

## Accelerating Access to Immunizations through Community Pharmacies

### The Value of Pharmacies as Vaccination Destinations

Community pharmacies play an essential role in expanding vaccine access. High-risk Medicaid patients visit their pharmacies about 35 times a year,<sup>1</sup> and nearly 90% of Americans live within 5 miles of a pharmacy. Millions of patients receive the influenza and other recommended vaccines from pharmacists annually. Specifically, in the 2018-2019 flu season, 1 in 3 adult influenza vaccines were provided at a community pharmacy.<sup>2</sup> Pharmacy-based immunization services can and should be scaled to meet immense public health need during a pandemic.

Background: In 2009, 10 large pharmacies participated in CDC's 2009 H1N1 Vaccine Pharmacy Initiative. In 3 months, CDC distributed ~ 5.5 million doses to these pharmacies, and in turn, they distributed it to 10,700+ retail stores.<sup>3</sup> Since then, a pivotal CDC Pandemic Influenza Vaccine Study showed that weekly national vaccine administration capacity increased to 25 million doses per week when retail pharmacist vaccination capacity was included in the model. In other words, by including retail pharmacists in the model, the time to achieve 80% vaccination coverage nationally was reduced by 7 weeks.<sup>4</sup> Another study indicated pharmacies can mitigate against 23.7 million pandemic symptomatic cases, yielding a cost savings of almost \$100 billion.<sup>5</sup> In the last decade, pharmacies expanded their vaccination programs and are more prepared than ever to participate in the COVID-19 vaccine response.

### Pharmacies Answering the Call to Serve the Nation, Supporting Communities Amid COVID-19 Pandemic

- Pharmacies offer additional access to COVID-19 testing in nearly every state.<sup>6</sup> In just the last 2 months, more than 1,300 pharmacies have received approval to provide point-of-care tests, including COVID-19.<sup>7</sup>
- In parallel, pharmacies stand ready to expeditiously expand access to COVID-19 vaccination.
- Six states have proactively ensured the public will have access to pharmacy-based COVID-19 vaccine, once available. If the remaining states do not make swift, proactive changes now through executive order or legislation, Americans will experience unnecessary delays in access to COVID-19 vaccine at pharmacies.

| <b>Overview of COVID-19 IZ Authority</b>   |                   |
|--|-------------------|
| To date, <b>6 States</b> allow for administration of anticipated COVID-19 vaccine      |                   |
| <b>COVID-Specific Pharmacist Immunization Authority via State or Board of Pharmacy</b> | <b>MA, MN, NY</b> |
| <b>States with Existing Authority</b>  | <b>AK, ID, NM</b> |

<sup>1</sup> Gaskins RE. Innovating Medicaid: the North Carolina Experience. NC Med J. 2017. <https://www.ncbi.nlm.nih.gov/pubmed/28115558>

<sup>2</sup> CDC. Influenza: General Population Early Season Vaccination Coverage. 2018. <https://www.cdc.gov/flu/fluvaxview/nifs-estimates-nov2018.htm>

<sup>3</sup> 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. Disaster Med Public Health Prep. 2011 Dec;5(4):253-5. <https://www.ncbi.nlm.nih.gov/pubmed/22146661>

<sup>4</sup> Schwertmann 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. <https://www.ncbi.nlm.nih.gov/pubmed/28219461>

<sup>5</sup> Bartsch SM et al. Epidemiologic and economic impact of pharmacies as vaccination locations during an influenza epidemic. Vaccine. November 2018. <https://www.ncbi.nlm.nih.gov/pubmed/30340884>

<sup>6</sup> <https://www.hhs.gov/coronavirus/community-based-testing-sites/index.html>

<sup>7</sup> <https://naspa.us/resource/covid-19-testing/>

## Patchwork of State Pharmacy Immunization Rules Unduly Restrict Public Access

The complex, erratic nature of state rules and regulations for pharmacy-based vaccination result in significant patient access barriers. While pharmacists are authorized to provide adult vaccines in all 50 states for flu, pneumonia and shingles, antiquated state restrictions remain. The barriers include (a) vaccine type restrictions; (b) age restrictions; and (c) pharmacist authority restrictions. Such restrictions needlessly prevent pharmacists from rapidly providing national recommended vaccination services to the public..

### (a) Vaccine Type Restrictions

- 17 states currently restrict the type of vaccines pharmacists may administer. In other words, these states restrict pharmacies from comprehensively providing vaccine access, leaving potential gaps in care.
- Overregulation of vaccine type in certain states means when a new product comes to market, such states expend time and resources amending rules, stifling innovation and impeding access. Instead, states should allow pharmacists to independently order and administer all FDA-authorized vaccines to people of all ages.
- These restrictions are unfounded considering the training and competency standards for pharmacists to provide vaccines is consistent across states. A doctorate degree was established as the entry-level education requirement for the pharmacy profession in the 1990s, becoming standard in the year 2000.

