

January 26, 2021

Rep. Ann Meyer
Chair, Human Resources Committee
Human Resources Subcommittee
The Iowa Legislature
via email: Ann.Meyer@legis.iowa.gov

Rep. Steven Bradley
Vice Chair, Human Relations Committee
Human Resources Subcommittee
The Iowa Legislature
via email: Steven.Bradley@legis.iowa.gov

Rep. John Forbes, RPh
Member
Human Resources Subcommittee
The Iowa Legislature
via email: john.forbes@legis.iowa.gov

Re: Support for HSB 91 – Driving population health and expanding patient access to critical vaccinations and pharmacy care

Dear Reps. Meyer, Bradley, and Forbes:

The National Association of Chain Drug Stores (NACDS) appreciates the opportunity to support HSB 91 related to expanding access to patient care through pharmacy healthcare destinations. Specifically, the bill would authorize pharmacists to order and administer point-of-care testing and treatment for influenza and streptococcus A and to order, initiate, and administer immunizations and vaccines. The healthcare industry continues to advance the practices of patient care by transforming the healthcare environment, which should include the entire care continuum to better improve quality, care, and access for patients. The current global COVID pandemic has further emphasized the need for such advancement. HSB 91 aims to modernize the state's pharmacy care policies to secure more value, drive innovation, and provide cost-effective healthcare services to improve the health and well-being of Iowa residents.

NACDS represents traditional drug stores, supermarkets, and mass merchants with pharmacies. In Iowa, chain pharmacy companies operate over 410 pharmacies and employ over 1,500 pharmacists. Across the country, chains operate over 40,000 pharmacies, and NACDS' over 80 chain member companies include regional chains, with a minimum of four stores, and national companies. Chains employ nearly 3 million individuals, including 155,000 pharmacists. They fill over 3 billion prescriptions yearly, and help patients use medicines correctly and safely, while offering innovative services that improve patient health and

healthcare affordability. NACDS members also include more than 900 supplier partners and over 70 international members representing 21 countries. Please visit nacds.org.

Expand patient access to pharmacy care through point-of-care testing and treatment for influenza and streptococcus A via statewide protocols.

NACDS commends Iowa for expanding access to care for Iowans by recognizing innovative healthcare destinations, such as community pharmacies. Pharmacists' ability to provide quality care by initiating naloxone and tobacco cessation products, formerly nicotine replacement products, via statewide protocols are recent examples. Throughout the nation, numerous other states have begun to use statewide protocols as well to expand access to patient care. During the COVID pandemic, the Department of Health and Human Services' issued vital guidance recognizing pharmacists' ability to expand access to COVID testing and immunization services. Majority of states have recognized this expanded authority for pharmacists to order and test for COVID-19, as well as initiate, order, and administer vaccines.

Pharmacists are qualified and capable of addressing preventive or acute care, or self-limiting conditions that require no diagnosis or are easily diagnosed. Additionally, with the tremendous workloads and excessive administrative burdens that other providers face, pharmacists provide uncomplicated, timely, and routine care for patients within the community in many other states.¹ The implementation of statewide protocols for pharmacists to conduct pharmacy care services result in other providers having the opportunity to focus on more complex and challenging patients, especially amid the ongoing COVID pandemic.² Building off Iowa's commitment to expand access to patient care, NACDS strongly urges the enactment of HSB 91 to expand the implementation of additional statewide protocols for point-of-care testing and treatment for influenza and streptococcus A.

Several studies reveal that when pharmacists have the authority to test and treat for conditions, such as influenza and streptococcus A, access to care increases significantly for those who do not have a primary care physician. Testing and furnishing the appropriate and necessary treatment by pharmacists also supports community antibiotic stewardship efforts, which is especially important given estimates that over 20% of outpatient antibiotic use is inappropriate.³ Pharmacists can significantly help reduce such unnecessary use as they have been shown to better adhere to evidence-based assessment and prescribing protocols and standards/guidelines of care compared to other prescribers.⁴ Also, the CLIA-waived tests, known for their simplicity in use and low risk for incorrect results, used in pharmacies are the same as the

¹ It has been observed that general practitioners have about 2 minutes per clinic visit to properly implement preventive care, leading to a care deficit of over 5 hours per day for preventive care. Caverly TJ et al. Much to do with nothing: microsimulation study on time management in primary care. 2018. *BMJ*. 2018;363 <https://www.bmj.com/content/363/bmj.k4983>

² It's been estimated that 1,773 hours of a physician's annual time, or 7.4 hours per working day would be needed to fully satisfy the United States Preventive Services Task Force (USPSTF) recommendations for these preventive services.

