



NATIONAL ASSOCIATION OF
CHAIN DRUG STORES

May 21, 2020

Ryan Hatfield
General Counsel
West Virginia Board of Pharmacy
2310 Kanawha Blvd E
Charleston, WV 25311
Via email: ryan.l.hatfield@wv.gov

Re: West Virginia Board of Pharmacy Rules for Immunizations Administered by Pharmacists and Pharmacy Interns

Dear Mr. Hatfield,

On behalf of our members operating chain pharmacies in the state of West Virginia, the National Association of Chain Drug Stores thanks the West Virginia Board of Pharmacy for the opportunity to comment on the proposed rule implementing enacted Senate Bill 544 (2020) that expands the types of vaccines that pharmacists and pharmacy interns may administer to their patients. Given that pharmacists play a vital role as vaccine providers in communities across the state, we commend the Board for working so expeditiously to implement the new law, especially as it was just enacted in February.

Now, more than ever, vaccine access is critical to the health of our communities. As the recent statutory change and implementing regulations will enable pharmacists and pharmacy interns “to administer immunizations in accordance with definitive treatment guidelines for immunizations promulgated by the latest notice from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), including, but not limited to, the CDC’s recommended immunization schedule for adults, children, and adolescents...”, pharmacists and pharmacy interns are now able to administer a broader portfolio of vaccines to West Virginians without the legislature needing to modify the law when new vaccines are added to the CDC vaccine schedule.

Vaccine services save lives. While the prevalence of vaccine-preventable diseases in adults remains a significant public health issue in the United States, vaccines have prevented at least 10 million deaths between 2010 and 2015 alone, and many million more lives have been spared from suffering and disability associated with vaccine-preventable disease.¹ Vaccinations reduce the rates of disease and improve overall lifespans by: controlling the spread of infectious diseases; mitigating the severity of disease; and, helping to protect unvaccinated people, including those who are contraindicated for the vaccine.² Global eradication of deadly, yet formerly common diseases, such as polio, is finally within reach thanks to widespread vaccination efforts. In addition to public health benefits, vaccines have a societal economic benefit. Vaccine-preventable diseases and deaths create an approximately \$9 billion economic burden on the healthcare system in hospital and doctor visits and loss of income each year.³

¹ <https://www.who.int/publications/10-year-review/vaccines/en/>

² Winegarden, Wayne; “Promoting Access and Lowering Costs in Health Care: The Case of Empowering Pharmacists to Increase Adult Vaccination Rates;” (2018). https://www.pacificresearch.org/wp-content/uploads/2018/04/AdultVaccination_F_web.pdf

³ Sachiko Ozawa, et al.; “Modeling the Economic Burden of Adult Vaccine-Preventable Diseases in the United States.”; *Health Affairs*; November 2016. <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2016.0462>

Ensuring access to vaccine services – including those available from pharmacists in community pharmacy settings – is instrumental to reducing rates of vaccine-preventable illness and disease. As committed stewards of public health, the pharmacy community continues to play a vital role alongside other healthcare providers in implementing important vaccine services in the communities they serve. Especially during the COVID-19 response when clinics, urgent care, and physician offices are stressed by increased demand for health care services under new constraints on practice, access to pharmacy care services – including immunizations provided in community pharmacies – is critical. Notably, rates of compliance with recommended childhood vaccines are significantly down since the start of the pandemic as parents defer regular well child visits because of community stay-at-home orders and/or social distancing policies.⁴ Even as communities begin to open back up, access to pharmacist-provided vaccine services remains critical to promoting healthy communities as different healthcare practices continue to grapple with operating at a reduced capacity due to ongoing social distancing requirements.

Patients visit community pharmacies 10 times more often than they visit other healthcare settings, making community pharmacies convenient healthcare destinations, and community pharmacists are particularly well positioned to expand access to cost-effective vaccination assessment and delivery.^{5,6} As the face of neighborhood healthcare, pharmacists help states increase their vaccination rates and further reduce the incidence of vaccine-preventable diseases. Given community pharmacists exceptional potential to increase immunization rates,⁷ NACDS supports policies including the recently enacted statutory changes and the implementing regulations that facilitate access to the convenient, accessible, and cost-effective vaccination services available from pharmacy providers.

Pharmacist administration of future COVID-19 vaccines is integral to public health. West Virginia must plan and act promptly to ensure patients have accelerated access to forthcoming FDA-authorized COVID-19 vaccines. Looking downstream, distributing and administering the COVID-19 vaccine, when available, will be a monumental step toward overcoming this pandemic. When available, it will be imperative to vaccinate the American public as quickly as possible in order to prevent additional infections and outbreaks. According to a recent poll conducted by Morning Consult, 73% of West Virginia voters agree that COVID-19 has shown that public health partners like pharmacies are important, and we need to remove barriers like some government regulations that prevent pharmacies from being utilized to the extent possible.⁸

Community pharmacies are ideally positioned to quickly and safely scale up immunization efforts during a pandemic by using their distribution networks and local presence, as demonstrated through the CDC 2009 H1N1 Vaccine Pharmacy Initiative:

- Over 3 months, the CDC distributed about 5.5 million doses to 10 large pharmacies, which was then distributed to over 10,700 retail stores.
- The CDC 2009 H1N1 Vaccine Pharmacy Initiative accounted for 23% of all vaccines distributed at that same time period.

⁴ Hoffman, Jan; "Vaccine Rates Drop Dangerously as Parents Avoid Doctor's Visits;" *New York Times* <https://www.nytimes.com/2020/04/23/health/coronavirus-measles-vaccines.html>

⁵ Hemberg N, Huggins D, et al.; "Innovative Community Pharmacy Practice Models in North Carolina;" *North Carolina Medical Journal*; June 2017. <http://www.ncmedicaljournal.com/content/78/3/128.full>

⁶ Winegarden W; "Promoting Access and Lowering Costs in Health Care: The Case of Empowering Pharmacists to Increase Adult Vaccination Rates;" *The Pacific Research Institute*; April 2018. https://www.pacificresearch.org/wp-content/uploads/2018/04/AdultVaccination_F_web.pdf

⁷ <https://www.ncbi.nlm.nih.gov/pmc/pubmed/18660222/>

⁸ <https://accessgcr.nda.nacds.org/dashboard/www/>. Access on May 21, 2020.

- These efforts showcased the impact pharmacists can have on increasing vaccination uptake during pandemics.

Pharmacy vaccination is not only able to be quickly scaled, it is also more accessible and cost-effective for patients. Patients benefit from expanded hours at pharmacies that extend beyond when traditional healthcare providers are open.

In conclusion. NACDS expresses support for the proposed rule pertaining to pharmacist-provided vaccines in accordance with recently enacted legislation. We also thank the Board for considering our comments regarding future COVID-19 vaccines and urge action to ensure pharmacists may administer any forthcoming FDA-authorized COVID-19 vaccines to individuals of all ages. Doing so is integral to extending the reach of public health to prevent further spread of this disease. NACDS welcomes the opportunity to partner with West Virginia policymakers and regulators to facilitate this. For follow-up, please contact NACDS' Jill McCormack, Director of State Government Affairs, at (717) 592-8977 or jmccormack@nacds.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Steven C. Anderson". The signature is fluid and cursive, with a long horizontal stroke at the end.

Steven C. Anderson, FASAE, CAE, IOM
President and Chief Executive Officer