

## Attachment—Additional Questions for the Record

### Subcommittee on Oversight and Investigations Hearing on “No Time to Lose: Solutions to Increase COVID-19 Vaccinations in the States” February 2, 2021

Courtney N. Phillips, Ph.D., Secretary, Louisiana Department of Health

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

1. Once COVID-19 vaccine supply is better aligned with demand, do you think vaccine hesitancy will be an additional hurdle in achieving herd immunity in Louisiana? What plans does Louisiana have in place now to build public confidence in the COVID-19 vaccines and encourage vaccination?

Louisiana continues to use data in determining where there might be vaccine hesitancy, as well as areas that are socially vulnerable and might not have easy access to the vaccine. The State of Louisiana has partnered with the Louisiana Public Health Institute and the Louisiana Health Equity Task Force to help identify the many barriers that exist, as is common across the country, on people receiving the vaccine. Through the partnership, Louisiana has conducted two statewide surveys in an ongoing effort to gauge hesitancy. As of March 22, around 15 percent of Louisiana’s population is fully vaccinated, with 23 percent of the population having received their first dose of vaccine.

The Louisiana Department of Health (LDH) has teamed up with 21 initial partners to kick off *Bring Back Louisiana #Sleeves Up*, a bold grassroots campaign that will bring COVID-19 vaccines to communities of concern through targeted pilots and outreach. The campaign will begin with 9 pilots – one in each public health region of the state – with community vaccination events taking place the third and fourth weekends of April. LDH is using the CDC’s Social Vulnerability Index, data on vaccination rates by census tract, and COVID-19 data to determine where efforts should be focused.

At its heart, *Bring Back Louisiana #SleevesUp* is about meeting people where they are to break down barriers. This initiative is urgent, it is community-based, and it will make sure that *no community* gets left behind when it comes to getting a vaccine.

The charge of this campaign is to follow the data and work with local partners to meet people where they are, especially in our underserved, on-the-fence and hard-to-reach communities, to listen to their needs and break down barriers so that every Louisianan has the opportunity to get the COVID vaccine.

The nine vaccine pilots are just the beginning. Just like any campaign, we will build and learn as we go. You’ll see all the hallmarks of a political campaign – the yard signs, the door-knocking, and obviously the stickers. But most importantly, you will see more shots in arms as we meet our goal to end this pandemic.

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

1. How will increased certainty surrounding Louisiana's vaccine supply help you maximize the number of first doses you can administer, while also ensuring second doses are available at the right time?

While vaccine levels are still not where they are needed, the change by the federal government over the past months of giving states more visibility on the upcoming allocation of doses has allowed for greater planning, as well as helped us plan more strategically on where certain types of vaccines are placed. The expansion of the federal retail pharmacy program has also allowed the state to provide more vaccines to the more than 2,120 providers registered with the state, with 66 percent of those providers having received the vaccine to distribute. This increased certainty around vaccines has also allowed providers time to adjust staffing needs and allow appointments to be scheduled further in advance.

In a report by the Centers for Disease Control and Prevention (CDC) released on March 15, 2021, Louisiana was ranked first among states at administering second doses of the coronavirus vaccine within the recommended timeframe. This has been accomplished through our partners across the state, made up mainly of independent pharmacies and hospital systems, to ensure that a second dose appointment was scheduled while the individual was receiving their first dose.

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

1. 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?

On March 9, 2021, Louisiana Governor John Bel Edwards made all Louisianans 16 and older with identified health conditions that make them more likely to suffer a serious complication from COVID eligible to receive the vaccine.

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

Unpaid family caregivers to people who are receiving licensed home and community-based services are eligible to be vaccinated. Professional home care providers (including hospice workers) and home care recipients (including older and younger people with disabilities over the age of 16 who receive community or home-based care, as well as clients of home health agencies) are also available to receive the vaccine in Louisiana. The individuals receiving services all have support coordinators, and the Department has provided talking points and resources for the support coordinators to engage with these individuals, helping them with scheduling and transportation if needed. The support coordinators have spoken to all individuals about vaccination who are age 16 and above.

- 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?

Our goal is to provide the vaccine to as many individuals who are qualified to receive the vaccine according to CDC guidelines, as quickly as possible. This will include partnering with our Department of Education, Board of Elementary and Secondary Education as well as with pediatricians, to provide education and vaccine access to this population across the state.

**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?

Yes, we are aware of the emPower program and its benefits, including identifying Medicare beneficiaries at greatest risk from COVID-19.

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

Anyone enrolled in the emPower program is eligible for vaccination in Louisiana. We currently use the data behind emPower in the same manner that we are using both the social vulnerability index and hospitalization/mortality data to identify areas where the greatest risk might exist.

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> Disability advocates say guidance should be interpreted to include all people with disabilities who receive long-term care, whether in large institutions, or in smaller group homes. 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. How do you plan to inoculate this group of individuals?

The State of Louisiana has made individuals over the age of 16 with disabilities who receive home/community based services AND providers of home-based care eligible to receive the COVID-19 vaccine under Phase 1b, Tier 1.

