

**Committee on Energy and Commerce  
Subcommittee on Oversight and Investigations**

**Hearing on  
“No Time to Lose: Solutions to Increase COVID-19 Vaccinations in the States”**

**February 2, 2021**

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**The Honorable Frank Pallone, Jr., (D-NJ)**

1. To date, has Michigan faced a shortage of necessary supplies providers need to safely administer COVID-19 vaccines? Do you anticipate shortages as your efforts continue?

**No.**

2. Do you think there is more Congress or the federal government can, or should, be doing to ensure that there is a sufficient number of ancillary supplies available to support vaccination efforts in the coming months?

**As more vaccines become available, it will be important that we continue to assure sufficient availability of supplies including syringes, needles, and PPE. To this end, Michigan is especially appreciative of the funding and extensive supports provided under the December stimulus package and the recently passed American Rescue Plan to boost vaccine deployment and rapidly expand health care workforce mobilization.**

**Michigan has had a good line of communication to the federal government since the Biden Administration took office and has not had any issues communicating our concerns. The Biden Administration has shown that it will not hesitate to take action to increase necessary supplies to end this pandemic and we would continue to encourage them to act as is determined necessary.**

**The Honorable Diana DeGette (D-CO)**

1. How is Michigan balancing the goal of maximizing first doses with the need to ensure second doses of the vaccine are reliably available to administer at the indicated time?

**The Michigan Department of Health and Human Services (MDHHS) interfaces with our provider colleagues regularly to ensure proper disseminations of first and second doses and has engaged in a process of ordering and allocating to these providers based on the reported number of first doses to ensure proper timing of second doses. We encourage providers to communicate with us if they run into issues when second doses are used for first doses which has become less of an issue with more engagement and as supply has increased.**

2. In your testimony you noted that one of Michigan’s top goals is to ensure that “95 percent of people get their second dose of vaccine within the expected time frame.” How are you proactively engaging with Michiganders, so they know where and when to return for their second dose?

**Engaging Michiganders on the front end is the first step in ensuring residents’ timely return for their second dose of Moderna or Pfizer. First, the state has worked to communicate the safety and efficacy of the vaccines along with an understanding of possible side effects of the vaccines. Vital to our goals of ensuring proper timing between doses is the scheduling of the second dose appointments at the time of an individual receiving their first dose. Each provider, at the time of the first dose of a two-dose series, is making sure patients know when to receive that dose and schedule their second dose visit before leaving after receiving their first dose. Our immunizations registry also has a texting platform that reminds people of their second dose appointment, and we are encouraging people to enroll in V-Safe, the CDC program that also sends text alerts to remind people to return for their second dose.**

**The Honorable Kathleen Rice (D-NY)**

1. Your testimony highlights that Michigan will leverage the state’s Protect Michigan Commission to “target communication efforts to communities with vaccine hesitancy and in populations where hesitancy creates the greatest risk.” According to the Biden Administration’s national COVID-19 strategy, the Administration plans to lead public education campaigns on topics like vaccinations and vaccine hesitancy.
  - a. How are you working with local providers to ensure Michigan’s communication efforts, and the administration of vaccine doses, are reaching marginalized communities?

**The Protect Michigan Commission is a bipartisan group spanning across multiple sectors that focuses on making sure all people in Michigan have the information they need about vaccines. We are actively engaging the Commission in multiple venues including in town halls and earned and paid media efforts. We also are working with Michigan’s Coronavirus Task Force on Racial Disparities, which has led the way on developing recommendations for an equitable approach to inform our entire COVID-19 response and whose members also serve as trusted sources of information in their respective communities. Our statewide vaccine strategy focuses on equity in vaccine distribution and education.**

- b. How would a national public education campaign help support Michigan’s efforts?

**Any opportunity to elevate key messages around the safety and efficacy of the COVID vaccines will support our efforts in Michigan.**

2. How do adolescents – those currently able to receive the Pfizer vaccine – and specifically adolescents with complex medical needs fit into your state’s vaccine distribution plans?

**The State of Michigan announced on March 12, 2021 that all Michiganders age 16 and up, and their caretaker family members and guardians, will become eligible for the vaccine on March 22, 2021. We have identified several COVID providers who are federally enrolled to administer vaccines to target for vaccine distribution based on their service to these populations. We are**

**also working with our Medicaid program to work with health plans to do outreach to special populations.**

- a. How do families and caregivers of children with medical complexity fit into your distribution plans?

