



November 7, 2021

[Submitted electronically to: HHSPlan@hhs.gov and Rebecca.Haffajee@hhs.gov]

[Objective Numbers: #1.1, 1.2, 1.3, 1.4, 1.5, 2.1, 2.2, 2.3, 4.4] See, full comments below.

U.S. Department of Health and Human Services (HHS)
Office of the Assistant Secretary for Planning and Evaluation
Strategic Planning Team
Attn: Strategic Plan Comments
200 Independence Avenue, SW, Room 434E
Washington, DC 20201

Dear Acting Assistant Secretary for Planning and Evaluation, Principal Deputy Assistant Secretary for Planning and Evaluation Rebecca Haffajee:

The American Pharmacists Association (APhA) appreciates the opportunity to comment on the [HHS Draft Strategic Plan \(FY22-FY26\)](#).

APhA is the only organization advancing the entire pharmacy profession. Our expert staff, and strong volunteer leadership, including many experienced pharmacists, allow us to deliver vital leadership to help pharmacists, pharmaceutical scientists, student pharmacists and pharmacy technicians find success and satisfaction in their work, while advocating for changes that benefit them, their patients and their communities.

APhA shares many of the goals of the Draft HHS Strategic Plan FY 2022 – 2026 on how the department will achieve its mission. Over the last year, HHS has repeatedly recognized pharmacists' authority, through amendments to the [Public Readiness and Emergency Preparedness \(PREP\) Act declaration](#), to Test, Treat, and Immunize with the ability to independently order and administer:

- COVID-19 point-of-care tests (along with RSV and influenza);
- COVID-19 vaccines;
- All-Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP)-recommended childhood vaccines; and
- COVID-19 therapeutics (monoclonal antibodies, forthcoming oral treatments, etc.).

Pharmacists and pharmacies inclusion in the final FY 2022-2026 Strategic Plan is vital to ensuring that we achieve HHS' goals to maximize the use of community pharmacists to achieve health equity in this country. As you may know, ninety percent of Americans live within 5 miles of a community pharmacy and often the neighborhood pharmacy in minority and underserved communities may be the only health care provider for miles. Pharmacists are now cemented as a vital part of our nation's health care infrastructure and lead all other health care providers in administering both COVID-19 and seasonal flu vaccinations. Accordingly, APhA strongly recommends HHS' Strategic Plan emphasize the increased reliance of HHS on our nation's



pharmacists and pharmacies to defeat COVID-19¹ and future pandemics as well as improve public health as described in our attached comments.

We have also provided for ease of review, in Addendum #1 at the end of these comments, the relevant references to pharmacists and pharmacists in the “Related Executive Orders (EO) and White House Action Plans, Directives, and Memoranda,” listed under, “Strategic Goal 1: Protect and Strengthen Equitable Access to High Quality and Affordable Healthcare” and recommendations from APhA for HHS to emphasize and elevate in the final version of the FY 2022-2026 Strategic Plan.

Thank you for the opportunity to provide feedback on the Draft HHS Strategic Plan FY 2022 – 2026. As pharmacists continue to work in collaboration with our healthcare provider colleagues, as vital members of patient care teams, we are happy to facilitate discussions between HHS and our members. Please, see our full comments below for detailed feedback. If you have any questions or require additional information, please contact Michael Baxter, Senior Director of Regulatory Policy, at mbaxter@aphanet.org.

¹ For example, recent [studies](#) show that “community pharmacists have supported government initiatives to control the pandemic and have ensured patients continued to receive their medicine. Hospital pharmacists have been moving beyond their specialties to provide critical care to patients while dealing with ICU shortages.”

