

July 2, 2021

Xavier Becerra
Secretary
Department of Health and Human Services

Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services

Janet Woodcock
Acting Commissioner of Food and Drugs
Food & Drug Administration

Dear Secretary Becerra, Administrator Brooks-LaSure, and Acting Commissioner Woodcock:

Thank you for your leadership during this challenging pandemic. We greatly appreciate the efforts made by the Department of Health and Human Services to support providers during the pandemic, and to ensure high quality of care for the millions of beneficiaries across the country.

Long term care (LTC) provides care for the most vulnerable population and most at risk of serious illness or death from COVID-19. The COVID-19 vaccines have life-saving consequences in our population, which has been well documented through the declining infection rates since the mass vaccination clinics performed through Centers for Disease Prevention and Control's Pharmacy Partnership for Long Term Care program. While vaccines are currently being made available in LTC, there are several key logistical challenges facing the LTC pharmacies and preventing rapid access of vaccine to the LTC facilities.

We represent a coalition of stakeholders focused on COVID-19 vaccine access in LTC. Our members include LTC provider associations, pharmacy associations, group purchasing organizations for LTC pharmacies, LTC pharmacies, and public health organizations. Members of the coalition have been working since COVID-19 vaccines became available to ensure access to LTC residents. In fact, several members participated in the initial Federal Pharmacy Partnership and are currently participating in the Retail Pharmacy Partnership. The stated purpose of our coalition is to identify challenges preventing rapid, reliable access to COVID-19 vaccine in LTC facilities and identify recommendations to improve access.

Three of the key challenges we have identified that are preventing rapid and reliable access to COVID-19 vaccine are the minimum order size of vaccines, the amount of doses per vial, and the single administration fee. We seek your support to overcome these key challenges.

As you know, all COVID-19 vaccines, Moderna, Pfizer, and Johnson and Johnson (J&J), have a minimum order size. For instance, the Moderna vaccine has a minimum order of 140 doses. This number of doses is challenging for LTC pharmacies to store and distribute. As the majority of the LTC population has been vaccinated, LTC providers are doing fewer mass vaccination clinics. Smaller vaccine quantities are needed to accommodate new residents, staff, or those residents who may have initially been hesitant.

Further, all available COVID-19 vaccines have a minimum number of doses per vial. Moderna and J&J are the primary vaccines used in LTC due to the extreme temperature controls required for the Pfizer vaccine. Moderna is shipped in 14-dose vials while J&J is shipped in five-dose vials. This means that in most cases, a LTC facility must be able to use all doses to access the vaccine. This can cause significant delays in accessing vaccine for new residents and staff, leaving them vulnerable to infection and the facility vulnerable to outbreaks. Having access to single dose syringes would allow LTC facilities to quickly vaccinate new residents and staff and protect them, and the facility, from outbreak. Only ten states currently allow pharmacists to dispense single dose syringes. Two states, North Dakota and Kentucky, specifically prohibit pharmacists from creating a single dose pre-filled syringe for distribution. We seek your help to enable pharmacist nationwide to dispense single dose syringes.

The final key challenge lays in the reimbursement structure for the COVID-19 vaccine. The current reimbursement structure for the COVID-19 vaccine offers a one-time reimbursement fee of \$40 for storage, delivery, reporting, and administration. In LTC, the responsibility for these distinct tasks is often shared between the pharmacy and the provider, and this reimbursement structure does not consider this unique model. We would strongly advocate that CMS consider discrete reimbursement for tasks as opposed to a grouped payment structure to be better aligned with current practice and not create new burdens for providers and patients. This would enable LTC pharmacies and LTC providers to have greater flexibility. Furthermore, we request that CMS clarify that administration of the COVID-19 vaccine for patients in LTC through the end of the public health emergency be eligible for the additional \$35 “at-home” administration fee. We strongly believe this will improve vaccine access for remaining unvaccinated beneficiaries in communal environments, thereby reducing the risk of exposure to the COVID-19 for all patients within LTC community where these beneficiaries reside.

Thank you again for your tireless efforts and continued support of this vulnerable population. If you need any more information on these requests, please feel free to contact me directly.

Best,

David Gifford, MD, MPH

Chief Medical Officer

American Health Care Association/National Center for Assisted Living (AHCA/NCAL)

Coalition Members:

Association of Immunization Managers (AIM)

American Immunization Registry Association (AIRA)

The Society for Post-Acute and Long-Term Care Medicine (AMDA)

Argentum

American Society of Consultant Pharmacists (ASCP)

American Senior Housing Association (ASHA)

Association of State and Territorial Health Officials (ASTHO)

Consonus Healthcare Services

GeriMed

Innovatix

LeadingAge

Managed Health Care Associates Inc. (MHA)

NABP Solutions

Omnicare (CVS Health Company)

PharMerica (Walgreens Boots Alliance)

Senior Care Pharmacy Coalition

National Community Pharmacists Association (NCPA)