



NATIONAL ASSOCIATION OF
CHAIN DRUG STORES

Statement
Of
The National Association of Chain Drug Stores
For
U.S. House of Representatives
Energy and Commerce Committee
Subcommittee on Oversight and Investigations

Hearing on:

Influenza: Perspective on Current Season and Update on
Preparedness

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2123 Rayburn House Office Building

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The National Association of Chain Drug Stores (NACDS) thanks the Members of the Subcommittee on Oversight and Investigations for consideration of our statement for the hearing on “Influenza: Perspective on Current Season and Update on Preparedness.” NACDS and the chain pharmacy industry are committed to partnering with policymakers and others to work on viable strategies to address influenza concerns and the appropriate implementation of preparedness strategies which promote optimal treatment and patient health outcomes.

NACDS represents traditional drug stores, supermarkets, and mass merchants with pharmacies – from regional chains with four stores to national companies. Chains operate more than 41,000 pharmacies and employ more than 3.8 million employees, including 132,000 pharmacists. They fill over 2.7 billion prescriptions annually, which is more than 72 percent of annual prescriptions in the United States. The total economic impact of all retail stores with pharmacies transcends their over \$1 trillion in annual sales. Every \$1 spent in these stores creates a ripple effect of \$1.81 in other industries, for a total economic impact of \$1.81 trillion, equal to 12 percent of GDP. For more information about NACDS, visit www.NACDS.org.

As the face of neighborhood healthcare, community pharmacies and pharmacists provide accessible and cost-effective health services including immunizations to their local communities. Community pharmacists in particular are valuable members of the healthcare team and have an important role to play in providing immunization services. Highly educated to provide patient care services, pharmacists are well-suited to help increase the vaccination rates in the United States and reduce the incidence of vaccine-preventable diseases.

PHARMACY'S ROLE IN IMMUNIZATIONS

In recent years, retail community pharmacies have played an increasingly important role in providing patient care. Activities such as the increased number of health screenings provided by pharmacists help educate patients and give them a better understanding of their health status and potential needs. Pharmacists also provide vital patient care through services such as medication therapy management (MTM) and their expanding role in providing immunizations.

Each year, more than 50,000 adults in the United States die from vaccine-preventable diseases.¹ Studies have shown that pharmacist-provided immunization services increase the overall immunization rates. Reports have also shown that states allowing pharmacist immunizations have a greater percentage of patients 65 and older who were vaccinated. Immunizations, including those administered by pharmacists, help prevent 14 million cases of disease and 33,000 deaths every year.² Overall, in 2010-11, 18.4% of adults received their influenza vaccine at their local supermarket or pharmacy, second only to a doctor's office.³

Notably, the Centers for Disease Control and Prevention (CDC) reports that vaccines have reduced or eliminated many infectious diseases that once routinely killed or harmed thousands each year; according to data collected by CDC, pharmacists have been instrumental in increasing the vaccination rate in the United States. In fact, the CDC has specifically asked the pharmacy community for their continued support and efforts to help address vaccination needs in their local communities.⁴ This is especially vital in rural, and some suburban, areas with limited physician access.

Expanding pharmacists' vaccination authority can also lead to decreased healthcare costs for consumers, health insurers and other third-party payors, including Medicare and Medicaid. As noted by the Department of Defense in a 2011 final rule expanding the portfolio of vaccines that TRICARE beneficiaries may obtain from community pharmacies, significant savings were achieved under the TRICARE program when the program was first implemented to allow beneficiaries to obtain flu & pneumococcal vaccines from retail pharmacies. It was estimated that for the first six months that beneficiaries could obtain their vaccinations from pharmacists, 18,361 vaccines for H1N1, flu & pneumococcal were administered at a cost of nearly \$300,000. Had those vaccines been administered under the medical benefit, the cost to TRICARE would

¹ Department of Health and Human Services, Fiscal Year 2008. Centers for Disease Control and Prevention. *Justification of Estimates for Appropriation Committees*.

² Field RI. Pharmacists set to become more active clinicians in Pennsylvania. *P & T*. 2006;31:100,105; Jelesiewicz E. Pennsylvania pharmacists could soon be "calling the shots." *Temple Times* (online edition). March 17, 2005.

³ Centers for Disease Control and Prevention. Place of Influenza Vaccination Among Adults, United States, 2010-11 Influenza Season, *Morbidity and Mortality Weekly Report*, June 17, 2011, 60(23); 781-785

⁴ Letter from the Centers for Disease Control and Prevention to Pharmacists and Community Vaccinators dated 26 June 2012

have been \$1.8M.⁵ Clearly this represents significant healthcare savings, which one would expect to be amplified and replicated if pharmacists were allowed under state laws to provide a broader portfolio of vaccines and/or immunize a broader patient population. (This would be on top of savings that would result from few hospitalizations and lost days at work due to more patients obtaining immunizations.) Indeed, this is why the Department of Defense opted to expand the types of vaccines that TRICARE beneficiaries may obtain from community pharmacies to include all CDC-recommended vaccines.

Despite having the authority to administer the influenza vaccine in all 50 states and the District of Columbia, pharmacists are still limited in their ability to further increase vaccination rates by state laws and rules that restrict the age of patients who pharmacists can vaccinate and/or the portfolio of vaccines that pharmacists can offer. Pharmacists should be allowed to practice to the maximum of their capabilities, partnering with other healthcare providers in coordinated efforts to decrease the number of under-vaccinated Americans. Laws and regulations that limit the ability of pharmacists to administer vaccinations should be amended to enable pharmacists to make a broader impact on vaccination rates. These policy changes are especially important when one considers the physician shortage, which will be further exacerbated in 2014 with the implementation of the healthcare exchanges and the expansion of Medicaid. Public programs such as Medicaid and Medicare should be looking at ways to increase access to much-needed services, including immunizations by pharmacists.

PHARMACISTS ARE PREPARED

Pharmacists are uniquely positioned and qualified to take on an expanded role in immunization. To be eligible for Pharmacy Board Licensure Exams, candidates must have a Doctor of Pharmacy degree (Pharm.D.), which requires a minimum of six years of professional education. This reflects an evolutionary change for pharmacy education that mirrors the evolution in pharmacy practice to a more patient-centered focus. According to resource materials from the American Association of Colleges of Pharmacy (AACCP), the Pharm.D. curriculum is designed to produce a scientifically and technically competent pharmacist who can apply this education to

⁵ 76 FR 41063-41065.

provide maximum healthcare services to patients. It is the goal of all pharmacy schools to prepare pharmacists who can assume expanded responsibilities in the care of patients and assure the provision of rational drug therapy. Practicing pharmacists - those with a Pharm.D. or those experienced pharmacists with a Bachelor of Science degree who pre-dated the change in requirements - are well-equipped to provide immunizations.

CONCLUSION

Considering the improvements in public health and the healthcare savings that one can expect to achieve through expanding the authority of pharmacists to administer immunizations, any influenza preparedness strategy should maximize the potential of pharmacists to provide important immunization services to more Americans and to practice up to their full capability.

NACDS thanks the Subcommittee for consideration of our comments. We look forward to working with policy makers and stakeholders on these important issues.