient care access model that includes a permanent payment pathway for pharmacies to deliver clinical care.
2. Policymakers should make permanent expanded patient access to pharmacy care through scope of practice changes based on demonstrated benefits for patients and communities during the COVID-19 pandemic.
3. Pharmacies, with public health agencies, community-based organizations, and other groups similarly aligned in mission, should build upon the tremendous COVID-19 efforts to combat health inequity toward collectively addressing this issue beyond the pandemic.

We reflect here on some of the steps taken by retail pharmacies to help our nation respond to COVID-19 in a way that also improves access and quality of care for those who have been historically marginalized.

I. Looking Back: Pharmacies Were at the Ready to Support the Nation’s COVID-19 Equity Pursuit

Health equity has been a core public health tenet for decades. As one recent example, the Healthy People 2030 Framework includes “eliminating health disparities, achieving health equity, and attaining health literacy,” with a corresponding, overarching goal to “eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.”¹¹

While health equity has been a public health focus, the COVID-19 pandemic has demonstrated the urgent need for comprehensive action. As a result, the Biden Administration has recently carved out equity as a key priority, emphasizing a whole-of-government approach.¹²

Within the healthcare system, communities have increasingly relied on pharmacies to deliver quality and accessible care to all populations, including the high-risk and socially vulnerable. While access is not perfect in all communities,¹³ pharmacies are generally more prevalent and accessible than other healthcare entities, because they are located within and are intended to serve communities directly. Approximately 90% of all US residents live within five miles of a community pharmacy. High-risk Medicaid patients visit their local pharmacy about 35 times per year,¹⁴ and pharmacy visits by Medicare patients significantly outnumber primary care encounters (13 pharmacy visits to 7 primary care encounters per year), with the difference in rural areas being even more profound (14 compared to 5).¹⁵

Because pharmacies are close to home and provide integrated healthcare destinations within the communities they serve, they have an on-the-ground understanding of the local social, economic, and cultural dynamics. These relationships and this understanding help cultivate meaningful connections to better meet healthcare needs. In fact, the pharmacy profession is becoming increasingly diverse,¹⁶ which is important given improved communication and health intervention uptake when patients receive care from a healthcare provider of the same race.¹⁷ And in fact, about 18% of pharmacy technicians are Hispanic or Latinx and approximately 15% are Black or African American, closely mirroring the 2019 census data for the US population, which indicates 18.5% and 13.4% respectively.^{18, 19}

Pharmacists have also been cited as one of the most trusted professions.²⁰ Importantly, 66% of Black Americans and 72% of Hispanics trust pharmacists to provide a COVID-19 vaccine, according to a survey conducted by Morning Consult in August 2020 and commissioned by the National Association of Chain Drug Stores (NACDS). Also, for example, while mass vaccination efforts have been an important part of the nation's overall strategy to defeat COVID-19, across races and ethnicities, Americans would prefer to obtain COVID-19 vaccinations in a pharmacy rather than in a large venue such as a stadium, and from pharmacy staff, rather than from a member of the military, according to the same poll. As reported by the Centers for Disease Control and Prevention (CDC) at the Advisory Committee on Immunization Practices (ACIP) meeting on September 23, 2021, over 70% of current COVID-19 vaccine administration is occurring in pharmacies.²¹

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Pharmacies have committed, even prior to the COVID-19 pandemic, to leveraging this confluence of convenient access and trust to break down access barriers and promote health equity. Pharmacies have increasingly provided enhanced access to routine vaccinations, screening and testing for conditions including HIV and hepatitis C, chronic care management for diabetes and cardiovascular disease, support for behavioral health conditions including mental health and substance use challenges.²² As an example of this increase in care delivery, 57.5% of pharmacies were scheduling patient care appointments in 2019 compared to 36.4% just 5 years prior.²³

To enhance their community reach and increase access to care, pharmacies have advocated for and realized critical state scope of practice changes, especially around testing and vaccinations, which made it possible to provide these expanded services even without a

patient having a primary care physician. In parallel, pharmacies have been working towards sustainable mechanisms to support even broader clinical care delivery for the public at accessible pharmacy locations. To date however, health insurance providers, including Medicare and most state Medicaid programs, have not adopted payment pathways for pharmacies to broadly sustain clinical care interventions, such as point-of-care testing.

In addition to routine expansion of access and clinical care, pharmacies have been planning and preparing for response to a pandemic for well over a decade. In the 2009 influenza pandemic, pharmacies administered 23% of H1N1 vaccinations within a 3-month span via CDC's 2009 H1N1 Vaccine Pharmacy Initiative.²⁴ And since that time, pharmacies have taken lessons from 2009 and worked to improve on that experience by planning and preparing logistically and operationally for a mass vaccination campaign.

Pharmacy Vaccinations Reached Millions with Great Impact

Using all retail pharmacists vastly cuts time to vaccinate 80% of the US – say 2009 H1N1 pandemic experts convened by the Obama-Biden Administration.²⁵

Ongoing exposure to pharmacy services increases influenza and pneumococcal immunizations by the millions in the US.²⁶

Pharmacies meet the convenience needs of patients seeking vaccinations during off hours (30.5%), weekends (17.4%), evenings (10.2%), and holidays (2.9%).²⁷

Pharmacist involvement in vaccination increases uptake.²⁸

Pharmacies gave 58% of all flu shots administered at a pharmacy or physician's office to total 47 million+ shots in the 2020-21 flu season. This shows an increase of 12 million shots over the prior season.²⁹

II. Leveraging Pharmacies’ Lessons on Driving Equity; Pushing to the Finish Line on Reaching the Unvaccinated and Further Protecting the Vaccinated

The commitment of pharmacies to healthcare access and equity, paired with decades of preparedness planning, positioned pharmacies well to answer the nation’s call for the COVID-19 response. In parallel, actions taken by the federal government to temporarily clear barriers to equitable access at the state and federal levels – especially by removing state scope of practice restrictions and developing federal payment mechanisms – greatly amplified the ability of pharmacies to respond effectively, especially for underserved populations across the nation.

