



October 20, 2023

The Honorable Bill Cassidy, M.D.
Ranking Member
Senate Committee on Health, Education, Labor, and Pensions
428 Senate Dirksen Office Building
Washington, DC, 20510

[Submitted electronically via: CDCModernization@help.senate.gov]

RE: Request for Information (RFI): Opportunities to continue modernizing the U.S. Centers for Disease Control and Prevention (CDC)

Dear Ranking Member Cassidy and Members of the Committee:

Thank you for the opportunity for the American Pharmacists Association (APhA) to respond to your RFI on opportunities to continue modernizing the CDC.

APhA is the largest association of pharmacists in the United States advancing the entire pharmacy profession. APhA represents over 360,000 pharmacists and pharmacy personnel in all practice settings, including community pharmacies, hospitals, long-term care facilities, specialty pharmacies, community health centers, physician offices, ambulatory clinics, managed care organizations, hospice settings, and government facilities.

Public health is negatively impacted each year the federal government fails to make significant investments to support policies that improve our national preparedness and readiness infrastructure. These policies are needed to respond to both known and emerging disease threats. The CDC is a federal agency that aims to protect public health and safety by providing credible information and guidance on various health issues. However, in recent times, the CDC has faced criticism and skepticism from some segments of the public who question its credibility, transparency, and effectiveness. To instill trust back in the CDC, APhA supports developing policies to create more efficient frameworks to sustain a culture of continuous review and improvement to modernize the agency.

APhA recommends promoting innovation and collaboration and developing mechanisms that support modernization efforts on a continual basis. One strategy is to increase communication and outreach efforts, especially through social media platforms and other channels that can reach a wide and diverse audience. Moving vital information faster is a key factor in

modernization efforts. The CDC can use these platforms to share timely and accurate information, address common myths and misconceptions, respond to feedback and questions, and showcase its achievements and impact.

Another strategy is to enhance CDC's accountability and responsiveness, especially in times of crisis or uncertainty. Informing the public of health surveillance and response factors may help improve trust with the public. The CDC can demonstrate its accountability by admitting mistakes, explaining decisions, providing evidence and data to support claims, and rapidly updating guidelines and policies as new information emerges. The CDC can also demonstrate its responsiveness by listening to the public's needs and concerns, engaging with stakeholders and partners on a continuing and timely basis, adapting to changing situations and contexts and providing clear and consistent guidance to public health stakeholders. Implementing these strategies will help the CDC improve its reputation and credibility, increase its visibility, and influence, and foster a positive and trusting relationship with the public.

APhA recommends that CDC exercise recognition and appropriate utilization of scientific review panels which are free of political influences, in developing clinical recommendations and decisions, so that agency directors or others may not inadvertently get out in front of expert panels. As such, APhA recommends Congress codify Advisory Committee on Immunization Practices (ACIP) review of CDC recommendations as a safeguard to ensure proper consideration and analysis prior to issuing public health recommendations.

Health care practitioners and the health care system also need time to prepare and modify systems and workflows to ensure the appropriate implementation of new CDC recommendations. Modifying systems includes adding to insurance/payer coverage plans, creating appropriate payer codes, updating the immunization information system (IIS) to accept new inputs, drafting clinical guidance references, changing state scopes of practice, and utilizing new clinical guides to prepare for implementation in health care practices. APhA recommends establishing a standard timeline from when recommendations are under review and subsequent approval to implementation at the point of care, which includes buffer time to ensure the above modifications can be conducted. This would allow health care practitioners, including pharmacists, to plan for and administer immunizations sooner as an example.

Another observed opportunity to address is the spread of information in the media; recommendations or changes are delivered to the public prematurely and prior to dissemination of information to providers which places unnecessary pressure on these providers. It also frustrates and confuses patients when health care needs are delayed and unmet. Accordingly, APhA recommends CDC establish an effective date for recommendations that allows the health care practitioners and the system reasonable time to put in the necessary processes to ensure unincumbered access to immunizations and other preventive care services.

APhA also recommends CDC promote continuous and consistent dialogue across health professions and foster an interprofessional practice implementation workgroup to improve the

recommendation review process. To improve public health, it takes all healthcare professionals. One group cannot do everything individually. Without dialogue between professions, public health goals would not be achieved. For example, recent comments from the American Medical Association (AMA) and American Academy of Physicians (AAFP) have not been supportive of pharmacists conducting testing, treating, and immunization services that pharmacists have been providing for years and exceed these efforts by other health care professionals. As you likely know, pharmacists and pharmacy personnel clearly demonstrated their essential role throughout the pandemic by administering 300+ million vaccines, conducting 42+ million point-of-care tests, and contributing to billions of dollars in savings.¹ Now more than ever, we need Congress and CDC to promote collaboration among healthcare professionals to help fill the gaps in care.

