



1700 PENNSYLVANIA AVENUE, NW, SUITE 200, WASHINGTON, DC 20006

January 5, 2021

Via Email

The Honorable Alex Azar
Secretary
U.S. Department of Health & Human Services
Washington, DC 20201

The Honorable Robert Redfield, M.D.
Director
Centers for Disease Control and Prevention
Washington, DC 20024

The Honorable Jose R. Romero, M.D.
Secretary, Arkansas Department of Health
Chair, ACIP
Centers for Disease Control and Prevention
Washington, DC 20024

Re: LTC Pharmacy Staff Access to Vaccines

Dear Secretary Azar, Director Redfield, and Secretary Romero:

The Senior Care Pharmacy Coalition (SCPC), based in Washington, DC, represents LTC pharmacies across the country that serve more than 850,000 residents in LTC facilities each day. LTC pharmacies employ consulting pharmacists, pharmacy technicians, nurses, and delivery personnel who routinely serve in LTC facilities with potential exposure to patients and infectious materials.

Despite fitting squarely within the definition of “of health care personnel” included in the CDC’s Advisory Committee on Immunization Practice’s Interim Recommendation for Allocating Initial Supplies of COVID-19 Vaccine – United States, 2020,¹ many public health authorities have overlooked relevant LTC pharmacy staff in developing action plans for Stage 1A distribution and administration of vaccines. This unnecessarily places LTC facility and staff at undue risk, potentially undermining the effectiveness of vaccine distribution and administration to both groups. This also unduly risks disrupting seamless access to essential medications for residents in LTC facilities. We are writing, therefore, to urge you to assure that LTC pharmacy personnel are included explicitly in Stage 1A allocations, distribution, and administration.

LTC pharmacies provide prescription drugs, clinical and patient care services, and other specialized services to residents in nursing homes, assisted living facilities, and other congregate

¹ Dooling K, McClung N, Chamberland M, et al. The Advisory Committee on Immunization Practices’ Interim Recommendation for Allocating Initial Supplies of COVID-19 Vaccine — United States, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1857-1859.
DOI: <http://dx.doi.org/10.15585/mmwr.mm6949e1external icon>.

living facilities. The majority of patients served are older adults. The typical resident takes 12-13 prescription drugs each day.

LTC pharmacies are highly specialized. Each nursing home and many assisted living facilities contract with only one LTC pharmacy to serve all residents in each facility. LTC pharmacies are not located on LTC facility campuses and each LTC pharmacy generally serves many facilities. The largest LTC pharmacies serve as many as 20,000 residents each day. There are far fewer LTC pharmacies (an estimated 1,200 nationwide) compared to retail pharmacies (an estimated 88,000 nationwide), but generally employ more staff per pharmacy than retail.

Under normal circumstances, some LTC pharmacy staff members routinely enter LTC facilities and interact with patients and staff, including:

- **Consulting pharmacists**, who are required by federal and state laws to advise patients directly, review medication orders and overall patient care plans, perform drug regimen reviews, develop medication therapy management programs, and otherwise participate as part of each patient's care planning team.
- **Nurses**, who provide various consulting and patient care services.
- **Pharmacy technicians**, who restock prescription drugs in automated dispensing machines located at many LTC facilities.
- **Delivery personnel**, who deliver prescription drugs from LTC pharmacies to LTC facilities 24 hours/day, seven days/week, 365 days/year.

During the COVID-19 national emergency, federal and state regulators have modified regulatory requirements, and LTC facilities have modified normal business practices, such that LTC pharmacy staff have had less direct interaction in LTC facilities. However, some interactions have continued. For example, many LTC pharmacies are recognized mass vaccinators, and routinely conduct on-site vaccine clinics for residents and staff at LTC facilities, including annual flu clinics last fall. Some functions that typically require on-site visits have been done virtually (e.g., monthly chart reviews), but remote performance is not ideal for resident care. In addition, some of the modified delivery protocols may create a greater risk of drug diversion, such that the sooner deliveries may return to pre-pandemic procedures the better.

