



NATIONAL ASSOCIATION OF
CHAIN DRUG STORES

Statement

Of

Steven C. Anderson, President and Chief Executive Officer
The National Association of Chain Drug Stores (NACDS)

For

United States House of Representatives
Committee on Energy and Commerce
Subcommittee on Health

On

“Road to Recovery: Ramping up COVID-19 Vaccines, Testing and
Medical Supply Chain”

February 3, 2021
11:00 a.m.

2123 Rayburn House Office Building

National Association of Chain Drug Stores (NACDS)
1776 Wilson Blvd., Suite 200
Arlington, VA 22209
703-549-3001
www.nacds.org

The National Association of Chain Drug Stores (NACDS) appreciates the opportunity to offer a statement for the record for the Committee on Energy and Commerce's hearing titled, *Road to Recovery: Ramping up COVID-19 Vaccines, Testing and Medical Supply Chain*. NACDS represents nearly 40,000 pharmacies (traditional drug stores, supermarkets and mass merchants with four or more pharmacies) who employ nearly 3 million individuals, including pharmacists, technicians, and nurse practitioners, among others.

I. Executive Summary

Retail pharmacies are playing a critical role in the nation's COVID-19 response and recovery efforts, supporting public health at the federal, state and local levels, and serving the needs of their communities during this unprecedented time. Indeed, retail pharmacies offer trusted, accessible, and convenient healthcare access. Ninety percent of Americans live within 5 miles of a pharmacy. Importantly, retail pharmacies have ramped up healthcare operations to build, execute, and surge COVID-19 testing sites, flu vaccine clinics, and an array of COVID-19 vaccination models (in-store, mass stations, mobile clinics et al). These efforts are supported by robust infrastructures from inventory management, storage and handling, online eligibility and appointment scheduling tools to detailed data reporting to states and the federal government. Of great interest to Congress is the tremendous value of ongoing public-private partnerships between public health and retail pharmacies.¹ The value of these partnerships in COVID-19 recovery efforts is extraordinary as public health leaders continue to leverage community pharmacies to execute national and local COVID-19 testing and pandemic immunization plans among other efforts. Retail pharmacies are deeply committed to engage in recovery efforts to re-open America by accelerating

¹ Serving the Greater Good. Public Health & Community Pharmacy Partnerships. Johns Hopkins Bloomberg School of Public Health Center for Health Security, October 2017, *available at* https://www.centerforhealthsecurity.org/our-work/pubs_archive/pubs-pdfs/2017/public-health-and-community-pharmacy-partnerships-report.pdf.

COVID vaccinations, expanding COVID testing, administering preventative vaccines, and promoting better community health. To this end:

- Retail pharmacies can safely, swiftly, and equitably *administer 100 million vaccine doses in 30 days* assuming available vaccine supply and patient demand;²
- Retail pharmacies employ highly trusted pharmacists to serve their communities, e.g., *72% of Hispanics and 66% of Black Americans trust pharmacists to provide COVID-19 vaccines; and*
- Retail pharmacies can expand COVID-19 testing capabilities to re-open local businesses and schools along with providing preventative vaccines to promote better community health.

To support the nation's recovery trajectory, NACDS strongly urges Congress to ensure that retail pharmacies continue their critical role in the pandemic recovery by taking the following actions:

Recommendation 1: Maintain important authorities established under the Public Readiness and Preparedness (PREP) Act declaration, which have expanded America's access to vaccination and testing services at local retail pharmacies.

Recommendation 2: Sustain the ability for retail pharmacies to continue to provide vaccination, testing, and other preventative services by helping to establish clear and permanent coverage and frictionless reimbursement pathways.

Recommendation 3: Ensure critical patient access to pharmacy services by expanding the Federal Pharmacy Partnership Program to serve Medicare and Medicaid populations.

II. Discussion

A. Accessible and trusted retail pharmacies are boosting critical access to COVID-19 vaccines and testing in communities across the nation.