Draft HHS Strategic Plan FY 2022 – 2026
Comments from the American Pharmacists Association (APhA)

“Strategic Goal 1: Protect and Strengthen Equitable Access to High Quality and Affordable Healthcare”

“Objective 1.1: Increase choice, affordability, and enrollment in high-quality healthcare coverage”

“Strategies

Promote available and affordable healthcare coverage to improve health outcomes in our communities”

“Empower consumers with choices for high quality healthcare coverage”

“Leverage knowledge and partnerships to increase health coverage enrollment”

APhA Comments on Objective 1.1:

- APhA urges HHS to promote healthcare coverage in its Strategic Plan that includes coverage and reimbursement for pharmacist provided-patient care services as affordable and accessible, high-quality for patients to improve health outcomes in their local communities. HHS has stated that health equity means meeting patients where they are and helping them to thrive. As HHS understands, as stated above, ninety percent of Americans live within 5 miles of a community pharmacy in minority and underserved communities—where the neighborhood pharmacy may be the only health care provider for miles. Local, community pharmacists have and continue to play a key role in COVID-19 vaccinations and preventive care services to improving healthcare outcomes and promoting healthcare equity in vulnerable communities. Furthermore, a recent [report](#) from the U.S. Surgeon General confirms pharmacists have demonstrated positive impacts on the patient and health care system. Accordingly, HHS’ Strategic Plan should recognize pharmacists as health care professionals and providers.

“Objective 1.2: Reduce costs, improve quality of healthcare services, and ensure access to safe medical devices and drugs

“Strategies

Partner with providers to develop payment models and other incentives to expand options for quality care at lower costs”

“Implement and assess approaches to improve healthcare quality, and address disparities in healthcare quality, treatment, and outcomes”

“Strengthen patient safety improvements and access to affordable medications and medical products to reduce spending for consumers and throughout the health care system”

“Expand approaches to safely exchange health information between patients, providers, and payers”

APhA Comments on Objective 1.2:

- HHS’ Strategic Plan should reflect payment models that partner with proven pharmacist-provided patient care services that improve health equity for local communities. Team-based, patient-centered payment and delivery models maximizing the use of pharmacists, the medication experts on patient-care teams, lowers the administrative burden and assists patient care teams with achieving maximum efficacy and improved health care outcomes.
- Such action would align Medicare with the many states and Medicaid programs that are already turning to pharmacists to improve patients’ health and outcomes and lower medication-related costs. Payment models that preclude participation from health care practitioners with expertise and qualifications to provide care have the unintended consequence of limiting access to care, especially care in underserved areas and create barriers to achieving health care equity.
- Our members who practice in alternative payment models (APMs) note the following examples where pharmacists are currently significantly impacting:
 - [Hypertension: Controlling High Blood Pressure](#);
 - [Diabetes: Hemoglobin A1c \(HbA1c\) Poor Control \(>9%\)](#);
 - [Risk Standardized, All Condition Readmission](#);
 - [Medication Reconciliation Post-Discharge](#);
 - [Statin Therapy for the Prevention and Treatment of Cardiovascular Disease](#); and
 - [Preventive Care and Screening: Influenza Immunization](#).
- Pharmacies are where millions of Americans are first exposed to the impact of complex pharmaceutical pricing policies or confronted with changes in coverage, formularies, prior authorization, deductibles, and co-payments or co-insurance, many of which they did not know existed or understand. Every day, pharmacists help our patients navigate through confusing and convoluted policies related to the cost and coverage of their medications and management of their out-of-pocket costs. Pharmacists are not compensated for this time or directly for most of our patient care services that support optimization of medication therapy. HHS’ Strategic Plan should acknowledge the key role pharmacists play in improving access to affordable medications for their patients and implement policies to compensate pharmacists for providing these services.
- When achieving the goal of maintaining access to affordable medications, HHS’ Strategic Plan should clearly address the ongoing pharmaceutical benefit manager (PBM) practices that are negatively impacting patient costs, care, and access. A few of these practices are identified in HHS’ [Comprehensive Plan for Addressing High Drug Prices](#) (e.g., spread pricing (this is the difference between the reimbursements paid to pharmacies and the rates reported back to the payer where the PBM retains the difference), and price discrimination (PBMs pass along some discounts and rebates to some clients but choose to retain those rebates from others), etc.).