**In addition to what was stated above, we are working to make sure those who are homebound or have complex medical needs have access to the vaccine. We are also working with our disability community and have plans to train our providers in how to best serve those who have unique needs in accessing the vaccine.**

- b. Once a vaccine is safe and effective for younger children, what are your plans for distribution and administration of vaccine doses for this population?

**We are hopeful and excited for the development and approval of a safe and effective vaccine for younger children. For children we would engage our network of over 2600 federally enrolled COVID providers to provide vaccines. That would include pediatricians, FQHCs, and pharmacy partners. We would continue to engage with our local health departments to ensure that we are reaching children and their families in the most appropriate venue and that we are able to provide education and information about the vaccines.**

#### **The Honorable Tim O'Halleran (D-AZ)**

1. We know that seniors over the age of 65 are at greater risk of requiring hospitalization or dying if diagnosed with COVID-19. Long term care communities have been some of the of the hardest hit in terms of infections and deaths due to COVID-19 given their congregate nature. Senior living providers, those who operate Independent Living, Assisted Living, Memory care and CCRCs, are doing everything they can to keep their residents and staff safe during this public health crisis and have anxiously awaited the approval of a COVID-19 vaccine. Now as the scarce supply of vaccine is being rolled out to most long term care communities, providers are educating both residents and staff about the benefits of the vaccine and the importance of protecting all who live and work in the community. Striving for a risk free senior living community is the goal but it is only achievable if all at risk, participate. Many senior living providers are finding that not unlike other residential care communities, there is strong demand from residents for the vaccine but the take up rate among staff reflects a high degree of vaccine hesitancy.

- a. What considerations are going into educating employees of long-term care facilities about the importance of the COVID-19 vaccine?

**MDHHS has engaged in broad education strategies focused on addressing issues that may result in vaccine hesitancy including but not limited to safety and racial history associated with vaccines. These strategies are useful with the general population and long-term care facilities staff. Communicating the safety and efficacy of the vaccine and using appropriate messengers have been key in this work. We have also engaged with stakeholders including unions and associations who have also been highly effective messengers. MDHHS has additionally hosted collaborative calls with nursing**

facilities to allow for a constructive and welcoming exchange of information and best practices for engagement.

- b. Are we seeing numbers trend in the right direction among these communities?

**Yes. Some facilities did not vaccinate all staff during the first clinics to avoid any staffing challenges that may have resulted from negative side effects which may have resulted in lower uptake initially. This decision by the facilities coupled with staff seeing co-workers respond positively, excitedly, and with limited side effects has resulted in increased uptake by long-term care staff. To date, 258,587 vaccines have been administered through the Federal Pharmacy Partnership for Long-Term Care Program in Michigan. Through the program, 3,636 facilities with first dose clinics and 2,821 facilities with second dose clinics have been completed, with 146,504 first doses and 112,083 second doses administered. In total, 159,844 residents and 98,743 staff have been vaccinated in long-term care facilities in Michigan through the program.**

- c. What other policies are being considered to ensure that vaccine uptick in facilities, like long-term care communities, increases to properly protect those living there?

**MDHHS' goals are to educate and inform individuals about the vaccines to ensure they understand the safety and efficacy of them. We continue to work with our long-term care facilities to make sure people are getting vaccinated and have access. This includes working with hospitals to encourage vaccinating patients at the time of discharge from a hospital to a facility.**

#### **The Honorable Morgan Griffith (R-VA)**

1. Are you aware of the COVID Empower program that permits identifying the Medicare beneficiaries who are at greatest risk for hospitalization and death from COVID?

**As you know, HHS' emPOWER program is a partnership between ASPR and CMS that provides numerous tools including federal data, mapping, and artificial intelligence tools, as well as training and resources, to help communities nationwide protect the health of at-risk Medicare beneficiaries, including 4.2 million individuals who live independently and rely on electricity-dependent durable medical and assistive equipment and devices, and or essential health care services.**

**Public health authorities and their partners in all 50 states, 5 territories, and the District of Columbia use emPOWER Program data and tools to strengthen emergency preparedness, response, recovery, and mitigation and take action to protect at-risk populations prior to, during, and after incidents, emergencies, and disasters. Since the onset of COVID-19, emPOWER now offers COVID-19 At-Risk population and a suite of datasets, GIS and dashboard tools, and resources to support state, territorial, and local public health COVID-19 response and community mitigation efforts, including vaccination campaigns.**

- a. If so, are you using this program to help identify and vaccinate those at greatest risk?