While not all barriers to pharmacy-based vaccination and testing have been removed, federal actions have temporarily cleared the way for meaningful changes that foster and prioritize equity and access in the pandemic response.

Key Federal Actions Granted Critical Flexibilities for Expanded Access to COVID-19 Testing & Vaccinations at Community Pharmacies

APRIL 2020	MAY 2020	AUGUST & SEPTEMBER 2020	OCTOBER 2020	AUGUST 2021
Under the PREP Act, HHS authorized pharmacists and pharmacy interns to order and administer COVID-19 tests	<p>HHS issued an advisory opinion emphasizing that action under the PREP Act preempts any state or local restrictions</p> <p>CMS released guidance supporting a pharmacy payment pathway for COVID-19 testing</p>	Under the PREP Act, HHS authorized pharmacists to order and administer, and pharmacy interns to administer, ACIP-recommended vaccinations for children and adolescents 3-18 years of age and COVID-19 vaccinations	Under the PREP Act, HHS authorized pharmacy technicians to administer COVID-19 tests, COVID-19 vaccines, and recommended childhood vaccines	Under the PREP Act, HHS authorized pharmacy technicians and pharmacy interns to administer influenza vaccines to adults

Graphic Sources: Testing,³⁰ Preemption,³¹ Childhood,^{32, 33, 34} Pharmacy technicians,³⁵ CMS,³⁶ Clarifying Guidance,^{37, 38} Flu vaccines.³⁹ Other key actions taken under the PREP Act: Dec 2020: PREP Amendment 4: Clarification on Training and Other Requirements for Pharmacists, Interns and Technicians for COVID-19 and Childhood Vaccines. Jan 2021: PREP Amendment 5: Permits Pharmacy License Reciprocity in Other States.

Key Federal Actions Established Payment Pathways for Expanded Access to COVID-19 Testing & Vaccinations at Community Pharmacies

Mandatory coverage of COVID-19 vaccinations and testing within commercial, Medicare, and Medicaid plans, as required by the CARES (Coronavirus Aid, Relief, and Economic Security) Act and FFCRA (Families First Coronavirus Response Act)

<p>The Centers for Medicare & Medicaid Services' (CMS) Toolkits and Interim Final Rules on coverage and billing clarifications for federal programs and commercial payers for COVID-19 vaccinations and testing</p>	<p>CMS billing clarification on coverage of vaccine administration for children through the Medicaid program in lieu of the Vaccines for Children Program</p>	<p>Emergency billing guidance from the National Council for Prescription Drug Programs (NCPDP) for COVID-19 vaccinations and testing</p>	<p>Waiver of regulatory requirements to permit pharmacies to bill Medicare Part B as laboratories for COVID-19 testing</p>
<p>Implementation of The Health Resources and Services Administration (HRSA) Uninsured Program for COVID-19 Testing and Vaccinations and the HRSA Coverage Assistance Fund (CAF) Program for the Underinsured for COVID-19 Vaccinations</p>	<p>Several state Medicaid agencies' promulgation or announcement of coverage and reimbursement requirements for administration of COVID-19 vaccine</p>	<p>Several state Medicaid agencies' adoption or recognition of NCPDP emergency guidance for billing standards for administration of COVID-19 vaccines</p>	<p>State Medicaid agencies' promulgation or announcement of coverage and reimbursement requirements for performing COVID-19 tests as a laboratory</p>

Graphic Sources: Families First Coronavirus Response Act,⁴⁰ Coronavirus Aid, Relief and Economic Security Act,⁴¹ CMS COVID Toolkits,⁴² NCPDP Guidance,⁴³ CMS Guidance: Medicare Pharmacies and Other Suppliers May Temporarily Enroll as Independent Clinical Diagnostic Laboratories to Help Address COVID-19 Testing,⁴⁴ CMS Guidance for Coverage and Reimbursement of COVID-19 Vaccines, Vaccine Administration, and Cost-Sharing under Medicaid, CHIP and Basic Health Program,⁴⁵ and HRSA COVID-19 Claims Reimbursement.⁴⁶

As a result of both pharmacy planning and preparedness and federal actions to smooth the complex patchwork of state regulations and to provide rapid reimbursement, pharmacies have been able to play a significant role in testing and vaccination during the COVID-19 pandemic:

Pharmacies, through federal partnerships, have provided more than 133 million COVID-19 vaccination doses, as of September 22, 2021:

- The Federal Retail Pharmacy Program (FRPP) for COVID-19 Vaccination was established to leverage pharmacy’s strengths for public benefit, expanding access to COVID-19 vaccines nationwide.
- Through this program, Americans can conveniently get COVID-19 vaccines at 41,000 pharmacies nationally, leveraging 21 national pharmacy chains and independent pharmacy networks.⁴⁷
- During the past two weeks as reported on September 22, 2021, more than 49% of the doses administered through the program have gone to a person from a racial or ethnic minority group (among people with known race or ethnicity).⁴⁸
- More than 40% of pharmacy sites in this program are in zip codes with high social vulnerability.⁴⁹
- According to CDC data, 59% of COVID-19 vaccines administered to adolescents nationwide have been provided by pharmacies.
- Since May 10th, 3.3 million doses have been provided to adolescents through the program.