- HHS' Strategic Plan needs to include plans to improve the electronic exchange of clinical data and other essential patient health care information between patients, pharmacists, prescribers, payers and other members of the health care team. However, often pharmacists are unable to exchange relevant clinical information with other health care providers using health information technology. Such restrictions impede the ability of payers, the health care systems and patients to benefit from coordinated, team-based care. From a public health perspective, it impacts the ability to efficiently and effectively respond to public health emergencies. HHS' Strategic Plan should focus on efforts to ensure pharmacists and all members of patient care teams are integrated into electronic health record (EHR) systems safely exchange health information between patients, providers, and payers. Specifically, as pharmacists continue to provide additional clinical services (e.g., point of care testing (COVID-19, RSV, influenza, lipid etc.), monoclonal antibodies, COVID-19 therapeutics, seasonal influenza antivirals, etc.) on the medical side of Medicare (Part B) vs. the product side (Part D), HHS should ensure that medical intermediaries and technologies are incorporated in the Strategic Plan to permit patients to easily access patient care services and securely share patient information with pharmacists and every member of patient care teams.

“Strategic Objective 1.3: Expand equitable access to comprehensive, community-based, innovative, and culturally-competent healthcare services while addressing social determinants of health”

“Strategies

Support community-based services to meet the diverse healthcare needs of underserved populations”

“Remove barriers to healthcare access to advance health equity and reduce disparities”

“Understand barriers to access and the impacts of social determinants of health to develop evidence-based community-based healthcare service delivery models”

APhA Comments on Objective 1.3:

- APhA refers HHS to incorporate recommendations in the Strategic Plan from our [Joint Comments to OMB on Advancing Equity and Support for Underserved Communities Through Government](#).
- APhA also urges HHS' Strategic Plan to promote community-based, pharmacist provided-patient care services as affordable and accessible, high-quality for patients to improve health outcomes in their local communities. HHS has stated that health equity means meeting patients where they are and helping them to thrive. As stated above, local pharmacists have played, and continue to play, a key role in COVID-19 vaccinations and preventive care services to improving healthcare outcomes and promoting healthcare equity in vulnerable communities.
- HHS' Strategic Plan should also provide adequate funding and support for the integration of social determinants of health screening as a vital component of pharmacy services. Specifically, HHS should plan to support the integration of community health

workers in pharmacy practice to provide culturally sensitive care, address health disparities, and promote health equity.

“Strategic Objective 1.4: Drive the integration of behavioral health into the healthcare system to strengthen and expand access to mental health and substance use disorder treatment and recovery services for individuals and families”

“Strategies

Strengthen a fragmented behavioral and physical health system to reduce costs, enhance quality care and patient experience, and improve mental health and substance use disorder outcomes for individuals and families”

“Expand evidence-based integrated systems of behavioral and physical healthcare to improve equitable access to quality care”

“Connect physical health and behavioral health communities to enhance the ability to serve those in need of integrated health services by exchanging data, information, and resources”

“Engage and educate healthcare providers, healthcare professionals, paraprofessionals, other health workforce professionals, and students in these professions to build their practice competence and capacity to address the mental health and substance use disorder needs of individuals, families, and communities”

AphA Comments on Objective 1.4:

- APhA strongly supports efforts to engage pharmacists and build their practice competence and capacity to address the mental health and substance use disorder need of our patient communities. Accordingly, HHS’ Strategic Plan should specifically recognize the key role that pharmacists play in [providing mental health services](#) on patient care teams.
- As previously mentioned, HHS’ Strategic Plan should also ensure pharmacists and all members of patient care teams are integrated into electronic health record (EHR) systems to safely exchange health information between patients, providers, and payers. This is vital to connect all physical health and behavioral health team members, including mental health clinical pharmacists, to enhance the ability to serve those in need of integrated health services by exchanging data, information, and resources.
- As HHS understands, mental health clinical pharmacists provide a wide variety of patient care services as a part of the interprofessional team. These services together allow the mental health clinical pharmacist to provide safe and effective comprehensive medication management and increase patient access to care. We recommend HHS’ Strategic Plan reference [Appendix 1: Services and Activities Performed by Mental Health Clinical Pharmacists](#) in our recent comments to CMS for an in-depth summary of services currently provide by mental health clinical pharmacists, including: A. Patient Assessment, B. Medication Prescribing and Monitoring, C. Utilization of Long-Acting Injectable Antipsychotics, D. Utilization of Pharmacogenomics, E. Patient and Caregiver Education, F. Trainee Education, G. Management of Transitions of Care, H. Pharmacy-

Specific Activities (Management of formulary in health care facilities in addition to those for insurance and state Medicaid; Medication utilization review, drug utilization review, and policy standards; Drug information and literature review), I. Substance Use Disorder Treatment, J. Treatment of Mental Health Disorders in Special and/or Vulnerable Populations, K. Health Promotion Strategies, L. Development and implementation of models of care (telepsychiatry, assertive community treatment (ACT) teams, and embedment in primary care clinics), etc.