With 60,000 locations across the nation, community pharmacies (chain and independents) are the most accessible healthcare destination, offering the public access to professional care, close to home, and during expanded hours. Pharmacies provide trustworthy access to care for so many Americans, sometimes as the only healthcare destination within walking or driving distance. In this way, pharmacies

² This conservative modeling is extrapolated from CDC pandemic modeling from H1N1 under the Obama/Biden Administration. Adding one more vaccinator per store cuts the time to 15 days; and placing three vaccinators in each store, cuts the time by one-third.

are seamlessly integrated into the neighborhoods they serve. In fact, 90% of Americans live within 5 miles of a community pharmacy. Longstanding evidence demonstrates that access to pharmacy care is a fundamental component to vital and sustainable communities.³ For instance, high-risk Medicaid patients tend to be sicker and require more healthcare services but are less mobile than the general population as they rely more heavily on public transportation and have fewer options for traveling to providers that are not conveniently located. Studies have shown that Medicaid patients visit their pharmacies about 35 times a year,⁴ and an analysis of 680,000 Medicare beneficiaries (including more than 65,000 Black and more than 16,500 Hispanic beneficiaries), showed pharmacy visits 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).⁵

Pharmacists are particularly valued by those in the greatest need, and their impact to those individuals is further amplified by a supporting pharmacy infrastructure, including pharmacy staff. As a result, pharmacies, pharmacists, and pharmacy staff have played a large role in the success of public health campaigns. This history of trust cannot be overstated and should be leveraged significantly to support efforts to strengthen public confidence in the safety and efficacy of the COVID-19 vaccines. In fact, in a 2020 poll conducted by Morning Consult (commissioned by NACDS), three-in-four adults said they trust

³ 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>.

⁴ Gaskins RE. Innovating Medicaid: the North Carolina Experience, *NC Med J.* 2017, *available at* <https://www.ncbi.nlm.nih.gov/pubmed/28115558>.

⁵ 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.

pharmacists to administer a COVID-19 vaccination, and nearly one-third of adults say they are more likely to get a COVID-19 vaccination if it is available at a pharmacy.⁶

What's more, the pharmacy infrastructure is contributing to vaccine confidence for populations at increased risk of COVID-19 and its complications. Indeed, 66% of Black Americans and 72% of Hispanics trust pharmacists to provide COVID-19 vaccines. Further, opinion research suggests that for many in these communities the pharmacy itself is preferred over mass vaccination sites, and that mass vaccination sites would do well to include local healthcare professionals such as trusted pharmacists.

B. Retail pharmacies play a key role in expanding access to COVID-19 vaccines.

After the 2009 H1N1 pandemic, the Obama/Biden Administration called on public health experts to model pandemic vaccination planning, and research the impact that community pharmacies may have on efficient and safe pandemic vaccinations.^{7,8} This research found that when retail pharmacist vaccination capacity was included in pandemic modeling, the time to achieve 80% vaccination coverage nationally was reduced exponentially.⁹ In extrapolating this modeling to today, **America's retail pharmacies can readily administer 100 million vaccine doses in 30 days** with the requisite vaccine supply. This is a conservative estimate that leverages the nation's existing infrastructure of 40,000 retail pharmacies with one (1) vaccinating pharmacist per store to reach this goal. Of course, the solution could readily be

⁶ This poll was conducted by Morning Consult and commissioned by the National Association of Chain Drug Stores. It was conducted between August 13-August 16, 2020 among a national sample of 2,200 Adults. The interviews were conducted online and the data were weighted to approximate a target sample of Adults based on gender, educational attainment, age, race, and region. Results from the full survey have a margin of error of plus or minus 2 percentage points.

⁷ For example, influenza modeling found adding pharmacies saving \$1.0–2.8 billion in direct costs and \$4.1–99.8 billion in overall costs by averting 11.9–16.0 million influenza cases and 23,577–210,228 deaths.