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|------------------------------------|---|----|--|
| <b>“Vaccine Type” Restrictions</b> | <b>Limited Pharmacist Vaccination Authority</b> | 17 | AZ <sup>A</sup> , CT <sup>A</sup> , DC, DE, FL <sup>A</sup> , GA, IA <sup>A</sup> , MI, MO, NH, NJ, NY, VT <sup>A</sup> , VA, WV <sup>B</sup> , WY |
|------------------------------------|---|----|--|

A= CDC-recommended Adult IZs only

B= Emergency Rule/Suspension of Existing Reg due to COVID-19 (not final)

### (b) Age Restrictions

- While pharmacists can provide immunizations to adults nationwide, many states needlessly restrict pharmacists’ ability to provide comprehensive vaccination services to children and adolescents. Most recently, Admiral Girior, HHS Assistant Secretary and a pediatrician, noted there is no legitimate reason why pharmacists are not authorized across the nation to provide recommended vaccinations to Americans ages 5 and up, like pharmacists do in the Public Health Service (PHS). Thus, there is vast opportunity to leverage community pharmacies to expand vaccine access for all ages.
- Gaps in childhood and adolescent immunization occurred due to COVID-19 stay-at-home efforts and limited access to care services.<sup>8</sup> However, pharmacies remained open and ready to serve throughout the pandemic.
- Even prior to the pandemic, gaps in care existed for children due to vaccine hesitancy, leading to outbreaks of dangerous vaccine-preventable diseases (e.g. measles, complete vaccine series recommended by age 6).
- To meaningfully expand vaccine access across the country, all states should leverage pharmacists to independently order and administer FDA-authorized vaccines to people of all ages.

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|-------------------------|--------------------------------|----|--|
| <b>Age Restrictions</b> | <b>Ages 5-18yo<sup>C</sup></b> | 27 | AR, AZ, DC, GA, HI, IL, IN, KS, KY, LA, MA, MD, ME, MN, MO, MT, NC, OH, OR, PA, RI, SC, TX, VA, WI, WV, WY |
|                         | <b>Adult Only (18yo+)</b>      | 7  | CT, DE, FL, NJ, SD, VT   |

<sup>8</sup> <https://www.cdc.gov/mmwr/volumes/69/wr/mm6919e2.htm>

C= based on age restrictions for flu vaccination, ages limits may be higher for other vaccines

### (c) Pharmacist Authority Restrictions

- While 18 states allow pharmacists to independently administer the flu vaccine,<sup>9</sup> numerous states require protocols or a patient-specific prescription – neither of which improved safety or health outcomes. Requiring use of protocols increases administrative burden for pharmacists and other providers, further unduly restricting public access to care. Similarly, requiring prescriptions for vaccination increases administrative burdens and creates patient hurdles to access.
- Pharmacists follow standard practices and adhere to national recommendations/guidelines for vaccine administration. Pharmacists screen for any contraindications/precautions and follow all manufacturer instructions to ensure eligibility and clinical appropriateness before vaccine administration.
- Requiring prescriptions and protocols is only undue burden and does not improve public safety or improve health outcomes, instead it restricts needed public access to vaccination delivery.
- To meaningfully expand vaccine access across the country and remove undue restrictions, all states should authorize pharmacists to independently order and administer FDA-authorized vaccines to people of all ages.

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|---|---|----|--|
| <b>Pharmacist Authority Type Restrictions</b> | <b>Prescriber Issued Protocol</b> <sup>E</sup>                  | 4  | FL, KS, MN, NV   |
|   | <b>Protocol or Prescription (depending on age)</b> <sup>E</sup> | 30 | AL, AR, CO, CT, DC, DE, GA, HI, IL, IN, IA, KY, MA, MI, MS, MO, NE, NJ, NY, NC, ND, OH, OK, PA, PR, RI, TN, UT, VT, WA |

D= Age may vary dependent on state law/regulation

E= Source: Pharmacist-Administered Vaccines. Based on APhA/NASPA Survey of State IZ Laws/Rules. June 2020. [Link](#)

### Summary

To fully expand public access to recommended vaccines, such as flu and pneumonia, and the forthcoming COVID-19 vaccines, all states should proactively authorize pharmacists to independently order and administer FDA-authorized vaccines to people of all ages. Every day, pharmacies provide enhanced vaccine access to the public and have recently expanded testing capacity expeditiously across the country for COVID-19. The existing patchwork of state laws, barriers, and burdensome restrictions on pharmacist-provided vaccination is arbitrary and hinders broad and meaningful public access to vaccines.

<sup>9</sup> NASPA/APhA. Pharmacist Immunization Authority. January 2019. [https://media.pharmacist.com/practice/IZ\\_Authority\\_012019.pdf](https://media.pharmacist.com/practice/IZ_Authority_012019.pdf)