In addition to patient-facing staff, LTC pharmacies also employ operating staff essential to managing, dispensing, packaging, and delivering prescription drugs and related supplies to residents in LTC facilities. Should COVID-19 infections disable a LTC pharmacy, it could be extremely difficult, if not impossible, to assure that LTC pharmacies receive uninterrupted access to essential medications, placing an already vulnerable population in additional jeopardy.

Given the activities of LTC pharmacy staff, there is no question that, under ACIP's recommendations, patient-facing staff, and operating staff integral to dispensing, packaging, and shipping should have access to COVID-19 vaccines in Phase 1A. ACIP recommended that "both 1) health care personnel and 2) residents of long-term care facilities (LTCFs) be offered vaccination in the initial phase of the COVID-19 vaccination program (Phase 1A)."² ACIP defines

² Id.

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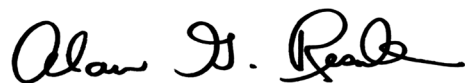
“health care personnel” as follows: “paid and unpaid persons serving in health care settings who have the potential for direct or indirect exposure to patients or infectious materials.”³ There can be no question that both patient-facing and operational LTC pharmacy personnel are health care personnel who should be included in Phase 1A.

Of course, some LTC pharmacy staff are neither patient-facing nor integral to dispensing, packaging, or delivering medication (e.g., billing or HR staff), and many are working remotely under COVID-19 protocols. Such personnel should not be included in Phase 1A.

Unfortunately, many state and local public health authorities have not included *any* LTC pharmacy personnel in their Phase 1A distribution plans. We believe lack of knowledge concerning LTC pharmacy responsibilities, specialized services, and staff presence within LTC facilities, as well as the fact that all nursing homes and many assisted living facilities must rely on only one LTC pharmacy to serve all its residents, has driven state and local decision-making. In your leadership roles in establishing and promoting federal guidance concerning access to COVID-19 vaccines, we urge you to provide immediate clarification to state and local governments and public health officials that the LTC pharmacy personnel described above are “health care personnel” within ACIP’s definition and therefore should be given access to COVID-19 vaccines to the same extent that other health care personnel have been given access within each public health jurisdiction.

We appreciate your consideration of and prompt action in response. If you have any questions or require any additional information, please feel free to contact me at 717-503-0516 or at arosenbloom@seniorcarepharmacies.org.

Sincerely,



President & CEO
Senior Care Pharmacy Coalition

³ Id.



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Via Email

The Honorable Andrew Cuomo
Governor of New York
Chair, National Governors Association
444 North Capitol Street, Suite 267
Washington, DC 20001

The Honorable Asa Hutchinson
Governor of Arkansas
Vice Chair, National Governors Association
444 North Capitol Street, Suite 267
Washington, DC 20001

Re: LTC Pharmacy Staff Access to Vaccines

Dear Governor Cuomo and Governor Hutchinson:

The Senior Care Pharmacy Coalition (SCPC), based in Washington, DC, represents LTC pharmacies across the country that serve more than 850,000 residents in LTC facilities each day. LTC pharmacies employ consulting pharmacists, pharmacy technicians, nurses, and delivery personnel who routinely serve in LTC facilities with potential exposure to patients and infectious materials.

Despite fitting squarely within the definition of “of health care personnel” included in the CDC’s Advisory Committee on Immunization Practice’s Interim Recommendation for Allocating Initial Supplies of COVID-19 Vaccine – United States, 2020,¹ many public health authorities have overlooked relevant LTC pharmacy staff in developing action plans for Stage 1A distribution and administration of vaccines. This unnecessarily places LTC facility and staff at undue risk, potentially undermining the effectiveness of vaccine distribution and administration to both groups. This also unduly risks disrupting seamless access to essential medications for residents in LTC facilities. We are writing, therefore, to urge you to assure that LTC pharmacy personnel are included explicitly in Stage 1A allocations, distribution, and administration.

LTC pharmacies provide prescription drugs, clinical and patient care services, and other specialized services to residents in nursing homes, assisted living facilities, and other congregate living facilities. The majority of patients served are older adults. The typical resident takes 12-13 prescription drugs each day.