During the past two weeks as reported on September 22, 2021, more than 49% of the doses administered through the program have gone to a person from a racial or ethnic minority group (among people with known race or ethnicity).

Pharmacies have supported thousands of additional access points to COVID-19 testing:

- Pharmacies ramped up testing capacity across all 50 states, establishing more than 6,000 testing sites that processed nearly 10 million samples under a public-private partnership with the Department of Health and Human Services (HHS).⁵⁰
- Nearly three-quarters of these sites serve areas with moderate to high-social vulnerability.^{51, 52}
- Pharmacies have also deployed COVID-19 testing outside the HHS program, further enhancing access.^{53, 54, 55, 56}

Pharmacies have deployed a wide variety of strategies to enhance equity throughout the COVID-19 response and vaccination campaign:

- Pharmacies have deployed data-driven approaches to achieving enhanced equity, leveraging the CDC’s Social Vulnerability Index (SVI), information on health professional shortage areas, and medically underserved population measures to help focus efforts in communities facing the greatest challenges.⁵⁷
- Community pharmacies have provided COVID-19 vaccinations for homebound individuals, conducted pop up clinics, partnered with schools, community centers, places of worship, employers, community leaders, faith-based organizations, and organizations representing racial and ethnic minority groups.⁵⁸
- Pharmacies have collaborated with rideshare companies, deploying mobile vaccination units, meeting people where they are – even going door-to-door – transcending community outreach strategies that work well for flu shots, offering appointment times well into the evening hours and on weekends, and working to overcome disparities in technology access.⁵⁹
- As trusted members of their communities and one of the most easily accessible healthcare providers, pharmacies are able to help address the specialized needs of those with limited mobility, for example, such as the elderly or persons with disabilities, who may be unable to navigate large mass vaccination clinics or stand in line for long periods of time. An example of this comes from early accounts and anecdotes of the FRPP wherein individuals were opting to receive their second COVID-19 vaccine dose from local, trusted, and easy-to-access retail pharmacies, rather than returning to a mass vaccination clinic or another venue.

Pharmacies were able to provide needed capacity for COVID-19 testing and vaccination in all types of communities, from the nation’s largest cities to the smallest, rural communities, where pharmacies were at times serving as the sole access point to COVID vaccines. Pharmacies have risen to this unprecedented challenge in a collaborative way, partnering with schools, employers, nursing homes, airlines, cruise lines, supporting mass vaccination sites, vaccinating teachers, and reaching people who are homebound. Throughout the COVID-19 response, pharmacies have also partnered across federal and local government, coordinated closely with public health, and engaged locally with community and faith-based organizations to advance access and equity across the nation.

Beyond providing COVID-19 vaccinations and testing, pharmacies also continued to provide needed preventive care; dispense critical medications, administer routine and catch-up vaccinations to adults and children, and provide patients with education and referrals. Notably, uptake of routine care, including routine childhood vaccinations⁶⁰ and management of chronic conditions, in addition to access to care broadly, especially for minority groups,^{61, 62} significantly dropped during the pandemic, making pharmacies key to helping mitigate those reductions.

III. Looking Forward: Pharmacies Primed & Ready for Permanent Transformation - from COVID-19 Lessons Learned to Lasting Improvements to Health Equity and Future Preparedness

To date, 94% of the population 65 years and older, 77% of the population 18 years and older, and 75% of the population 12 years and older, have received at least one dose of a COVID-19 vaccine.⁶³ While the national milestone of 70% having received at least one dose has been exceeded, important work remains to improve rates of full vaccination, and to reduce the number of people who are unvaccinated, in addition to turning attention to the equitable roll out of booster doses in the coming months.⁶⁴

With respect to the important work left to do in improving vaccination access and uptake, CDC data show that there are significant remaining disparities in county-level vaccination coverage based on social vulnerability - disparities that have increased with expanding vaccine eligibility. The CDC reports that as of May 1, 2021, vaccination coverage among adults was lower among those living in counties with lower socioeconomic status and with higher percentages of households with children, single parents, and persons with disabilities.⁶⁵ Additionally, based on data as of August 16, 2021, Black and Hispanic people have received a smaller proportion of vaccinations compared to their proportion of cases. While vaccination coverage for these populations has increased over time, disparities persist.⁶⁶

As the nation evaluates vaccination efforts to date, there is an opportunity to solidify our chartered path on securing better health for all.⁶⁷ To do so, health equity must remain front and center, and the nation must remain steadfast in both awareness of health disparities and progress toward achieving health equity. As the nation continues progressing toward higher vaccination levels, we must quickly pivot to begin integrating lessons learned into permanent

practice so that we can retain and build on progress made to improve health equity and access to care moving forward. The momentum to drive health equity cannot end when the current public health emergency ends.

Through the COVID-19 response, the nation has built an infrastructure that allows Americans to benefit from quality, accessible, and equitable pharmacy care services. As we return to a focus on routine care services, it is important for communities to maintain their access to pharmacy care that they have come to expect and depend on during the pandemic. Therefore, making the flexibilities granted for pharmacies permanent is critical to laying the groundwork for better access to everyday care and advancing equity as the nation moves forward.

As we look ahead to the next chapter, there are so many critical health challenges facing us as a country, which include not only recovery from the COVID-19 pandemic, and maintained access to COVID-19 vaccines and testing, but also, addressing substance use and mental health challenges, which have worsened during the pandemic, and will be most critical to tackle in its aftermath.⁶⁸ Moreover, America will need better access to preventive care, better chronic disease management, and a stronger focus on improving quality of care for the most vulnerable.

Pharmacies have experience providing these key interventions accessibly, including essential screenings, counseling, treatment, and linkage to care for those who may not have anywhere else to turn. Oftentimes, pharmacies are the entry point for patients into the healthcare system, further underscoring their value as part of a patient's healthcare team.