Yarnall, Kimberly S H et al. "Primary care: is there enough time for prevention?" *American journal of public health* vol. 93,4 (2003): 635-41. doi:10.2105/ajph.93.4.635 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447803/>

³ Chua K, Fischer MA, Linder, JA. Appropriateness of outpatient antibiotic prescribing among privately insured US patients: ICD-10-CM based cross sectional Study. January 2019. <https://www.bmj.com/content/364/bmj.k5092>

⁴ Poh EW, McArthur A, et al. Effects of pharmacist prescribing on patient outcomes in the hospital setting. *JBIC Database of Systematic Reviews and Implementation Reports*. September 2018. https://journals.lww.com/jbisr/Abstract/2018/09000/Effects_of_pharmacist_prescribing_on_patient.9.aspx

clinical diagnostic devices used in medical practices.⁵ Ultimately, the expansion of pharmacist authority via statewide protocol to include testing and treatment for specific conditions leads to less burdensome administrative efforts for the healthcare team, eliminates unnecessary system costs, and increases accessibility, convenience, and timely care for patients.

Given the compelling evidence, NACDS strongly urges your support for HSB 91, legislation aimed at expanding access to care by permitting pharmacists, pursuant to statewide protocols, to conduct point-of-care testing and treatment for influenza and streptococcus A for patients 18 years of age and older.

Permit pharmacists to order, initiate, and administer immunizations and vaccinations.

The prevalence of vaccine-preventable diseases in adults remains a significant public health issue in the United States. Vaccinations reduce the rates of disease and improve overall lifespans by controlling the spread of infectious diseases, mitigating the severity of disease, and helping to protect unvaccinated people, including those who are contraindicated for the vaccine.⁶ In addition to public health benefits, vaccines have a societal economic benefit. Vaccine-preventable diseases and deaths create an approximately \$9 billion economic burden on the healthcare system in hospital and doctor visits and loss of income each year.⁷ Unfortunately, low immunization uptake has been observed and immunization rates are below the Healthy People 2020 goals.⁸ As such, NACDS advocates for pharmacies as healthcare settings where patients are able to access cost-effective immunization services and quality patient care.

Pharmacists are highly trained and capable of providing necessary vaccination services to the communities they serve.⁹ Broadening Iowa pharmacists' immunization authority will help increase patient access and expand the community-level benefit of protecting the entire population. Leveraging pharmacists to provide these services may therefore prove crucial in the uptake of other vaccines.¹⁰ Moreover, initiatives to improve immunization access, especially in reaching vulnerable populations or those who would otherwise not be vaccinated, only stand to benefit from the accessibility of community pharmacies. According to a recent survey, most Americans prefer to receive their vaccinations at their community pharmacy, citing reasons of convenience.¹¹ NACDS applauds Iowa's recognition of pharmacists' ability to expand access to the COVID vaccine. Similarly, to improve immunization rates by expanding access to vaccination destinations that best meet patients' needs, we encourage Iowa lawmakers to ensure that the public may more easily access a broader portfolio of vaccines from their local pharmacies.

⁵ <https://www.cdc.gov/clia/test-complexities.html>

⁶ Winegarden, Wayne; "Promoting Access and Lowering Costs in Health Care: The Case of Empowering Pharmacists to Increase Adult Vaccination Rates;" (2018). https://www.pacificresearch.org/wp-content/uploads/2018/04/AdultVaccination_F_web.pdf

⁷ Sachiko Ozawa, et al.; "Modeling the Economic Burden of Adult Vaccine-Preventable Diseases in the United States."; Health Affairs; November 2016. <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2016.0462>

⁸ Office of Disease Prevention and Health Promotion. U.S. Department of Health and Human Services. Healthy People 2020. Available at: <https://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases#one>

⁹ O'Dea, Jim. "The Pharmacy's New Role in Providing Healthcare Services." PM3260 Magazine. January 23, 2014. <https://www.pm360online.com/the-pharmacys-new-role-in-providing-healthcare-services/>

¹⁰ Drozd, E. M., Miller, L., & Johnsrud, M. (2017). Impact of Pharmacist Immunization Authority on Seasonal Influenza Immunization Rates Across States. Clinical Therapeutics, 39(8). doi:10.1016/j.clinthera.2017.07.004

¹¹ Goad JA, Taitel MS, Fensterheim LE, Cannon AE. Vaccinations administered during off-clinic hours at a national community pharmacy: implications for increasing patient access and convenience. Ann Fam Med. 2013;11(5):429-36.

To that end, NACDS strongly urges your support for HSB 91, legislation aimed at driving population health by allowing pharmacists to order, initiate, and administer immunizations and vaccinations to patients three years of age and older and influenza or other emergency immunizations and vaccinations to patients six months of age and older.

NACDS applauds the state's current efforts to enhance the delivery of healthcare and greatly appreciates the opportunity to urge support for HSB 91 to broaden pharmacist immunization authority and to expand pharmacy care to include point-of-care testing and treatment for influenza and streptococcus A via statewide protocols. We welcome the opportunity for further discussion; for any questions, please contact NACDS' Joel Kurzman at jkurzman@nacds.org or 847-905-0555.

Sincerely,

A handwritten signature in black ink, appearing to read "Steven C. Anderson". The signature is fluid and cursive, with a long horizontal stroke at the end.

Steven C. Anderson, FASAE, CAE, IOM
President and Chief Executive Officer