- HHS' Strategic Plan should also specify the role of pharmacists and that pharmacists do not have to be "qualifying practitioners (e.g., DATA-waived)" in order to administer buprenorphine to patients. The Drug Enforcement Administration (DEA) has confirmed pharmacists' authority to administer buprenorphine to patients under Section 3204(a) of the SUPPORT Act/21 U.S.C. §829a to furnish this important treatment option for opioid use disorder. DEA recognizes pharmacists as midlevel providers, and 9 states allow pharmacists to prescribe controlled substances: CA, ID, MA, MT, NM, NC, OH, TN, and WA.

"Strategic Objective 1.5: Bolster the health workforce to ensure delivery of quality services and care"

"Strategies

Facilitate coordinated efforts to address long-standing barriers to strengthening the health workforce"

"Develop and promote opportunities to learn and use new skills to improve the delivery of quality services and care"

APhA Comments on Objective 1.5:

- APhA strongly supports HHS' Strategic Plan specifying the efforts taken and still necessary to address long-standing barriers to strengthening pharmacists' key role in the health workforce. HHS' Strategic Plan should outline steps to facilitate efforts to remove regulatory barriers to maximizing the utilization of pharmacists, including:
 - Specifically recognizing how health care practitioners, including pharmacists, whose services are billed by physicians and non-physician practitioners (NPPs) under incident to arrangements, at all levels of higher complexity and time contribute to improving access to care and the health outcomes of Medicare beneficiaries.
 - Establishing and recognizing direct payment pathways under all federal programs for newly authorized ability of pharmacists under "test and treat" models (COVID-19, seasonal flu, RSV) for testing; treating with patient care services to assess patient, verify positive test result, order/prescribe therapeutic, if appropriate, counsel patient, administer therapeutic, if appropriate (monoclonal antibodies, oral, etc.) and dispense therapeutic at patient's pharmacy of choice.
 - Ensuring pharmacists and all members of patient care teams are integrated into electronic health record (EHR) systems to safely exchange health information between patients, providers, and payers.

- Recognizing that HHS' current flexibility for providing "direct supervision," including pharmacists, via real-time audio/video technology should be made permanent.
- Recognizing pharmacists as providers of remote therapeutic monitoring services (RTM).
- Utilizing new authority under Sec. 3703 Expanding Medicare Telehealth Flexibilities of the "CARES Act" (P.L. 116-136) to enable beneficiaries to access telehealth, including in their home, from a broader range of providers—including pharmacists and the need to designate pharmacies as originating sites to receive telehealth services.
- HHS' Strategic Plan should also specify the need for federal funding to develop and promote opportunities for pharmacists, as the medication experts on patient care teams, to learn and use new skills to improve the delivery of quality services and care.

"Strategic Goal 2: Safeguard and Improve National and Global Health Conditions and Outcomes"

"Strategic Objective 2.1: Improve capabilities to predict, prevent, prepare for, respond to, and recover from emergencies, disasters, and threats across the nation and globe"

"Strategies

Leverage opportunities for improved collaboration and coordination to strengthen capacity for effective emergency and disaster readiness, response, and recovery"

"Plan for mitigation and response, including the communication and dissemination of information, the development and availability of medical countermeasures, and the use of regulatory flexibilities"

"Apply lessons learned from the use and application of technology, data, and research to improve preparedness and health and human services outcomes during emergencies and disasters"

APhA Comments on Objective 2:1:

- It's important now, more than ever, that communities and health professionals across the globe work together to continue to understand and mitigate the spread of coronavirus. Accordingly, HHS' Strategic Plan should recognize and leverage opportunities to improve collaborations with front-line pharmacists around the world who are caring for patients throughout the COVID-19 global crisis and future pandemics to strengthen capacity for effective emergency and disaster readiness, response, and recovery.
- HHS' Strategic Plan should also build off the multiple amendments to [the PREP Act declarations](#) and apply lessons learned from the regulatory flexibilities to provide liability protection and expanded authorities to licensed pharmacists, pharmacy technicians, and pharmacy interns to provide a variety of services that supersedes state barriers that functionally stabilize and implement "test and treat models," including vaccinations,

therapeutics (including oral, etc.) and antivirals) to combat ongoing and future public health emergencies and disasters.