Pharmacies are at the ready to help address some of the most pressing healthcare challenges coinciding with the ongoing pandemic – including support for substance use, providing mental health first aid, and screening for social determinants of health.

- New access points to behavioral health support in communities are much needed, especially considering that, for example, only a mere 11% of adults with substance use disorders are receiving treatment.⁶⁹ Promisingly, a recent study examined the distribution of community pharmacies across a state relative to the location of substance abuse treatment centers and opioid-related overdoses to explore the potential for community pharmacies to play a greater role in opioid abuse prevention and treatment.⁷⁰ The study found that community pharmacies were more prevalent than substance abuse treatment centers – especially in rural counties –

which could make them an important partner in enhancing access to Medications for Opioid Use Disorder (MOUD otherwise known as MAT) and prevention efforts in underserved areas.⁷¹ Evidence also indicates that risk for opioid medication misuse can be identified in rural and urban community pharmacies – and consumers are generally open to screenings and discussions with pharmacists about potentially problematic usage.⁷²

- Evidence shows pharmacists are effective in helping to screen for social determinants of health and can provide linkage to community resources.⁷³ As an example, one initiative that leveraged community pharmacists to screen for social determinants of health resulted in 9,802 successful assessments from 2,162 pharmacies conducted between November 15, 2019, and December 31, 2019. The patients included had chronic conditions such as COPD, depression, diabetes, hyperlipidemia, and hypertension. Findings of this project showed that the most prevalent SDOH reported by patients to the pharmacists were food insecurity, social isolation, and transportation challenges. Importantly, 12.5% reported problems with their food supply over the past 12 months, 11.2% reported difficulties in finding transportation, and 18% reported experiencing loneliness or social isolation.⁷⁴
- Research indicates pharmacists can help improve screening for mental health conditions and help provide linkage to care. As an example, one study included 3,726 patients screened for depression by pharmacists. Of the patients who completed the PHQ-9, approximately 25% met the criteria for consideration of diagnosis and were referred to their physician. Five patients presented with suicidal thoughts and were referred for urgent treatment. Approximately 60% of patients with a positive PHQ-9 had initiated or modified treatment at the time of follow-up. The author concluded that a screening program for depression can be successfully developed and implemented in the community pharmacy setting. Using the PHQ, pharmacists were able to quickly identify undiagnosed patients with symptoms of depression. The majority of patients with a positive screening had initiated or modified treatment at the time of follow-up.⁷⁵ A similar model implemented in Australia also demonstrated feasibility and effectiveness.⁷⁶ Pharmacists are increasingly being trained in mental health first aid. Research to date has demonstrated effectiveness and positive public perceptions.^{77, 78, 79}

How Pharmacies Can Screen and Link Services Related to Substance Use, Mental Health, HIV, Vaccination

Behavioral Health	A study that mapped pharmacies, opioid overdoses, and substance abuse treatment centers suggests pharmacies play a greater role in addressing substance abuse. Given only 11% of adults with such disorders receive treatment and there are more pharmacies than substance abuse treatment centers, pharmacies could enhance access to Medications for Opioid Use Disorder and prevent opioid misuse as consumers are more open to pharmacist screenings/discussions. ^{69, 70, 71, 72}
Social Determinants of Health	A 2019 study about pharmacist-screened social determinants of health at 2,162 pharmacies produced 9,802 successful assessments of not only patients with COPD, depression, diabetes, hyperlipidemia, and hypertension but those reporting food supply issues (12.5%), difficulties finding transportation (11.2%), and loneliness or social isolation (18%). Data shows pharmacists help effectively screen for social determinants of health and connect patients to resources. ^{73, 74}
Mental Health	Studies show pharmacists can help improve mental health screening and linkage to care. When pharmacists screened 3,726 patients for depression in one study, nearly 25% of those completing a Patient Health Questionnaire-9 (PHQ-9) met the criteria for physician referral. Use of the PHQ-9 enabled pharmacists to identify symptomatically depressed patients, referring 5 suicidal patients to urgent treatment and 60% of positive PHQ-9 patients to consider treatment options. ^{75, 76, 77, 78, 79}

As the COVID-19 response eventually shifts into recovery, pharmacies will continue to serve their communities on the frontlines. The valuable experiences and lessons learned during the COVID-19 response should serve as a clear blueprint to turn successful, proven flexibilities into permanent changes. The flexibilities granted for pharmacies under the PREP Act and through the creation of payment pathways for clinical care at pharmacies have proven beneficial. These temporary changes have led to success in enhancing access and fostering health equity and have meaningfully contributed towards the vaccination uptake of greater than 70%, in synergy with the hard work of so many other partners across the continuum.

Securing such changes permanently will help ensure the nation builds on progress to achieve better health for all, rather than walking back on it, allowing Americans to access care at pharmacies they know and trust into the future for evolving health needs. The United States needs to realize permanent, tangible changes that both improve our response to future emergencies and ensure that BIPOC communities are not disproportionately affected. There is extensive work to do to move the needle on health equity, and begin breaking down longstanding, systemic barriers.

Policy Recommendations: Implementation of the following recommendations would help to foster equity by ensuring that patients and communities nationwide can receive key clinical care more seamlessly and reliably at their local pharmacies. In doing so, the nation would be better prepared to respond quickly to future pandemics, address social determinants of health and meet other public health needs.

1. Policymakers should support the immediate development and implementation of a sustainable patient care access model that includes a permanent payment pathway for pharmacies to deliver clinical care.