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LTC pharmacies are highly specialized. Each nursing home and many assisted living facilities contract with only one LTC pharmacy to serve all residents in each facility. LTC pharmacies are not located on LTC facility campuses and each LTC pharmacy generally serves many facilities. The largest LTC pharmacies serve as many as 20,000 residents each day. There are far fewer LTC pharmacies (an estimated 1,200 nationwide) compared to retail pharmacies (an estimated 88,000 nationwide), but generally employ more staff per pharmacy than retail.

Under normal circumstances, some LTC pharmacy staff members routinely enter LTC facilities and interact with patients and staff, including:

- **Consulting pharmacists**, who are required by federal and state laws to advise patients directly, review medication orders and overall patient care plans, perform drug regimen reviews, develop medication therapy management programs, and otherwise participate as part of each patient's care planning team.
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During the COVID-19 national emergency, federal and state regulators have modified regulatory requirements, and LTC facilities have modified normal business practices, such that LTC pharmacy staff have had less direct interaction in LTC facilities. However, some interactions have continued. For example, many LTC pharmacies are recognized mass vaccinators, and routinely conduct on-site vaccine clinics for residents and staff at LTC facilities, including annual flu clinics last fall. Some functions that typically require on-site visits have been done virtually (e.g., monthly chart reviews), but remote performance is not ideal for resident care. In addition, some of the modified delivery protocols may create a greater risk of drug diversion, such that the sooner deliveries may return to pre-pandemic procedures the better.

In addition to patient-facing staff, LTC pharmacies also employ operating staff essential to managing, dispensing, packaging, and delivering prescription drugs and related supplies to residents in LTC facilities. Should COVID-19 infections disable a LTC pharmacy, it could be extremely difficult, if not impossible, to assure that LTC pharmacies receive uninterrupted access to essential medications, placing an already vulnerable population in additional jeopardy.

Given the activities of LTC pharmacy staff, there is no question that, under ACIP's recommendations, patient-facing staff, and operating staff integral to dispensing, packaging, and shipping should have access to COVID-19 vaccines in Phase 1A. ACIP recommended that "both 1) health care personnel and 2) residents of long-term care facilities (LTCFs) be offered vaccination in the initial phase of the COVID-19 vaccination program (Phase 1A)."² ACIP defines "health care personnel" as follows: "paid and unpaid persons serving in health care settings who

² Id.

The Honorable Andrew Cuomo
The Honorable Asa Hutchinson
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Of course, some LTC pharmacy staff are neither patient-facing nor integral to dispensing, packaging, or delivering medication (e.g., billing or HR staff), and many are working remotely under COID-19 protocols. Such personnel should not be included in Phase 1A.

Unfortunately, many state and local public health authorities have not included *any* LTC pharmacy personnel in their Phase 1A distribution plans. We believe lack of knowledge concerning LTC pharmacy responsibilities, specialized services, and staff presence within LTC facilities, as well as the fact that all nursing homes and many assisted living facilities must rely on only one LTC pharmacy to serve all its residents, has driven state and local decision-making. In your leadership roles in establishing and promoting awareness and guidance concerning access to COVID-19 vaccines for your peers across the country, we urge you to provide immediate clarification to state and local governments and public health officials that the LTC pharmacy personnel described above are “health care personnel” within ACIP’s definition and therefore should be given access to COVID-19 vaccines to the same extent that other health care personnel have been given access within each public health jurisdiction.

We appreciate your consideration of and prompt action in response. If you have any questions or require any additional information, please feel free to contact me at 717-503-0516 or at arosenbloom@seniorcarepharmacies.org.

Sincerely,



President & CEO
Senior Care Pharmacy Coalition

cc: Susie Perez Quinn, Director
Carl Amritt, Senior Policy Analyst for Homeland
Security & Public Safety
Brittney Roy, Program Director, Public Health

³ Id.



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January 5, 2021

Via Email

The Honorable Rachel Levine, M.D.
Pennsylvania Secretary of Health
President
Association of State and Territorial
Health Officials
2231 Crystal Drive, Suite 450
Arlington, VA 22202

Michael Fraser, Ph.D.
CEO
Association of State and Territorial
Health Officials
2231 Crystal Drive, Suite 450
Arlington, VA 22202

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² Id.