- In an increasingly electronic system of patient care, HHS' Strategic Plan should also invest in technology to ensuring pharmacists and all members of patient care teams are integrated into electronic health record (EHR) systems to safely exchange health information between patients, providers, and payers.

“Strategic Objective 2.2: Protect individuals, families, and communities from infectious disease and non-communicable disease through development and equitable delivery of effective, innovative, readily available, diagnostics, treatments, therapeutics, medical devices, and vaccines”

“Strategies

Develop and deliver evidenced-based safe, effective, testing, treatments, therapeutics, medical devices, vaccines, and prevention strategies”

“Invest in innovative technology and development to ensure supply and availability of safe and effective diagnostics, treatments, therapeutics, medical products and devices, and vaccines”

“Leverage resources and collaborations to support and apply research, evaluation, and data insights about non-communicable and infectious disease”

APhA Comments on Objective 2:2:

- HHS' Strategic Plan should develop and deliver prevention strategies that maximize the use of pharmacists and pharmacies to protect individuals, families, and communities from infectious disease and non-communicable disease. The most effective recognition would be formal reference to implementing and fortifying pharmacist-provided patient care services through “test and treat” models. As previously mentioned, pharmacists are among the most accessible locations for delivery of healthcare services. Delivery of healthcare services at pharmacies is particularly important to achieving health equity in minority and underserved communities—where, as previously stated, the neighborhood pharmacy may be the only health care provider for miles.
- HHS' Strategic Plan should also emphasize the ability for pharmacists to access existing and new and existing therapeutic treatments through existing wholesalers to maintain equitable distribution and access to treatments rather than deferring to state-based distribution outside of the traditional supply chain which can deny access to populations that need necessary treatments.
- The fight against COVID-19 has demanded the federal government take action to allow pharmacists to do more of what they are trained to do. By being more flexible about certain requirements and expanding pharmacists' scope of practice through new authorities, the federal government has made it easier for pharmacists to provide care to patients during the COVID-19 public health emergency. HHS' Strategic Plan should reference the vital role of pharmacists in providing access for local communities to treatments, therapeutics, medical devices, and vaccines.

“Strategic Objective 2.3: Enhance promotion of healthy behaviors to reduce occurrence and disparities in preventable injury, illness, and death”

“Strategies

Develop, communicate, and disseminate information to improve health literacy about the benefits of healthy behaviors”

“Leverage resources, partnerships, and collaborations to support healthy behaviors that improve health conditions and reduce disparities in health outcomes”

“Apply research and data insights to inform evidence-based prevention, intervention, and policy approaches to address disparities in preventable injury, illness, and death”

APhA Comments on Objective 2:3:

- Pharmacists are very well positioned to disseminate information to improve health literacy about the benefits of healthy behaviors.
- Due to the trust earned between pharmacists, their patients, and their communities, pharmacists have opportunities to advance public health through access and advocacy for our nation’s vulnerable populations—which is an invaluable asset that should be emphasized under HHS’ Strategic Plan to break down barriers to improve health literacy, improve health behaviors, reduce disparities, and ensure health equity.
- Pharmacists can facilitate and amplify disease prevention strategies, because many vulnerable and minority populations at higher risk for disease visit pharmacies and are seen by pharmacists daily.
- Working with local and state public health departments, state and/or national immunization coalitions, local community and other groups (e.g., employers, faith-based organizations, schools, teachers, diabetes, heart, lung, or retired persons’ associations), pharmacists can promote healthy behaviors among high-risk minority and underserved populations. Accordingly, HHS’ Strategic Plan should include a fully-funded component for pharmacists to lead education, outreach and health literacy campaigns within their practices and communities to eliminate stigma and improve prevention and health outcomes for high priority and vulnerable patient populations to promote healthcare equity.