**The State of Michigan utilizes several database sources to determine outreach strategies for those needing vaccinations and to support multiple efforts in collaboration with the Protect Michigan Commission, Aging and Adult Services, and Communications, including:**

- **Postcard mailing in development to assist older adults with vaccine registration that also provides info on safety, eligibility, vaccine locations, and telephone assistance (211). Michigan will partner with community partners on distribution.**
- **AARP training for phone trees to assist older adults**
- **Area agencies on aging / Medicaid / Behavioral Health identifying clients**

2. According to The Washington Post, tens of thousands of Americans with intellectual and developmental disabilities — who are two to three times as likely to die of COVID-19 — are waiting for an answer to when they will receive a COVID-19 vaccine.<sup>1</sup> Most states make no mention of disabilities in their vaccine plans, leaving people confused about how long they and those for whom they care will have to wait. For your state, how do you plan to inoculate this group of individuals?

**The State of Michigan has engaged in robust and thorough outreach to congregate care facilities where some of these individuals may live through the Federal Pharmacy Partnership for Long-Term Care Program. We are also partnering with local health departments, community organizations, and with the Protect Michigan Commission to identify and communicate with family members and others about how to access vaccines. Our vaccine prioritization guidance expands eligibility as of March 8 to individuals age 50+ living with disabilities as defined by the Americans with Disabilities Act, as well as to caretakers of children with special health care needs. Beginning March 22, the State of Michigan is expanding vaccine eligibility to all individuals with disabilities, underlying medical conditions, substance use disorders, or severe mental illness, regardless of age.**

- a. Since this group of individuals may not be able to independently access the state's current information and scheduling portals, what type of avenues will your state use to notify people with disabilities when they become eligible and offer them assistance when booking appointments?

**We are working with stakeholders and our local health departments to reach out to individuals who may be eligible but may not be able to access information or scheduling portals. We have also worked with 211 to launch services via phone that allow people to schedule vaccine appointments. We are also working with our Medicaid Health Plans and Community Mental Health providers to assure access to vaccines for these populations.**

3. One of the issues we are hearing about as the vaccination campaign unfolds is the difficulty some non-hospital-based health care providers are having in accessing the vaccine for their staff. In some states, the rollout for health care providers does seem to be going relatively smoothly. However, in others, it is a real struggle. Employers are not able to help sign their health care workers up for vaccinations. Instead, employees have to navigate an ad hoc system

on their own without any centralized access point. Depending on local distribution realities, these health care providers are told to check with county health departments, to sign up on state websites, or to call local hospitals. Sometimes it works, sometimes it doesn't.

Health care providers are on the front lines, not only as it relates to exposure but also as potential spreaders of infection to the patients they serve, many in home settings. We have to figure this out and we need to act quickly.

The federal government has contracted with CVS and Walgreens to make COVID-19 vaccines available to nursing home patients and staff. Would it make sense to expand this contract, or set up additional contracts with national health care providers, to permit other patient facing health care workers organized and predictable access to the vaccine?

**I understand how challenging the past year has been for our frontline workers. We owe it to them to ensure that they have access to these lifesaving vaccines. Michigan worked hard to initially allocate our limited supply first and foremost to our state hospital systems to ensure that the vast number of medical personnel in those settings and associated with those systems could receive vaccines. We also partnered with local health departments to coordinate vaccines for other medical professionals that were included in the 1A priority group. From a Michigan standpoint, I do not think a new or expanded contract with CVS or Walgreens at this stage for patient facing health care workers is needed as we have been successful at getting medical personnel vaccinated. Healthcare providers are still part of our 1A vaccination priority group and we have emphasized to all of our active vaccine providers that they should continue to prioritize them. As more vaccines are made available to Michigan, we also expect more and more providers to be able to receive vaccine to be able to vaccinate their own staff as well as patients.**

4. How does your state plan to use the funding from the recent stimulus package to secure surge resources to help improve vaccine administration in your state?

