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January 26, 2021

The Honorable Andrew Cuomo, Chair
The Honorable Asa Hutchinson, Vice Chair
National Governors Association
444 North Capitol Street, Suite 267
Washington, DC 20001

Re: State Vaccination of Long-Term Care Residents in Skilled Nursing Facilities, Assisted Living Facilities, and Congregate Care Environments

Dear Governors Cuomo and Hutchinson,

On behalf of America's independent long-term care pharmacists, our organizations are writing you today in response to the overwhelming national concern from governors, state health departments, long-term care facility (LTCF) staff, local pharmacy owners, and other stakeholders who have reported issues with the efficiency and effectiveness of the federal government COVID-19 vaccination rollout in the LTC environment. While the federal government has promised to rapidly vaccinate 60,000 skilled nursing facilities (SNFs), only 13,000 SNFs had received vaccinations as of January 25, 2021. This does not account for the more than 37,000 state-run assisted living facilities (ALFs) and congregate care environments who signed up for the program but have yet to receive vaccines for their vulnerable residents. Our older adults are being left behind. In addition to the lack of vaccines available in ALFs and other environments, numerous SNFs are still awaiting vaccination from the national pharmacy chains, including some not scheduled for first doses until May or others who have no scheduled date at all. Of note, certain states, like Pennsylvania, have more continuing care communities than other states, but they are receiving different levels of care and getting vaccinated on very different timelines, which presents challenges to these communities.

Given the dangers of COVID-19, and the particularly vulnerable populations our members care for, we feel that an all-hands-on-deck approach is necessary. We must activate all existing long-term care and independent pharmacies signed up with the CDC to help expedite and complete the post-acute care facility vaccination process. These LTC pharmacies already have relationships and service structures established with facilities, which in itself can accelerate vaccination. And while the immediate focus is to complete the COVID-19 vaccination series for current residents and staff, supplying COVID-19 vaccines to long-term care pharmacies will help ensure a sustainable vaccination path moving into the future, as new patients and staff enter these environments. In an effort to help remediate the problems with the current vaccination distribution process, our organizations urge Governors to utilize the pharmacy transfer program and deploy their existing state network of long-term care pharmacies and pharmacists to successfully vaccinate their LTC population.

On December 21, 2020, the federal government launched The Pharmacy Partnership for Long-Term Care (The Partnership). State jurisdictions had the option to utilize The Partnership or handle vaccine distribution through independent state allocation. Every state aside from West Virginia originally chose to utilize The Partnership, but given the aforementioned issues, many states have expressed interest in utilizing the pharmacy transfer program (attached).

In order to help facilitate this transfer process for states, our national pharmacy organizations have partnered with the Centers for Disease Control and Prevention (CDC) and other state and national aging groups to help support jurisdiction transfers and engage existing pharmacy networks to quickly and efficiently expand LTC vaccinations and ensure that our most vulnerable citizens are vaccinated with the limited mRNA vaccines intended for their use.

By requesting a jurisdiction transfer, states will be able to deploy all existing LTC pharmacies that have signed up with the CDC, which is critical to ensuring vaccine access in rural, isolated, and smaller skilled nursing facilities (SNF), assisted living facilities (ALF), and congregate care environments. Currently, the large national pharmacy chains (CVS, Walgreens) have vaccinated a critical mass of larger SNFs, but there are still thousands of federally governed SNFs and close to 37,800 state run ALFs that require inoculations. By states engaging in the LTC jurisdiction transfer process, states will be able to utilize the pharmacists already in these care environments to vaccinate residents and patients.

If your state would like to perform a jurisdiction transfer to help finish the LTC vaccination process, please have your public health department submit a request directly to CDC and notify state SNF/ALF administrators. Transfers are completed on a weekly basis. Thank you for your ongoing commitment to fighting COVID-19 in America's nursing homes and LTC facilities. Our LTC pharmacists stand ready to serve where needed and our organizations are happy to answer any and all questions.

Respectfully,



Chad Worz, Pharm.D., BCGP
Chief Executive Officer
American Society of Consultant Pharmacists



B. Douglas Hoey, RPh, MBA
Chief Executive Officer
National Community Pharmacists Association
(NCPA)

cc: State Governors, Territory Governors,
Mayor Muriel Bowser,

cc: Bill McBride, Timothy Blute, Kate
Johnson, Maribel Ramos, Kate Bukowski





CDC Pharmacy Partnership Programs for COVID-19 Vaccination

	Federal LTCF Program	Leveraging Pharmacy Partners in Phase 1 (Jurisdiction Transfers)	Federal Retail Pharmacy Program Phase 2
How is it activated?	<ul style="list-style-type: none"> Jurisdiction requests activation, two-week notice 	<ul style="list-style-type: none"> Jurisdiction requests transfer 	<ul style="list-style-type: none"> OWS activates based on vaccine supply
When can it be activated?	<ul style="list-style-type: none"> Jurisdiction chooses first clinic date 	<ul style="list-style-type: none"> Jurisdiction chooses timing 	<ul style="list-style-type: none"> OWS chooses time, incremental roll out nationwide
How many doses are required to activate?	<ul style="list-style-type: none"> 25% of doses needed for LTC population before first clinic; remainder within next three weeks 	<ul style="list-style-type: none"> N/A - jurisdiction chooses amount to transfer to the pharmacy partner 	<ul style="list-style-type: none"> OWS chooses threshold to activate broader site footprint
Where does allocation come from?	<ul style="list-style-type: none"> Transferred from jurisdiction allocations to pharmacy 	<ul style="list-style-type: none"> Transferred from jurisdiction allocation to pharmacy 	<ul style="list-style-type: none"> Direct Federal allocation to pharmacy partner
Who enrolls providers?	<ul style="list-style-type: none"> USG; no effort required on behalf of the jurisdiction 	<ul style="list-style-type: none"> USG; no effort required on behalf of the jurisdiction 	<ul style="list-style-type: none"> USG; no effort required on behalf of the jurisdiction
Which populations will be vaccinated?	<ul style="list-style-type: none"> LTCF residents and staff 	<ul style="list-style-type: none"> Jurisdiction chooses; likely essential workers or individuals ≥75 years, could include HCP not previously vaccinated 	<ul style="list-style-type: none"> General /broader population (general, elderly)
Which sites will vaccinate?	<ul style="list-style-type: none"> Pharmacy partners hold clinics at all enrolled and eligible LTCFs 	<ul style="list-style-type: none"> Select retail pharmacy sites chosen by jurisdiction in coordination with partners 	<ul style="list-style-type: none"> Initial rollout: coordinated by CDC with jurisdiction input Later expansion: pharmacies choose expansion of sites based on uptake; CDC provides oversight
Who will carry out vaccination?	<ul style="list-style-type: none"> Pharmacy partner staff 	<ul style="list-style-type: none"> Pharmacy partner staff 	<ul style="list-style-type: none"> Pharmacy partner staff