- 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?

Individuals with disabilities can access the vaccine at more than 1,800 locations across the state. Louisiana has also provided information to those providers regarding best practices for communicating with and accommodating individuals with disabilities. Some of those practices include:

- Talk directly to the individual. Ask permission to speak with a caregiver or assistant first.
- Do not pretend to understand someone if you cannot. Let them know you are having trouble and try again.
- Use plain language when speaking with patients and caregivers about the COVID-19 vaccine.
- If speaking to someone who uses a wheelchair, try to be at their eyelevel.

- Provide accommodations so that all people in the eligible vaccine group have equal access to COVID19 vaccinations. This includes accommodations for behavioral, intellectual, or physical disabilities
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?

The federal program to administer vaccines in nursing homes has been a success, as well as the expansion of the federal retail pharmacy program.

We are appreciative of these corporate partners' efforts. Our corporate representatives have been responsive and have tried to resolve problems that have arisen. However, the overall lack of proactive communication and awareness of where vaccines were being distributed through these federal programs, and the amount of doses available has been a source of frustration and has left states spending valuable time trying to gather this information. Louisiana would welcome additional federal programs to provide vaccines if it fit with the state's overall vaccination plan, as well as did not reduce the number of vaccine doses the states receive on a weekly basis.

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?

The Louisiana Department of Health received \$307 million as a result of the Congress' passage in December 2020 of the Bipartisan-Bicameral Omnibus COVID Relief Deal. The funds received are being used to:

- establish or enhance the ability to aggressively identify COVID cases, conduct contact tracing and follow up, as well as implementing appropriate containment measures;
- improve morbidity and mortality surveillance;
- enhance testing capacity;
- helping control COVID-19 in high-risk settings to protect vulnerable or high-risk populations;
- working with healthcare systems to manage and monitor system capacity; and

- implementing a large-scale COVID-19 vaccination campaign that includes extensive planning, staffing and enhancements to the Immunization Information System, implement mobile vaccination teams and communication outreach to identified vulnerable populations.

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?

Louisiana has a strong track record of hosting mass vaccination events prior to this pandemic and has partnered with the faith-based community to help hold mass vaccination community events in areas that are underserved, are located in pharmacy deserts or identified using the Social Vulnerability Index. These events are driven at the local level by LDH’s Regional Medical Directors who are familiar with the needs, potential distribution sites and partners in their area of the state. Louisiana began in January building a “low and wide” strategy for vaccine distribution, working with our strategic partners to get local providers all across the state enrolled and comfortable with the logistics of vaccine receipt and administration. Building a vast network of diverse providers was fundamental in working to achieve equitable coverage, which has been a top priority in Louisiana’s planning and rollout from the start.

As we work toward herd immunity, as we have done throughout this pandemic, we look at data on a daily basis determining how many people have received vaccine doses and in what parts of the state. This data is examined at the state, regional and parish levels where we can quickly identify areas that have lower than expected vaccination rates. By targeting these areas we will move closer to herd immunity. We have been transparent in this process, posting information on our COVID-19 dashboard, which can be found at <https://ldh.la.gov/covidvaccine/>.

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?

Louisiana is not currently using serology test as part of our vaccine roll-out. As we continue to learn more about the COVID-19 virus and the overall long-term effectiveness of the vaccines, we explore all possibilities to ensure that the residents of Louisiana are protected from this and other viruses in the future.

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?

Louisiana has utilized an all-hands-on-deck approach as we have tackled COVID-19. This includes working with hospital systems in our state, independent pharmacies, faith-based groups, the National Guard, other state agencies and more than 2,120 providers to get vaccines in arms, in both urban and rural communities, helping us work toward equitable coverage.

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?

Louisiana has relied on a number of technologies in providing information to the public. The Louisiana Department of Health website has served as a source of truth for people and the media. The state has been transparent in posting information on our COVID-19 dashboard, which can be found at <https://ldh.la.gov/covidvaccine/>. This information can be drilled down to the parish level, as well as list locations where vaccines can be located, community-wide vaccine events and additional information for specific groups – such as individuals with developmental disabilities, business owners and educational facilities.

The state also has teamed up with the United Way so any citizen, no matter where they are located in the state, can dial 211 to receive information on where vaccines can be found and answer any concerns and questions they may have. In coordination with LDH, the Governor has held weekly news conferences to update the public on the latest with COVID-19 and available vaccines and eligible groups.

**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?

Since first receiving the vaccine, the State of Louisiana has contracted with Morris & Dickerson, who is a wholesale pharmaceutical distributor, with more than 180 years of experience serving hospitals and pharmacies in Louisiana. While a portion of the state's allocation of vaccine is sent directly to larger hospital systems, Morris & Dickerson receive the state's remaining allocation, distributing the doses to smaller hospitals, pharmacies and other vaccination providers. The partnership has been successful, with the contractor delivering allocations within the same or next day after receiving the vaccine.