

Statement for the Record: The National Community Pharmacists Association (NCPA)

United States House Committee on Energy and Commerce

Subcommittee on Health

**Legislative Hearing: "Booster Shot: Enhancing Public Health through
Vaccine Legislation"**

June 15, 2021

Chairwoman Eshoo, Ranking Member Guthrie, and Members of the Subcommittee:

Thank you for conducting this hearing on the opportunities and challenges for increasing vaccination in the United States. In this statement, NCPA will offer support and suggestions on a number of policy considerations that would assist in achieving this goal using existing health care infrastructure and the abilities of our membership to practice to the top of their license as well as some of the flexibilities granted during the Public Health Emergency.

The National Community Pharmacists Association represents America's community pharmacists, including more than 21,000 independent community pharmacies. Almost half of all community pharmacies provide long-term care services and play a critical role in ensuring patients have immediate access to medications in both community and LTC settings. Together, our members represent a \$74 billion health care marketplace, employ approximately 250,000 individuals, and provide an expanding set of health care services to millions of patients every day. Our members are small business owners who are among America's most accessible health care providers, often serving as the only pharmacy in many rural and urban medically underserved areas. For example, while only 9 percent of the nation's primary care physicians practice in the rural areas where approximately 20 percent of the U.S. population lives, pharmacists fill this gap in patient care as **90 percent of Americans live between two and five miles of a pharmacy.**^{1,2,3}

During the PHE, our pharmacies have responded to the health care needs of the public. Recently, the Centers for Disease Control and Prevention released highlights of the Federal Retail Pharmacy Program and reported that through June 3, more than 80 million people have been vaccinated, which means that

¹ Rosenblatt, R. and Hart, L. (2000). Physicians and rural America. *Western Journal of Medicine*. 173(5), 348-351.

² Strand, M., Bratberg, J., Eukel, H., Hardy, M., and Williams, C. (2020). Community pharmacists' contributions to disease management during the COVID-19 pandemic. *Preventing Chronic Disease*. DOI: <http://dx.doi.org/10.5888/pcd17.200317>

³ Qato, D., Zenk, S., Wilder, J., Harrington, R., Gaskin, D., and Alexander, G. (2017). The availability of pharmacies in the United States: 2007-2015. *PLoS One*. 12(8): e0183172.

26 percent of all vaccines have been administered in a pharmacy that participates in the FRPP. The success of the program so far would not have been possible without the participation of community pharmacies. **Independent community pharmacies are uniquely positioned to deliver the COVID-19 vaccines to citizens in their communities, especially those that are hard to reach;** for example, West Virginia's rollout was a success largely because, instead of relying on the distribution partnership between the federal government and the CVS and Walgreens national pharmacy chains, the state relied on a network of independent community pharmacies.^{4,5} Fifty-seven percent of independent pharmacies that immunize serve communities that rank "high" or "very high" on the CDC's Social Vulnerability Index, which measures factors such as poverty, lack of transportation, and crowded housing to identify communities that need extra support during public crises.⁶ In rural areas, where public transportation is scant and there are few health care providers, local community pharmacies are critical. The same is true in many urban neighborhoods where poverty rates are high and immigrant communities must often overcome language barriers. NCPA calculations indicate that **if all independent pharmacies that immunize had the vaccine, they could administer approximately 1.28 million doses per day.**

The discussion here today will focus on what can be done to prevent the next pandemic and ensure a rapid response, if one should occur. Community pharmacy should be part of that discussion.

Provider status

Pharmacists are intensively trained health care professionals with the ability to provide medication management services, including immunizations.⁷ NCPA emphasizes pharmacists undergo a minimum of six years of comprehensive undergraduate and professional education. They receive clinical training in disease state management, training in the interpretation of lab data, and get hands-on clinical assessment of patients with comorbidities. Pharmacists learn to distinguish when it is appropriate for patients to self-treat and when disease states require physician referral. However, due to statutory and regulatory barriers such as references to "provider," "eligible professional," or similar terms which do not include pharmacists in their definition, pharmacists are often an underutilized health care resource. In order to move toward the stated goal of increasing access through coordinated, team-based care delivery, Congress must direct the Centers for Medicare & Medicaid Services to recognize pharmacists as providers and eliminate barriers that exclude/prohibit pharmacists and other