- Federal legislative efforts to recognize pharmacists as providers of patient care within Medicare Part B are needed, especially to help ensure the nation has permanent and seamless access to pandemic and related services including, but not limited to, vaccinations, testing and initiation of treatment. Legislation also can help to safeguard our nation’s communities against future public health emergencies by establishing Medicare coverage and payment for new and pharmacy- and pharmacist-provided services in the case of public health emergencies, as determined by HHS. Management and prevention of chronic diseases also would be an important legislative pursuit.
- State Medicaid Directors together with State Legislators also should help to ensure the development and implementation of viable pathways for pharmacies to sustain the delivery of clinical care within state Medicaid programs, especially for CLIA-waived testing, vaccinations, and other pandemic-related services. For example, this can be accomplished by designating pharmacists as Other Licensed Providers (OLPs) in state Medicaid programs.

2. Policymakers should make permanent expanded patient access to pharmacy care through scope of practice changes based on demonstrated benefits for patients and communities during the COVID-19 pandemic.

- State legislators, together with State Boards of Pharmacy, should see to it that undue restrictions on pharmacy scope of practice be removed, especially for pharmacists to order and administer, and for pharmacy interns and pharmacy technicians to administer, all CLIA-waived testing and ACIP-recommended vaccinations, in addition to other pandemic-related services.

- At the federal level, policymakers should take action to ensure the scope of practice authorities granted for pharmacies during the pandemic are made permanent nationwide, especially for pharmacists to order and administer, and for pharmacy interns and pharmacy technicians to administer, all CLIA-waived testing and ACIP-recommended vaccinations in addition to other pandemic-related services.

3. Pharmacies, with public health agencies, community-based organizations, and other groups similarly aligned in mission, should build upon the tremendous COVID-19 efforts to combat health inequity toward collectively addressing this issue beyond the pandemic.

- These partners should continue collaborating to better address health conditions that disproportionately impact racial and ethnic minorities. The pandemic allowed for increased collaboration across such groups to utilize their unique reach, expertise, and valuable experiences to improve health especially for those lacking access to care and support. Continuing these collaborations, and identifying opportunities to build upon them, has the potential to make communities more resilient against future health threats while addressing health equity every day.
- A broader example of stakeholder work to be done includes CommuniVax – a coalition of research teams, a central working group of national experts, and a network of national stakeholders – to strengthen the community’s role in an equitable COVID-19 vaccination campaign.⁸⁰ CommuniVax is strengthening national and local COVID-19 vaccination efforts in the US by listening to BIPOC communities and putting them at the center of their endeavors. Beyond the coalition’s near-term work regarding COVID-19 vaccine awareness and access, it is also developing longstanding, local governance systems to help underserved groups address their health and wellness beyond the pandemic.

At this pivotal time, permanent changes that advance access and equity are what will propel our nation forward in our pursuit of better health, and the creation of a health ecosystem where “all members of society enjoy a fair and just opportunity to be as healthy as possible.”⁸¹

Conclusion

Despite progress to mitigate inequities and disparities that have proven so detrimental during the COVID-19 pandemic, the work is far from finished. A critical next step must be to ensure that changes, which have proven beneficial in expanding access and advancing equity thus far during the pandemic, are institutionalized to secure better health moving forward. This includes key changes for retail pharmacies to address future health needs, building on our nation's response to COVID-19, and in a way that also improves access and quality of care for those who have been historically marginalized. Pharmacies are often the entry point for patients into the healthcare system. With this in mind, the nation's efforts to expand access to care and mitigate inequities and disparities should consider pharmacies as part of the solution.

About Johns Hopkins Center for Health Security

The Johns Hopkins Center for Health Security at the Bloomberg School of Public Health works to protect people's health from epidemics and disasters and ensure that communities are resilient to major challenges. The Johns Hopkins Center for Health Security examines how scientific and technological innovations can strengthen health security. It studies the policies, organizations, systems, and tools to prevent and respond to outbreaks and public health crises. It advances policies and practice to address a range of challenges, including the global rise in emerging infectious diseases; a continued risk of pandemic flu; major natural disasters; countries' dependence on vulnerable infrastructure; outbreaks of foodborne illness; and the potential for biological, chemical, or nuclear accidents or intentional threats.

About NACDS

NACDS represents traditional drug stores, supermarkets and mass merchants with pharmacies. Chains operate nearly 40,000 pharmacies, and NACDS' 80 chain member companies include regional chains, with a minimum of four stores, and national companies. Chains employ nearly 3 million individuals, including 155,000 pharmacists. They fill over 3 billion prescriptions yearly, and help patients use medicines correctly and safely, while offering innovative services that improve patient health and healthcare affordability. NACDS members also include more than 900 supplier partners and over 70 international members representing 21 countries. Please visit nacds.org.

NACDS IDEA Task Force

NACDS expresses appreciation to staff team members on the Inclusion, Diversity, Equity, and Awareness (IDEA) Task Force for their engagement in the development of this report. The mission of the IDEA team is to promote growth and transformational change by creating an equity-minded and culturally responsive work environment. Through conscious organizational effectiveness, IDEA fosters and cultivates a culture of inclusiveness, diversity, equality, awareness, and excellence that is critical and vital to compassionate healthcare leadership for employees, NACDS members and consumers.

