ASPR/Office of Emergency Mgmt & Medical Operations / Medical Reserve Corps
C4H09 – O'Neill House Office Building
Washington, DC 20515

Subject: National Health Care Preparedness and Response Capabilities

To Whom it May Concern:

NCPA represents America's community pharmacists, including 19,400 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 long-term care (LTC) settings. Together, our members represent a $78.5 billion healthcare marketplace, employ 240,000 individuals, and provide an expanding set of healthcare services to millions of patients every day. Our members are small business owners who are among America's most accessible healthcare providers.

Capability 4: Workforce
The Pre-Decisional Draft of the National Health Care Preparedness and Response Capabilities outlines expanded workforce for "all staff who support the health care delivery system" and professionals who are largely based in health systems. NCPA would like to emphasize the importance of community pharmacies, pharmacists, pharmacy interns, and pharmacy technicians as part of the health care workforce.

Specifically, section 4.2.2 regarding augmenting the workforce using staffing agreements, contracts, and flexibilities may be expanded to include development of partnerships with community pharmacies. Through partnerships with community pharmacies, health care organizations can better disperse and provide resources to patients. The COVID-19 pandemic is a prime example of how pharmacies can be a key part of emergency response. Over 300 million COVID-19 vaccines were administered by pharmacies during the pandemic as well as point of care testing services, oral antiviral treatments, and distribution of PPE. Enhanced flexibilities for pharmacists under the public health emergency allowed for pharmacists to streamline patient care without a patient needing a prescriber visit. Community pharmacies should be recognized as critical points of patient contact and service distribution as part of the National Health Care Preparedness and Response Capabilities.

Section 4.2.3 "Recruit and manage volunteer health care workers" was integral in COVID-19 immunization efforts. Community pharmacies used retired registered pharmacists (RPhs), pharmacist interns, and technicians to immunize patients and other volunteers to provide administrative services at alternate sites outside of community pharmacies. Under the bullet: "Develop plans that support volunteers, maintain access to volunteer resources, and supplement staffing to decrease burnout of health care workforce and meet surge demand," NCPA requests that community pharmacies are included as part of the health care workforce that should be supplemented during surge demand.

Section 4.3.2 "Meet workforce needs post-response" provides valuable guidelines for maintaining a strong workforce, which pharmacies would benefit from as key parts of the health care team. During and post-COVID-19 pandemic, pharmacies struggle to maintain appropriate staffing levels. Pharmacies having access to the outlined resources on treating mental health and burnout can help to grow and sustain staffing levels, translating into increased patient care.

Overall Comments

NCPA suggests that ASPR includes a robust role for community pharmacies as resources in emergencies. Pharmacists serve as one of America's most accessible healthcare providers and played a key role in the COVID-19 pandemic as sites for patients to obtain point of care testing, immunizations, and treatment for COVID-19.

The nation's nearly 20,000 independent community pharmacies are a critical part of reaching and caring for people in the United States, especially rural and vulnerable populations. Federal and state public health officials need efficient and effective ways to engage pharmacies and assure their readiness for future public health responses. An NCPA led consortium of entities that aggregate independent pharmacies for contracting, physical distribution, and data offers a single point of contact for this purpose.

The Consortium would coordinate with those charged with strategic preparedness and response to put systems and processes in place to make it easier for public health to engage independent community pharmacies. By working together in this new consortium, these entities are committed to being prepared to act quickly in a single point-of-contact manner for all independent community pharmacies.

Many independent pharmacies were included in the COVID-19 FRPP program through the efforts of multiple Consortium member organizations, but not all independent community pharmacies were affiliated with an entity that the federal government engaged for this latest effort. The Consortium will provide the opportunity for many more pharmacies to be included and available to the public.

Conclusion

NCPA thanks ASPR for the opportunity to provide feedback, and we stand ready to work with ASPR to offer possible solutions and ideas. Should you have any questions or concerns, please feel free to contact me at Jessica.satterfield@ncpa.org or (703)-838-2669.

Sincerely,

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