**Michigan's ability to utilize the much-needed funds provided by Congress in December has been significantly slowed by our state legislature. The Michigan legislature just sent the Governor a supplemental appropriations bill for her signature the week of March 8 to make some of the funds provided by Congress from the December stimulus available. The Governor signed this bill on March 10, 2021 while vetoing certain pieces not specific to the public health response. The legislature has made it clear that it intends to release funding at our request and with proof of its necessity, but the limited scope and this piecemeal approach significantly hinders our ability to support mass vaccination sites, our local health departments, and critical testing and tracing operations, especially among our most vulnerable populations. The legislature has stated that the funding being allocated initially will be used for testing and tracing, vaccine distribution, and rental assistance, among other items.**

5. What is your state's strategy to reach the level of immunization needed for herd immunity?
  - a. What evidence will your state be looking for to determine whether herd immunity has been reached?

**The exact threshold for herd immunity for the coronavirus is unknown, but recent estimates range from 70 percent to 90 percent. However, other factors are also involved and will need to be considered, including how long immunity lasts, the possibility of new virus variants, and the fact that we are not yet immunizing those under the age of 16. We will factor in these considerations as new information becomes available, but the goal remains to immunize as many individuals as possible. We will also consider national guidance on herd immunity thresholds as that becomes available.**

6. Another tool that is available as we move to vaccinate Americans as quickly as possible – high-quality serology tests. Certain serology tests, called quantitative or semi-quantitative tests, can measure the approximate level of antibodies in a person’s body. These tests can be used to track the immune system’s response to a COVID-19 vaccine – helping to identify when a booster shot may be needed among other benefits. Are any of your states using, or have you considered using, these high-quality tests as part of your vaccine roll-out and follow-up?
  - a. If yes, how are you using the tests?
  - b. If no, do you see a benefit to tracking the durability of the immune response, particularly considering some of the mutated strains like those from South Africa, Brazil, or United Kingdom?

**We are not currently using serology to track or inform our vaccination strategy. We do know that the vaccines are safe and effective, and ongoing research is occurring across the world to be able to understand how long immunity from vaccination lasts. The Michigan Bureau of Laboratories is a national leader in sequencing of COVID-19 to identify possible instances of variants in the state and assuring quick response is taken by the state and local health department to limit exposure to these more contagious strains.**

7. One of the issues we hear about is the difficulty states and providers are having at the last mile, actually getting shots into arms. Once Phase 1 has been completed, do you agree that we should have an all-hands-on deck approach, using all of America’s commercial distribution resources, customer connectivity, expertise and end-to-end logistics across a multitude of provider settings, to ensure the American public has expedited and equitable access to a vaccine once we get to broad distribution?

**Michigan has set a goal of equitably vaccinating 70 percent of Michiganders as safely and quickly as possible. We have over 2600 providers enrolled in the federal program as providers, and we have established public-private partnerships to support our operational efforts for vaccine distribution. I applaud the Biden Administration’s vaccine strategy to date with increasing allocations to states every week and assuring that all doses available are distributed to states.**

8. What technologies or other resources is your state using to provide the public with information about COVID-19 vaccines? In particular, how are you connecting with those rural communities, where internet-based communication is often less reliable?

**Our decentralized local health system plays an important role in communicating locally and in understanding the needs of the community. The state is using 211 as a resource for individuals to call and ask questions or schedule an appointment. We will also be implementing a full earned and paid media communications plan for radio, television, digital and social media, direct mail, phone calls, and regional press events intended to target rural communities and populations.**

**The Honorable Neal P. Dunn, M.D. (R-FL)**

1. Given our hope and expectation that states will soon receive larger allocations of vaccines and supplies, I am focused on the need for states to ramp up their vaccine delivery capabilities. In my home state of Florida, for example, private companies are stepping up to make their expertise and resources available for cold chain purposes. I know other companies across various industries are actively working to find ways to lend their expertise. What specific advice or guidance can you offer companies and organizations who want to assist your state with these efforts, cold chain or otherwise?

**We are pleased with the increased allocation of vaccines to Michigan over the past several weeks and are working to expand the number of providers to administer vaccines across the state. We are also working with operational leadership at our health systems, as well as engaging in public-private partnerships to support vaccine distribution and allocation efforts.**