Endnotes

- ¹ Thebault R, et al. The coronavirus is infecting and killing black Americans at an alarmingly high rate.
<https://www.washingtonpost.com/nation/2020/04/07/coronavirus-is-infecting-killing-black-americans-an-alarmingly-high-rate-post-analysis-shows>
- ² Yancy CW. COVID-19 and African Americans.
<https://jamanetwork.com/journals/jama/fullarticle/2764789>
- ³ Stokes EK, et al. Coronavirus Disease 2019 Case Surveillance — United States, January 22–May 30, 2020.
<http://dx.doi.org/10.15585/mmwr.mm6924e2>
- ⁴ CDC. Risk for COVID-19 Infection, Hospitalization, and Death By Race/Ethnicity.
<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html>
- ⁵ Killerby ME, et al. Characteristics Associated with Hospitalization Among Patients with COVID-19 — Metropolitan Atlanta, Georgia, March–April 2020.
<http://dx.doi.org/10.15585/mmwr.mm6925e1>
- ⁶ CDC. Risk for COVID-19 Infection, Hospitalization, and Death By Race/Ethnicity.
<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html>
- ⁷ CDC. Health Equity Considerations and Racial and Ethnic Minority Groups.
<https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html>
- ⁸ CDC. Vaccination Locations.
<https://www.vaccines.gov>
- ⁹ White House. National Month of Action to Mobilize Vaccination Efforts.
<https://www.whitehouse.gov/briefing-room/statements-releases/2021/06/02/fact-sheet-president-biden-to-announce-national-month-of-action-to-mobilize-an-all-of-america-sprint-to-get-more-people-vaccinated-by-july-4th>
- ¹⁰ Whelan R, et al. Pharmacies Prepare for Broader COVID-19 Distribution.
<https://www.wsj.com/articles/pharmacies-prepare-for-broader-covid-19-booster-distribution-11632504724>
- ¹¹ US Dept of Health and Human Services. Healthy People 2030 Framework.
<https://health.gov/healthypeople/about/healthy-people-2030-framework>
- ¹² White House. Executive Order On Advancing Racial Equity and Support for Underserved Communities Through the Federal Government.
<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>
- ¹³ Guadamuz J, et al. Fewer Pharmacies in Black and Hispanic/Latino Neighborhoods Compared with White or Diverse Neighborhoods, 2007-15.
<https://pubmed.ncbi.nlm.nih.gov/33939507>
- ¹⁴ Gaskins RE. Innovating Medicaid: the North Carolina Experience.
<https://www.ncbi.nlm.nih.gov/pubmed/28115558>
- ¹⁵ Berenbrok LA, et al. Evaluation of Frequency of Encounters With Primary Care Physicians vs Visits to Community Pharmacies Among Medicare Beneficiaries.
<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2768247>
- ¹⁶ Thielemans M. Pharmacy Profession Becoming Increasingly Diverse and Trending Younger, Survey Shows.
<https://www.aacp.org/article/pharmacy-profession-becoming-increasingly-diverse-and-trending-younger-survey-shows>
- ¹⁷ Alsan M. Does diversity matter for health? Experimental evidence from Oakland.
<https://siepr.stanford.edu/research/publications/does-diversity-matter-health-experimental-evidence-oakland>
- ¹⁸ US Bureau of Labor Statistics. Labor Force Statistics from the Current Population Survey.
<https://www.bls.gov/cps/cpsaat11.htm>
- ¹⁹ US Census Bureau. QuickFacts.
<https://www.census.gov/quickfacts/fact/table/US/PST045219>
- ²⁰ Gallup. Honesty/Ethics in Professions.
<https://news.gallup.com/poll/1654/honesty-ethics-professions.aspx>