“Strategic Goal 4: Restore Trust and Accelerate Advancements in Science and Research for All”

“Strategic Objective 4.4: Improve data collection, use, and evaluation, to increase evidence-based knowledge that leads to better health outcomes, reduced health disparities, and improved social well-being, equity, and economic resilience”

APhA Comments on Objective 4:4:

- HHS’ Strategic Plan should recommend improving Immunization Information Systems (IIS) to more effectively track and assess inequities in immunization uptake. The CDC

and other public health stakeholders must compile vaccination records from a range of IIS across states and jurisdictions in order to depict a comprehensive picture of vaccine coverage and uptake. HHS' Strategic Plan should plan to modernize and strengthen the capabilities of IIS to capture and share vaccination information in a uniform way. Robust IIS data capture and reporting from all vaccinators, including pharmacies, is critical to understanding patterns in vaccination rates, including disparities by race, socioeconomic status, insurance type, and/or region that perpetuate health inequities.

Addendum #1: Strategic Goal 1: Protect and Strengthen Equitable Access to High Quality and Affordable Healthcare

Many of the “[r]elated Executive Orders (EO) and White House Action Plans, Directives, and Memoranda,” involve the utilization and maximization of pharmacists to help defeat COVID-19, future pandemics, and ensure delivery of quality services and care, including:

- EO 13995: Ensuring an Equitable Pandemic Response and Recovery
 - APhA refers HHS to our [Joint Comments to OMB on Advancing Equity and Support for Underserved Communities Through Government](#).
 - APhA also recognized the importance of health equity as it relates to increasing vaccine confidence and has developed [continuing education](#) geared towards address the challenges related to health equity. APhA recommends HHS’ Strategic Plan reference APhA’s [vaccine confident webpage](#) and continue to support and fund provider educational programming on health equity issues.
- EO 14001: A Sustainable Public Health Supply Chain
 - APhA commends the Biden administration’s announcement of new actions to address vulnerabilities in the pharmaceutical supply chain and strengthen our nation’s drug supply. In January 2021, APhA joined [the Pharmaceutical Supply and Payment Chain Coalition](#) with the goal of bringing to the attention of the Biden administration the critical importance of the resilience and diversity of the pharmaceutical supply chain in the country to support US citizens during the pandemic. We recommend the HHS Strategic Plan include a year-long review of the supply chains for the public health and biological preparedness industrial base, in addition to the announced 100-day review of the global API supply chain. As a reminder, APhA maintains that the Administration’s proposals for drug importation threatens patient safety and drug supply chain integrity.
- EO 14036: Promoting Competition in the American Economy”
 - APhA [applauds](#) the Executive Order’s call to vigorously enforce antitrust laws and recognition that the law allows them to challenge prior bad mergers, particularly in healthcare markets. Pharmacy benefit manager (PBM) practices have led to increases in patients’ drug prices at the pharmacy counter through use of direct and indirect remuneration (DIR) fees and other “clawback” mechanisms, delaying prescribed treatments through patient steering and prior authorization, and limiting options for patients by controlling access to insurance networks. Again, APhA remains steadfastly opposed to prescription drug importation schemes because they threaten patient safety and create supply chain vulnerabilities that could potentially introduce counterfeit or unsafe drugs into the market. Accordingly, we recommend HHS’ Strategic Plan protect the integrity of the supply chain.
- National Strategy for the COVID-19 Response and Pandemic Preparedness
 - APhA supports many of the provisions in the national strategy for the COVID-19 response-specifically the provisions referencing pharmacists and pharmacies, including:
 - “Create as many venues as needed for people to be vaccinated.” “This

includes, but is not limited to federally run community vaccination centers, in places like stadiums and conference centers, federally-supported state and locally operated vaccination sites in all 50 states and 14 territories, *pharmacies* [emphasis added] and retail stores, federal facilities like Veterans Affairs hospitals, community health centers, rural health clinics, critical access hospitals, physician offices, health systems, urgent care centers, and mobile and on-site occupational clinics.”