⁸ Pharmacist involvement in administering immunizations is correlated with higher rates of immunizations, compared to administration of vaccines by traditional providers, and the authority for pharmacists to immunize flourished following the important role of pharmacies in providing vaccines during the 2009 H1N1 pandemic. In 2018, community pharmacies delivered the influenza vaccination to an estimated 32% of adults. In the current flu season (2020-21), flu vaccinations administered at pharmacies are significantly higher.

⁹ Schwerzmann J, Graitcer SB, Jester B, Krahl D, Jernigan D, Bridges CB, Miller J., Evaluating the Impact of Pharmacies on Pandemic Influenza Vaccine

Administration. *Disaster Med Public Health Prep*, 2017 Oct, 11(5):587-593, available at <https://www.ncbi.nlm.nih.gov/pubmed/28219461>.

ramped up even further as stores deploy more pharmacy vaccinators – pharmacists, pharmacy technicians, nurses, and others. Thus, one of the critical rate-limiting steps to the nation’s recovery is the availability of supply of COVID-19 vaccines – not vaccinators. Retail pharmacies stand ready to meet the challenge and are prepared to do more to ensure that Americans are vaccinated proficiently, safely, and equitably.

Recent federal actions taken under the PREP Act ^{10, 11, 12} have leveraged pharmacies to provide enhanced public access to COVID-19 vaccines and other preventative vaccines by unleashing pharmacists, pharmacy technicians, and pharmacy interns from onerous state and federal barriers that had historically prohibited them from providing such services. These actions have helped foster the development of two federal COVID-19 vaccine programs aimed at meaningfully enhancing nationwide public access. The programs are: the Federal Pharmacy Partnership Program consisting of 21 chains and networks of independents, and the Federal – State Jurisdiction Transfer Program for Phase 1.¹³ Further, pharmacies are also supporting their state health department COVID-19 vaccine responses directly to help meet local needs. Pharmacies are committed to helping the nation at this critical point, gearing up to expeditiously expand equitable access to COVID-19 vaccinations as they become available and support the nation to eventually recover from the pandemic and emerge stronger than ever. We therefore urge Congress to continue to ensure retail pharmacies’ considerable access, reach, expertise and capabilities are utilized to help in the critical national recovery effort.

¹⁰ U.S. Department of Health and Human Services, August 2020, *available at* [HHS Expands Access to Childhood Vaccines during COVID-19 Pandemic.](#)

¹¹ U.S. Department of Health and Human Services, October 2020, *available at* [Advisory Opinion 20-03 on the Public Readiness and Emergency Preparedness Act and the Secretary’s Declaration under the Act.](#)

¹² U.S. Department of Health and Human Services. (December 2020). Fourth Amendment to the Declaration Under the Public Readiness and Emergency Preparedness Act for Medical Countermeasures Against COVID–19 and Republication of the Declaration, *available at* <https://www.phe.gov/Preparedness/legal/prepact/Pages/4-PREP-Act.aspx>.

¹³ HHS Press Releases, *available at* <https://www.hhs.gov/about/news/2020/10/16/trump-administration-partners-cvs-walgreens-provide-covid-19-vaccine-protect-vulnerable-americans-long-term-care-facilities-nationwide.html> and <https://www.hhs.gov/about/news/2020/11/12/trump-administration-partners-chain-independent-community-pharmacies-increase-access-future-covid-19-vaccines.html>

C. Outside of vaccinations, retail pharmacies are reshaping the public health infrastructure to provide additional services, like COVID-19 testing, to patients on a larger scale.