- ²¹ Oliver S. Evidence to Recommendation Framework: Pfizer-BioNTech COVID-19 Booster Dose.
<https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-9-23/03-COVID-Oliver.pdf>
- ²² Goode JV, et al. Community-Based Pharmacy Practice Innovation and the Role of the Community-Based Pharmacist Practitioner in the United States.
<https://www.mdpi.com/2226-4787/7/3/106/htm>
- ²³ NCPA. Insight into recent trends: Continued Focus on Clinical Care.
<https://www.pbahealth.com/the-state-of-independent-pharmacy-2020>
- ²⁴ Koonin LM, et al. CDC's 2009 H1N1 vaccine pharmacy initiative in the United States: implications for future public health and pharmacy collaborations for emergency response.
<https://www.cambridge.org/core/journals/disaster-medicine-and-public-health-preparedness/article/cdcs-2009-h1n1-vaccine-pharmacy-initiative-in-the-united-states-implications-for-future-public-health-and-pharmacy-collaborations-for-emergency-response/E23689EFE87D7A3ECC5F526A24BAC5>
- ²⁵ Schwerzmann J, et al. Evaluating the Impact of Pharmacies on Pandemic Influenza Vaccine Administration.
<https://www.ncbi.nlm.nih.gov/pubmed/28219461>
- ²⁶ Patel AR, et al. The Impact of Pharmacy-based Immunization Services on the Likelihood of Immunization in the United States.
[https://www.japha.org/article/S1544-3191\(18\)30231-0/pdf](https://www.japha.org/article/S1544-3191(18)30231-0/pdf)
- ²⁷ Goad J, et al. Vaccinations Administered During Off-Clinic Hours at a National Community Pharmacy: Implications for Increasing Patient Access and Convenience.
<https://www.annfamned.org/content/11/5/429.long>
- ²⁸ Iseñor JE, et al. Impact of pharmacists as immunizers on vaccination rates: A systematic review and meta-analysis.
<https://pubmed.ncbi.nlm.nih.gov/27765379>
- ²⁹ CDC. Influenza Vaccinations Administered to Adults in Pharmacies and Physician Medical Offices, United States.
<https://www.cdc.gov/flu/fluview/dashboard/vaccination-administered.html>
- ³⁰ US Dept of Health and Human Services. Guidance for Licensed Pharmacists, COVID-19 Testing, and Immunity under the PREP Act.
<https://www.phe.gov/Preparedness/legal/prepact/Documents/pharmacist-guidance-COVID19-PREP-Act.pdf>
- ³¹ US Dept of Health and Human Services. Advisory Opinion 20-02 on the PREP Act and the Secretary's Declaration Under the Act.
<https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/advisory-opinion-20-02-hhs-ogc-prep-act.pdf>
- ³² US Dept of Health and Human Services. Third Amendment to Declaration Under the PREP Act for Medical Countermeasures Against COVID-19.
<https://www.hhs.gov/sites/default/files/third-amendment-declaration.pdf>
- ³³ US Dept of Health and Human Services. Guidance for Licensed Pharmacists and Pharmacy Interns Regarding COVID-19 Vaccines and Immunity under PREP Act.
<https://www.hhs.gov/sites/default/files/licensed-pharmacists-and-pharmacy-interns-regarding-covid-19-vaccines-immunity.pdf>
- ³⁴ US Dept of Health and Human Services. Guidance for PREP Act Coverage for Qualified Pharmacy Technicians and State-Authorized Pharmacy Interns for Childhood Vaccines, COVID-19 Vaccines, and COVID-19 Testing.
<https://www.hhs.gov/sites/default/files/prep-act-guidance.pdf>
- ³⁵ Ibid.
- ³⁶ CMS. Medicare Pharmacies and Other Suppliers May Temporarily Enroll as Independent Clinical Diagnostic Laboratories to Help Address COVID-19 Testing.
<https://www.cms.gov/files/document/se20017.pdf>
- ³⁷ US Dept of Health and Human Services. Advisory Opinion 20-03 on the PREP Act and the Secretary's Declaration under the Act.
<https://www.hhs.gov/sites/default/files/advisory-opinion-20-03-hhs-ogc-public-readiness-emergency-preparedness-act.pdf>
- ³⁸ US Dept of Health and Human Services. Fourth Amendment to the Declaration Under the PREP Act for Medical Countermeasures Against COVID-19 and Republication of the Declaration.
<https://www.phe.gov/Preparedness/legal/prepact/Pages/4-PREP-Act.aspx>
- ³⁹ US Dept of Health and Human Services. Eighth Amendment to Declaration Under the PREP Act for Medical Countermeasures Against COVID-19.
<https://www.federalregister.gov/documents/2021/08/04/2021-16681/eighth-amendment-to-declaration-under-the-public-readiness-and-emergency-preparedness-act-for>
- ⁴⁰ H.R.6201: Families First Coronavirus Response Act. 116th U.S. Congress (2019-2020).
<https://www.congress.gov/bill/116th-congress/house-bill/6201/text>

- ⁴¹ H.R.748: Coronavirus Aid, Relief and Economic Security Act. 116th U.S. Congress (2019-2020).
<https://www.congress.gov/116/bills/hr748/BILLS-116hr748enr.pdf>
- ⁴² CMS. COVID-19 Toolkit.
<https://www.cms.gov/covidvax-provider>
- ⁴³ NCPDP. Emergency Preparedness Guidance: Version 1.11.
<https://www.ncdp.org/NCPDP/media/pdf/NCPDPEmergencyPreparednessGuidance.pdf?ext=.pdf>
- ⁴⁴ CMS. Medicare Pharmacies and Other Suppliers May Temporarily Enroll as Independent Clinical Diagnostic Laboratories to Help Address COVID-19 Testing.
<https://www.cms.gov/files/document/se20017.pdf>
- ⁴⁵ CMS. Coverage and Reimbursement of COVID-19 Vaccines, Vaccine Administration, and Cost-Sharing under Medicaid, CHIP and Basic Health Program.
<https://www.medicaid.gov/state-resource-center/downloads/covid-19-vaccine-toolkit.pdf>
- ⁴⁶ HRSA. COVID-19 Claims Reimbursement to Health Care Providers and Facilities for Testing, Treatment, and Vaccine Administration for the Uninsured.
<https://www.hrsa.gov/coviduninsuredclaim>
- ⁴⁷ CDC. Understanding the Federal Retail Pharmacy Program for COVID-19 Vaccination.
<https://www.cdc.gov/vaccines/covid-19/retail-pharmacy-program/index.html>
- ⁴⁸ Ibid.
- ⁴⁹ White House. Fact Sheet: President Biden Announces 90% of the Adult U.S. Population will be Eligible for Vaccination and 90% will have Vaccination Site Within 5 Miles of Home by April 19.
<https://www.whitehouse.gov/briefing-room/statements-releases/2021/03/29/fact-sheet-president-biden-announces-90-of-the-adult-u-s-population-will-be-eligible-for-vaccination-and-90-will-have-a-vaccination-site-within-5-miles-of-home-by-april-19>
- ⁵⁰ By the Numbers. Coronavirus Pandemic Whole-of-America Response.
https://content.govdelivery.com/attachments/USDHSFEMA/2021/03/09/file_attachments/1717220/By%20the%20Numbers.COVID.FINAL.Mar.%202021.pdf
- ⁵¹ US Dept of Health and Human Services. HHS Continues Community Based Testing Sites for COVID-19.
<https://www.hhs.gov/about/news/2021/01/07/hhs-continues-community-based-testing-sites-covid-19.html>
- ⁵² Agency for Toxic Substances and Disease Registry. CDC/ATSDR Social Vulnerability Index.
<https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>
- ⁵³ CVS Health. Increased Access of COVID-19 Testing.
<https://cvshealth.com/covid-19/testing-information>
- ⁵⁴ Walgreens. COVID-19 Testing in Partnership with PWNHealth Provider Network.
<https://www.walgreens.com/findcare/covid19/testing>
- ⁵⁵ USA Today. No-prescription, rapid COVID-19 home tests to be sold at CVS, Walgreens and Walmart beginning this week.
<https://www.usatoday.com/story/news/health/2021/04/19/covid-home-tests-walmart-cvs-walgreens-binaxnow-ellume/7286667002>
- ⁵⁶ Drug Store News. Albertsons, Walmart partner with United Airlines on preflight COVID-19 testing.
<https://www.drugstorenews.com/albertsons-walmart-partner-united-airlines-preflight-covid-19-testing>
- ⁵⁷ Agency for Toxic Substances and Disease Registry. CDC/ATSDR Social Vulnerability Index.
<https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>
- ⁵⁸ CDC. Stories from the Field: Federal Retail Pharmacy Program for COVID-19 Vaccination.
<https://www.cdc.gov/vaccines/covid-19/retail-pharmacy-program/retail-stories.html>
- ⁵⁹ Coppock K. Pharmacies Extending Friday Hours in June to Increase Access to COVID-19 Vaccination.
<https://www.pharmacytimes.com/view/pharmacies-extending-friday-hours-in-june-to-increase-access-to-covid-19-vaccination>
- ⁶⁰ CDC. Impact of the COVID-19 Pandemic on Administration of Selected Routine Childhood and Adolescent Vaccinations — 10 U.S. Jurisdictions, March–September 2020.
https://www.cdc.gov/mmwr/volumes/70/wr/mm7023a2.htm?s_cid=mm7023a2_x#T1_down
- ⁶¹ The Commonwealth Fund. Managing Medicare Beneficiaries with Chronic Conditions During the COVID-19 Pandemic.
<https://www.commonwealthfund.org/publications/issue-briefs/2021/mar/managing-medicare-beneficiaries-chronic-conditions-covid#10>