- “Leverage storefronts, including retail locations, grocers and *pharmacies* [emphasis added]. Millions of Americans turn to their *local pharmacies* [emphasis added] every day for their medicines, flu shots, and much more. And nearly 90 percent of Americans live within five miles of a *pharmacy*, [emphasis added] making these among the most accessible vaccination locations. The Administration will move quickly to jumpstart the effort to work directly with *chain and independent pharmacies* [emphasis added] across the country to get Americans vaccinated. The program will begin within two weeks of President Biden assuming office, and expand moving forward into neighborhoods across the country so that the public can make an appointment and get their shot at their local retail and *pharmacy locations* [emphasis added].”
- “Launch new models to serve high-risk individuals and others who may need to take extra precautions, as identified by the CDC.” “To do so, the Administration will make models like the *CDC Pharmacy Partnership for Long-Term Care Program* [emphasis added] available for other high-risk congregate settings, including homeless shelters, jails, and institutions that serve individuals with intellectual and developmental disabilities.”
- “Reach seniors in congregate settings, in the community and in their homes.” “The Administration will also build on the *CDC Pharmacy Partnership for Long Term Care (LTC) Program* [emphasis added] to ensure that long-term care residents and staff can receive vaccinations in as streamlined and effective manner as possible.”
- “Support states with federal resources.” “The Administration will deploy thousands of federal staff, contractors and volunteers to support state and local vaccination efforts.” “The effort will also use the resources of the U.S. Department of Veterans Affairs and the Department of Defense, including physicians, nurses, physician assistants, and pharmacists [emphasis added].”
- “Expand data collection for commercially insured populations. HHS will encourage and support efforts by insurers, *pharmacies*, [emphasis added] labs, state immunization offices and other entities to maximize the availability of data by race, ethnicity, geography, disability and other sociodemographic factors, as feasible.”
- “Update state pandemic plans.” “HHS will provide additional tools to inform equitable pandemic planning, such as mapping *pharmacy deserts* [emphasis added] across the country, and provide technical assistance as needed.”

- “Leverage federal authorities to expand the vaccinator workforce. The Administration will act swiftly to amend the current COVID-19 Public Readiness and Emergency Preparedness Act (PREP Act) declaration to permit certain qualified professionals [including pharmacists] (e.g. recently retired doctors and nurses) that are not licensed under state law to administer vaccines to do so in order to expand the number of qualified professionals able to administer the vaccine, with appropriate training.”
- “Encourage states to surge their vaccinator workforce.” “To expand medical professionals, the Administration will encourage states to consider: allowing for rapid re-licensure for health care professionals; providing temporary vaccination licenses for clinical students and foreign-educated health care professionals; and expanding scope of practice for non-physician health practitioners, including but not limited to physician assistants, *pharmacists*, [emphasis added] and registered nurses.”
- Path Out of the Pandemic: President Biden's COVID-19 Action Plan
 - “Expanding Free, *Pharmacy Testing* [emphasis added]. As part of our strategy to ensure the most convenient access to free testing, we will expand the number of retail *pharmacy sites* [emphasis added] around the country where anyone can get tested for free through the HHS free testing program to *10,000 pharmacies* [emphasis added].”
 - “Providing Easy Access to Booster Shots for All Eligible Americans. The Administration is preparing for boosters to start as early as the week of September 20th, subject to authorization or approval by the FDA and a recommendation from ACIP. Getting a booster will be easy. Booster shots will be free, and widely available across 80,000 locations – from *pharmacies* [emphasis added] to doctors’ offices to health centers.”
 - “Expanding the Pool of Health Care Professionals Providing Treatment by Deploying Federal Monoclonal Antibody Strike Teams. The COVID-19 Surge Response Teams have conducted in-person technical assistance and virtual trainings for physicians and health system officials to increase education and interest in administering these treatments. To ensure that more patients can access these lifesaving COVID-19 therapeutics, the Administration’s COVID-19 surge response effort will launch monoclonal antibody strike teams to deploy clinical personnel through HHS, FEMA, and DOD to help hospitals and health systems stand up the delivery of this key treatment option. HHS will also take action to amend the Public Readiness and Emergency Preparedness (PREP) Act declaration to allow more providers, including *pharmacists* [emphasis added], to administer this treatment. These actions will ensure that more patients receive lifesaving treatments if they are infected or exposed to COVID-19.”