Federal actions taken under the PREP Act ^{14,15,16} have also accelerated the availability of new COVID-19 testing access at pharmacies and helped spearhead efforts to break down undue, longstanding barriers to pharmacy-based testing across many states. As a result, community pharmacies have been able to leverage their unique accessibility and clinical expertise to enhance COVID-19 testing capacity by offering thousands of additional access points to testing, as a key partner in the national public/private testing partnership.¹⁷ In fact, between May and December 2020, more than 3,100 local pharmacy locations received new approval to provide point-of-care tests, which includes COVID-19 testing.¹⁸

The role of pharmacies in COVID-19 testing is critical considering the immense challenges in reaching the capacity needed to meet testing goals. One analysis indicates that “54% of US counties, including 68% of rural counties, do not have a single COVID-19 testing site. What’s more, even among those counties with testing sites, 58% do not have sufficient capacity to meet recommended testing levels. Access to testing is even more limited by racial disparities: ZIP codes where the population is at least 75% white have an average of one testing site for every 14,5000 people, as compared to ZIP codes that are at least 75% people of color have an average of one testing site per 23,300 people.”¹⁹

¹⁴ Guidance for Licensed Pharmacists, COVID-19 Testing, and Immunity under the PREP Act, April 2020, *available at* <https://www.phe.gov/Preparedness/legal/prepact/Documents/pharmacist-guidance-COVID19-PREP-Act.pdf>.

¹⁵ HHS General Counsel’s Office, Advisory Opinion, *available at* <https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/advisory-opinion-20-02-hhs-ogc-prep-act.pdf>.

¹⁶ U.S. Department of Health & Human Services Office of the Assistant Secretary for Health October 20, 2020 Guidance for PREP Act Coverage for Qualified Pharmacy Technicians and State-Authorized Pharmacy Interns for Childhood Vaccines, COVID-19 Vaccines, and COVID-19 Testing, *available at* <https://www.hhs.gov/sites/default/files/prep-act-guidance.pdf>.

¹⁷ Community Based Testing Sites for COVID-19, *available at* <https://www.hhs.gov/coronavirus/community-based-testing-sites/index.html>.

¹⁸ NASPA, *available at* <https://naspa.us/resource/covid-19-testing/>.

¹⁹ 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/>.

Pharmacies have been fortifying the national testing infrastructure by helping to fill gaps in testing access. Indeed, a myriad of evidence demonstrates the strong ability of pharmacy-based testing models to improve patient access to care^{20,21,22,23} and the nation observed this ability first-hand as pharmacies stepped up as quickly as they could to buttress testing capacity in neighborhood locations nationwide. Through these innovative models, pharmacies across the country have supported patients through the end-to-end testing process, thereby increasing access to care, even for rural and medically underserved populations.²⁴ Looking forward, retail pharmacies' key locations and capacity to serve communities will continue to prove beneficial for the public health infrastructure with the prevalence of asymptomatic transmission²⁵ and emergence of new variants of the virus.

III. Recommendations to ensure retail pharmacies have the authorities to continue to help fight this pandemic and strengthen the public health infrastructure moving forward.

Through their role in this pandemic, retail pharmacies will continue to strive to strengthen the public health infrastructure and bolster the response for future public health emergencies and national disasters. To help empower and sustain retail pharmacies in doing this work, NACDS urges Congress to immediately take the following actions.

A. Recommendation 1: Maintain important authorities established under the PREP Act declaration, which have expanded patient access to vaccination and testing services at local retail pharmacies.

²⁰ San-Juan-Rodriguez A, Newman TV, Hernandez I, et al., Impact of community pharmacist-provided preventive services on clinical, utilization, and economic outcomes: An umbrella review, *Preventive Medicine*, 2018, *available at* <https://www.ncbi.nlm.nih.gov/pubmed/30145351>.

²¹ Isho N, et al., Pharmacist-initiated hepatitis C virus screening in a community pharmacy to increase awareness and link to care at the medical center, *Journal of the American Pharmacists Association*, March 2017, *available at* [https://www.japha.org/article/S1544-3191\(17\)30136-X/pdf](https://www.japha.org/article/S1544-3191(17)30136-X/pdf).

²² Darin KM, et al., Pharmacist-provided rapid HIV testing in two community pharmacies, *Journal of the American Pharmacists Association*, Feb. 2015, *available at* [https://www.japha.org/article/S1544-3191\(15\)30015-7/pdf](https://www.japha.org/article/S1544-3191(15)30015-7/pdf).

