

Sept. 2, 2020

The Honorable Alex Azar  
Secretary  
U.S. Department of Health and Human Services  
200 Independence Ave. SW, Room 713-F  
Washington, DC 20201

The Honorable Mark Esper  
Secretary  
U.S. Department of Defense  
1000 Defense Pentagon  
Washington, DC 20301-1000

Dr. Robert Redfield  
Director  
Centers for Disease Control and Prevention  
395 E St. SW  
Washington, DC 20024

Dr. Stephen M. Hahn  
Commissioner of Food and Drugs  
Food and Drug Administration  
10903 New Hampshire Ave.  
White Oak, MD 20903

Dr. Francis Collins  
Director  
National Institutes of Health  
10 Center Dr.  
Bethesda, MD 20814

Mr. Gary Disbrow  
Acting Director  
Biomedical Advanced Research and  
Development Authority  
200 Independence Ave. SW  
Washington, DC 20024

**Re: Preparing for the COVID-19 Vaccine and Considerations for Distribution**

Dear Secretary Azar, Secretary Esper, Director Redfield, Commissioner Hahn, Director Collins, and Acting Director Disbrow:

I am writing you today regarding the role of the Department of Health and Human Services (HHS), the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), the National Institutes of Health (NIH), the Biomedical Advanced Research and Development Authority (BARDA), and the Department of Defense (DOD) in preparing for COVID-19 vaccines and considerations for mass distributions.

NCPA represents America's community pharmacists, including 21,000 independent community pharmacies. Almost half of all community pharmacies provide long-term care services (LTC) and play a critical role in ensuring patients have immediate access to medications in both community and LTC settings. Our members are small business owners who are among America's most accessible healthcare providers.

I commend the actions to date to ensure that community pharmacists are engaged in COVID-19 testing via the Office of the Assistant Secretary for Health guidance authorizing licensed pharmacists to order and administer COVID-19 tests. However, the majority of the 21,000+ independent pharmacies have effectively been shut out of current HHS

public-private partnerships in place under the Community-Based Testing Sites for COVID-19, fueling our concerns about this also happening with the COVID-19 vaccines. Increased numbers of independent pharmacies must be part of the solution once a COVID-19 vaccine is available. **While chain pharmacies are well known by their brand, independent pharmacies are often located in rural and medically underserved areas, are a key connection point to patients, and are vital to achieving the goal of widespread vaccination administration.**

Recent surveys have reported a significant number of Americans are hesitant to receive the COVID-19 vaccine when it becomes available.<sup>1</sup> Ensuring that all pharmacies wishing to immunize with the vaccines will take advantage of existing and trusting pharmacist-patient relationships and will be one of the keys to overcoming vaccine hesitancy among communities.

The *2019 NCPA Digest* shows there are approximately 21,767 independent pharmacies and 22,812 large national chains.<sup>2</sup> An NCPA analysis showed that 20.5 percent of zip codes that have a pharmacy do not have a chain drug store, further supporting the case for broad-based utilization of all community-based pharmacy practices. **Therefore, I urge you to include independent pharmacies that are willing and able to administer COVID-19 and other recommended vaccines in your planning for vaccination distribution, not just select national pharmacy chains.**

I am currently serving on the Operation Warp Speed Administration Working Group and greatly appreciate the opportunity to share independent community pharmacists' key role when preparing for distribution of COVID-19 vaccines. NCPA released a new survey this week showing that community pharmacists are perfectly positioned to be part of the national vaccine project.<sup>3</sup> Their mobility is one key advantage. **In fact, 70 percent serve patients in locations outside of their brick-and-mortar pharmacies. They immunize patients in local businesses, LTC facilities, community centers, schools, prisons, places of worship, voting venues, and other locations.** Community pharmacists are willing to go wherever they can to help the most people. Most serve communities with fewer than 50,000 residents, and nearly 40 percent serve communities with fewer than 10,000 residents.<sup>4</sup>

Pharmacies can appropriately store most vaccines requiring cold storage and submit documentation to identified systems for tracking vaccine administration. As evidenced during this pandemic, pharmacists are experts at exercising flexibility within their workflow and adjusting rapidly as needed.

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<sup>1</sup> <https://www.reuters.com/article/us-health-coronavirus-vaccine-poll-exclu/exclusive-a-quarter-of-americans-are-hesitant-about-a-coronavirus-vaccine-reuters-ipsos-poll-idUSKBN22X19G>

<sup>2</sup> *2019 NCPA Digest, Changing the Pharmacy Payment Model*

<sup>3</sup> <https://ncpa.org/newsroom/news-releases/2020/08/31/survey-shows-community-pharmacies-ready-and-able-deliver-covid-19>

<sup>4</sup> *Id.*

The nation's nearly 22,000 independent community pharmacies are willing and able to do their part to increase access to and administration of COVID-19 vaccines when available. **Independent community pharmacists must be included in COVID-19 vaccine distribution efforts, not just select national chains. There are several networks of independent pharmacies that can make contracting with a single point of contact possible and seamless that I am happy to share.**

Thank you for your time and consideration. Please contact my colleague Ronna Hauser, NCPA's VP of Policy and Government Affairs Operations, at 703-838-2691/ronna.hauser@ncpa.org, or contact me at 703-838-2685/doug.hoey@ncpa.org, with any questions you may have.

Sincerely,

A handwritten signature in black ink, appearing to read "B. Douglas Hoey". The signature is fluid and cursive, with the first name "B." and last name "Hoey" clearly distinguishable.

B. Douglas Hoey, RPh, MBA  
Chief Executive Officer

Cc: Robert P. Charrow, General Counsel, Dept. of Health and Human Services  
William Chang, Deputy General Counsel, Dept. of Health and Human Services  
ADM Brett P. Giroir, Assistant Secretary for Health, Dept. of Health and Human Services  
Rear Admiral Erica G. Schwartz, Deputy Surgeon General