⁴ Goldberg, B., Layne, N., and Caspani, M. (2021, January 21). West Virginia touts COVID-19 vaccination success story as national rollout sputters. *Reuters*. <https://www.reuters.com/article/health-coronavirus-usa/west-virginia-touts-covid-19-vaccination-success-story-as-national-rollout-sputters-idUSL1N2JW2C3>

⁵ Strickler, L., and Cavazuti, (2021, January 31). 'We crushed it': how did West Virginia become a national leader in COVID vaccination? *NBC News*. <https://www.nbcnews.com/health/health-care/we-crushed-it-how-did-west-virginia-become-national-leader-n1256276>

⁶ Centers for Disease Control and Prevention. (2018). CDC's Social Vulnerability Index (SVI) interactive map. Retrieved from <https://svi.cdc.gov/map.html>

⁷ Exploring Pharmacists' Role in a Changing Healthcare Environment, Avalere (May 21, 2014), available at <https://avalere.com/insights/exploring-pharmacists-role-in-a-changing-healthcare-environment>

nonphysician practitioners from providing team-based patient care services at the top of their respective licenses and education, and within their legal state scope of practice.

As previously mentioned, the COVID-19 pandemic has highlighted the unique ability of independent community pharmacies to serve medically underserved areas and medically underserved populations. Community pharmacies have played a large role in meeting the needs of those communities and will be those medical professionals continuing to administer vaccinations, including those under Medicare Part B, for as long as they are permitted to do so.

For this reason, NCPA strongly urges the Committee to consider H.R 2759, the Pharmacy and Medically Underserved Areas Enhancement Act, which permits pharmacist-provided services to be reimbursable under Medicare Part B, including vaccination administration, and enables pharmacists to play a greater role in immunizing Americans.

Flexibilities granted during the PHE

During the COVID-19 PHE, to mitigate and prevent infections, the Department of Health and Human Services and its subagencies triggered several authorities under the authority granted by Congress and instituted regulatory flexibilities for pharmacists and other clinicians. Many of these flexibilities should be made permanent as they have significantly increased patient access to COVID-19 testing and vaccination without compromising patient care.

Specifically, NCPA urges the Committee to consider legislation directing CMS to make permanent:

- authorities granted under the Public Readiness and Emergency Preparedness Act for pharmacists to administer vaccines;
- pharmacists' ability to perform diagnostic testing (including serological and antibody tests) under Medicare;
- pharmacists' ability to perform testing under Medicaid; and,
- the ability of standalone accredited diabetes self-management training programs that are unaffiliated with hospitals and physician clinics, such as pharmacies, to provide telehealth services to new or established beneficiaries.

Given the financial and human resources dedicated to scaling up these service models coupled with their patient access benefits, retaining them on a permanent basis is a commonsense approach to ensuring our health care system is ready for the next public health threat.

NCPA has previously commented on the need for these flexibilities to be made permanent and the imperative need for payment of pharmacist-provided services in Medicare and Medicaid in response to CMS' interim final rules dated March 30, 2020⁸ and April 30, 2020⁹.

⁸ <https://ncpa.org/sites/default/files/2020-06/NCPA-Comments-to-CMS-IFC1.pdf>

⁹ https://ncpa.org/sites/default/files/2021-05/07-07-20%20NCPA%20Comments%20to%20CMS%20IFC%20_FINAL.pdf

NCPA encourages the Committee to consider these points and comments as it debates impactful policies which can assist in boosting patient participation in vaccination programs as these policies make health care more accessible for patients.

H.R. 3655

NCPA supports and encourages the Committee to report out H.R. 3655, the Vaccine Compensation Modernization Act for full consideration by the U.S. House of Representatives.

Conclusion

In conclusion, community pharmacists are an integral part of the solution to continuing to maintain patient access to vaccines. NCPA stands ready to work with Congress and the administration to implement policies from the lessons learned from the PHE which enhanced the pharmacists' ability to meet the needs of patients to be immunized against COVID-19 and play a significant role in overcoming the next pandemic.