²³ Buss V.H., Naunton M. Analytical quality and effectiveness of point of care testing in community pharmacies: A systematic literature review, *Res. Soc. Adm. Pharm*, 2019.

²⁴ Broughel J, Yatsyshina Y., Relax Pharmacy Regulations to help with COVID-19 Testing and Treatment, March 2020, *available at* <https://www.mercatus.org/publications/covid-19-policy-brief-series/relax-pharmacy-regulations-help-covid-19-testing-and>.

²⁵ <https://www.nejm.org/doi/full/10.1056/NEJMoa2029717>

As described above, authorities granted under the current PREP Act declaration have established a clear path for pharmacists, pharmacy technicians, and pharmacy interns to provide vaccination and testing services to patients, all within the backdrop of the current pandemic. Yet, the PREP Act authorities remain tenuous as they are set to expire at the conclusion of the public health emergency. The ability for qualified pharmacy professionals to provide much-needed patient care services, including screening and testing, and recommended vaccines, at trusted, local pharmacy locations should not be contingent on a public health crisis. Indeed, policymakers should maintain the ability for these services to continue to be provided at pharmacies at any time because the services hold high value to improve the health of the nation, no matter the presence of an emergency. As a matter of good public policy, NACDS urges policymakers to consider statutory and regulatory mechanisms to preserve access to testing and vaccination services at pharmacies permanently, to strengthen the nation's healthcare infrastructure and capacity, and in preparation for any future public health emergencies or disasters.

B. Recommendation 2: Sustain the ability for retail pharmacies to continue to provide vaccination, testing, and relevant preventative services by establishing clear coverage and reimbursement pathways.

Although pharmacies are providing accessibility to vaccination and testing services, restrictive coverage and billing requirements at the state and federal levels have acted as a barrier for pharmacies to be compensated for such services in a streamlined way, which hinders scalability, sustainability, and further healthcare access expansion for the public. For example, pharmacies are unable to bill Medicare Part B for testing-related services (e.g., specimen collection) conducted by a pharmacist unless the collection is done "incident to" a physician. Such a barrier is nonsensical as pharmacists are already autonomously performing specimen collection under current PREP Act declaration authorities. Yet, these billing barriers go beyond just COVID-19 testing. Pharmacies should be reimbursed for the care provided and services performed by a pharmacist at their stores, whether it is related to vaccinations, testing, or

other preventative services. Pharmacies need reliable, sustainable infrastructure to more comprehensively provide consistent public access to much needed preventive care. NACDS urges policymakers to remove barriers that undermine the ability for pharmacies to expand access to clinical care and to be reimbursed for such services.

C. Recommendation 3: Ensure critical patient access to pharmacy services by expanding the Federal Pharmacy Partnership Program to serve Medicare and Medicaid populations.

Grant funding from early in the pandemic has provided the Biden Administration with the ability to continue the Federal Pharmacy Partnership Program. And the Administration has indicated that it will “turn on” this Program shortly to accelerate the stagnant vaccination campaign. NACDS thanks and applauds the Biden Administration for supporting this program as a key part of the broader COVID vaccination strategy. Pharmacies are honored to be part of this unified and coordinated response program, with the goal of extending access to COVID-19 vaccines from coast to coast. NACDS urges the Congress to explore how the program can be expanded to reach the vulnerable Medicaid and Medicare populations by aligning federal funding for such programs with the ability for pharmacists to provide services at pharmacies in order to end this pandemic in the short-term and provide better access to much needed preventive care in the long-term to strengthen and improve the health and wellness of the nation.

Conclusion

NACDS thanks the committee for this opportunity to offer our comments and recommendations on how retail pharmacy is providing and can continue to provide contributions to the nation’s COVID-19 response and recovery strategy and beyond. If we can provide assistance, please do not hesitate to contact Tom O'Donnell at todonnell@nacds.org or 703-837-4216.