- ⁶² CDC. Delay or Avoidance of Medical Care Because of COVID-19–Related Concerns — United States, June 2020.
<https://www.cdc.gov/mmwr/volumes/69/wr/mm6936a4.htm>
- ⁶³ CDC. COVID Data Tracker.
https://covid.cdc.gov/covid-data-tracker/#vaccinations_vacc-total-admin-rate-total
- ⁶⁴ US Dept of Health and Human Services. Joint Statement from HHS Public Health and Medical Experts on COVID-19 Booster Shots.
<https://www.hhs.gov/about/news/2021/08/18/joint-statement-hhs-public-health-and-medical-experts-covid-19-booster-shots.html>
- ⁶⁵ CDC. Patterns in COVID-19 Vaccination Coverage, by Social Vulnerability and Urbanicity — United States, December 14, 2020–May 1, 2021.
https://www.cdc.gov/mmwr/volumes/70/wr/mm7022e1.htm?s_cid=mm7022e1_w
- ⁶⁶ Kaiser Family Foundation. Latest Data on COVID-19 Vaccinations by Race/Ethnicity.
<https://www.kff.org/coronavirus-covid-19/issue-brief/latest-data-on-covid-19-vaccinations-race-ethnicity>
- ⁶⁷ CDC. Decreases in COVID-19 Cases, Emergency Department Visits, Hospital Admissions, and Deaths Among Older Adults Following the Introduction of COVID-19 Vaccine — United States, September 6, 2020–May 1, 2021.
https://www.cdc.gov/mmwr/volumes/70/wr/mm7023e2.htm?s_cid=mm7023e2_x
- ⁶⁸ CDC. Provisional Drug Overdose Death Counts.
<https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>
- ⁶⁹ Substance Abuse and Mental Health Services Administration (SAMHSA). Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health.
<https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.htm>
- ⁷⁰ Look, K., et al. Community Pharmacies as Access Points for Addiction Treatment.
<https://www.ncbi.nlm.nih.gov/pubmed/29909934>
- ⁷¹ Ibid.
- ⁷² Cochran G, et al. Screening Community Pharmacy Patients for Risk of Prescription Opioid Misuse.
<https://www.ncbi.nlm.nih.gov/pubmed/26291546>
- ⁷³ Moghadam SS, et al. How Should Physicians and Pharmacists Collaborate to Motivate Health Equity in Underserved Communities?
<https://journalofethics.ama-assn.org/article/how-should-physicians-and-pharmacists-collaborate-motivate-health-equity-underserved-communities/2021-02>
- ⁷⁴ Markus D, et al. Tackling Social Determinants of Health by Leveraging Community Pharmacies in a National, Scalable Model.
<https://www.pharmacytimes.com/view/pharmacists-role-in-tackling-social-determinants-of-health>
- ⁷⁵ Rosser S, et al. Development, implementation, and evaluation of a pharmacist-conducted screening program for depression.
<https://www.ncbi.nlm.nih.gov/pubmed/23636152>
- ⁷⁶ O'Reilly CL, et al. A feasibility study of community pharmacists performing depression screening services.
<https://www.ncbi.nlm.nih.gov/pubmed/25438728>
- ⁷⁷ Witry MJ, et al. Pharmacy professionals' preparedness to use Mental Health First Aid (MHFA) behaviors.
<https://www.pharmacypractice.org/journal/index.php/pp/article/view/2102>
- ⁷⁸ Mospan CM, et al. Community Pharmacists as Partners in Reducing Suicide Risk.
<https://www.jabfm.org/content/32/6/763.abstract>
- ⁷⁹ Dollar KJ, et al. Public awareness of Mental Health First Aid and perception of community pharmacists as Mental Health First Aid providers.
<https://pubmed.ncbi.nlm.nih.gov/32139284>
- ⁸⁰ Communivax.
<https://www.communivax.org>
- ⁸¹ CDC. Health Equity Considerations and Racial and Ethnic Minority Groups.
<https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html>