Studies from 2022, supported by AMA, predict the U.S. will be short between 17,800 and 48,000 primary care physicians by 2034.² The insufficient number of primary care providers in the United States poses a serious public health threat, leaving nearly one-third of the population vulnerable to preventable chronic diseases and emerging threats like COVID-19, influenza, and respiratory syncytial virus (RSV). There is a solution. To leverage pharmacists to their full potential, as a part of an interprofessional and collaborative health care team and as a solution to addressing other health care worker gaps, there is a need to recognize pharmacists as health care providers and their services, as Congress already has for many other allied health professionals, under Medicare Part B. Accordingly, in addition, to modernize the CDC, APhA strongly urges members of the Committee to cosponsor and pass S. 2477, the Equitable Community Access to Pharmacist Services Act,³ to provide coverage for essential pharmacist services under Medicare Part B to ensure pharmacists can continue to protect seniors from the threat of and higher hospitalization costs from infectious diseases.

Mechanisms to Modernize: What structural, legislative, or administrative barriers impede Congress or CDC's ability to implement these changes?

Modernization of CDC processes to optimize current technology and best practices related to vaccine storage and handling, temperature monitoring, and documentation are operational changes that need to be implemented to eliminate differing administrative processes and the burden placed on providers. CDC needs to engage in dialogue with providers, technology vendors, and other stakeholders to explore the modernization of their processes to identify best practices used to manage other products and care delivery. There are also systems in place from the CDC that are not well-defined and thus, underutilized. For instance, APhA recommends CDC should create better guidance around 340B programs, hospital charge-back systems, and vaccine procurement operations.

¹ <https://pharmacist.com/Practice/COVID-19/The-Essential-Role-of-Pharmacy-in-Response-to-COVID-19/Infographic>

² <https://www.ama-assn.org/practice-management/sustainability/overcome-doctor-shortage-get-rid-obstacles-primary-care>

³ <https://www.congress.gov/bill/118th-congress/house-bill/1770?q=%7B%22search%22%3A%22hr1770%22%7D&cs=3&r=1>

CDC and the federal government also need to consider all willing, ready, and able immunization providers, focusing on diverse access points and providers who have relationships with their communities. For example, the decision to limit the Bridge Access Program to only three contracted entities will not be sufficient to reach all of America. APhA emphasizes it took many more contracted entities to deliver COVID-19 vaccinations in 2021-23.

Frameworks regarding payment issues must also be improved to prevent decreased accessibility. CDC advocates for programs like Vaccines for Children (VFC) program but when the VFC-authorized entities are limited, access to care is limited as well. APhA believes having robust site of care data, including vaccinations administered in pharmacies, is key to informing stakeholders and discussions around program development and implementation in underserved areas to address health equity goals to overcome barriers such as accessibility and availability as intended (as most Americans live within 5 miles of a community pharmacy).⁴ Pharmacy engagement in the VFC program has been limited due to a variety of factors, with pharmacies accounting for only 0.4% (160) of VFC providers as of June 2022. APhA recommends Congress work with the CDC to reform the VFC program in order to encourage more states to increase pharmacies' and pharmacists' participation in the program.

APhA strongly encourages Congress address the following barriers to the VFC program:

- Alignment of enrollment and storage requirements with pharmacy operations.
 - Example: The VFC requirement for two separate stocks of vaccines is a barrier to participation that could be reduced by implementing a “charge-back” system via a virtual inventory as is done in other programs which alleviates the need to maintain two stocks.
- To further incentivize and remove barriers to participation from pharmacists and other front-line vaccinators on patient care teams, APhA strongly encourages reimbursement for vaccines provided through the VFC program align with Medicare payment rates (\$30, per dose, geographically adjusted).

Pharmacists Remain Ready to Help

APhA would like to thank the Committee for recognizing the associated impact from the lack of policies and frameworks to support CDC modernization. Implementing these recommended changes will strengthen our nation's public health infrastructure to provide the best and most complete information from the CDC to the public and policymakers. APhA also urges the Committee to support reforms that enhance team-based care that learn and build upon the lessons from the recent pandemic to move the CDC forward. Removing limitations on pharmacists and pharmacy personnel will enhance the quality of public health provided to our communities.

⁴ [https://www.japha.org/article/S1544-3191\(22\)00233-3/fulltext](https://www.japha.org/article/S1544-3191(22)00233-3/fulltext)

Thank you again for the opportunity to provide comments on this important issue. Please contact Doug Huynh, JD, APhA Director of Congressional Affairs, at dhuynh@aphanet.org if you have any additional questions or need any additional information.

Michael Baxter

Michael Baxter
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cc: The Honorable Bernie Sanders, Chair