



May 18, 2020

RE: Engage Community Pharmacy to Keep Rural Louisianans Healthy and Reopen Local Economies during the COVID-19 Pandemic

Dear Co-Chairs Pierson and Sterling, and Members of the Resilient Louisiana Commission

On behalf of the Louisiana Retailers Association and the National Association of Chain Drug Stores (NACDS), we commend your proactive leadership and dedication to bring together the public and private sectors to reboot and reshape Louisiana's economy, including in rural areas, so it is even stronger than before COVID-19. LRA and NACDS share your priorities to keep rural Louisianans healthy and reopen local economies safely; our organizations welcome this opportunity to share how community pharmacies are vital to fulfilling these priorities. Across the country, community pharmacies have transitioned and evolved into patient-centered healthcare destinations. For rural Louisianans – many of whom may have fewer healthcare options and live within medically underserved areas – the ability to receive care from pharmacies, especially during the COVID-19 pandemic, would meaningfully improve access to healthcare and promote a healthier population.

The Louisiana Retailers Association was chartered in 1946 and is the non-profit statewide trade organization for the retail industry in Louisiana. Our members include all retail formats and channels of distribution including department, specialty, discount, pharmacy and grocery as well as the industry's key trading partners of retail goods and services.

NACDS represents traditional drug stores, supermarkets and mass merchants with pharmacies. Our members operate 40,000 pharmacies and include regional chains with as few as four stores as well as national companies. Within the state of Louisiana, NACDS members employ nearly 38,000 people throughout 588 pharmacy locations; and on a national level, chain pharmacies employ more than 3 million people, including 154,000 pharmacists. They fill over 3 billion prescriptions yearly, and help patients use medicines correctly and safely, while offering innovative patient-care services that improve patient health and healthcare affordability. For more information, please visit nacds.org.

Louisiana's population includes more than 4.6 million people, with nearly 750,000 people living in rural areas. Social determinants of health disproportionately affect those in rural Louisiana verses city dwellers, for instance in 2018 per capital income was lower (about \$38,000 per year versus \$46,000), poverty rate was higher (more than 25% versus 17.5%), and completion of high school was lower (20% have not completed it versus about 14%). Adding in the stresses from the global COVID-19 pandemic, many of these social determinants of health have likely been exacerbated. Further, approximately 2.3 million Louisianans live in areas without adequate access to primary care, some of which includes rural areas, and experts estimate a national shortage of 122,000 physicians by 2032. With an increasing demand for healthcare services, pharmacies and pharmacists are needed to close these gaps.

Louisiana overall, according to America's Health Rankings, is ranked less healthy than many other states, with at least 14% of Louisianans with diabetes, 39% with hypertension, and 38% with high cholesterol. Many others could

¹ Rural Health Information Hub, https://www.ruralhealthinfo.org/states/louisiana

² Association of American Medical Colleges. New Findings Confirm Predictions on Physician Shortage. April 2019. https://www.aamc.org/news-insights/press-releases/new-findings-confirm-predictions-physician-shortage

be at risk of developing these diseases as about 37% of the population is obese and nearly 21% smoke.³ Given that COVID-19 often manifests more severely in those with these risk factors and underlying conditions, and given that rural populations often lack access to crucial health care services, it is more important than ever that everyone throughout the state, especially rural populations, have access to quality care.

The COVID-19 pandemic presents additional challenges for minority populations, particularly for African Americans in Louisiana, who represent 56% of the state's death while only representing less than a third of the state's population. These health disparities can be further exacerbated for African Americans who live in rural areas throughout the state. For example, the rural St. John Parish, which is 58% African American, once had more COVID-19 deaths per capita than any other county in the nation, with a rate of 27.8 per 100,000 residents. While such statistics can be overwhelming, we are aligned with the priorities of this task force and offer that enhanced access to community pharmacies can support Louisianans with underlying health issues that have contributed to these health disparities. One way to close disparities in care during the pandemic response would be for Louisianan minority communities seriously impacted by the virus, especially those in rural areas, to leverage community pharmacies that provide COVID-19 testing as well as treatment and vaccination, when available.

Pharmacy care is highly accessible, with nearly 90% of Americans living within 5 miles of a pharmacy and high-risk Medicaid patients visiting their local pharmacies approximately 35 times a year. Additionally, a poll conducted by Morning Consult and commissioned by NACDS found that 80% of Louisianans say it is easy to access a pharmacy. This accessibility is particularly important every day and during the COVID-19 pandemic response to best serve all Louisianans. The importance of accessible healthcare providers is supported by the recommendations published by the Bipartisan Policy Center's Rural Health Task Force that emphasize the need to leverage existing community healthcare providers in rural health areas. The Task Force also recommends the removal of legislative and regulatory barriers preventing providers from utilizing their full skillsets and to expand Medicare provider types to also include pharmacists as vital team members needed to sustainably increase access to care, especially in rural areas. Community pharmacies reach rural communities throughout state, sometimes as the only local provider of care. The pharmacy teams are trusted health professionals who are sometime neighbors to those they serve, making them especially well-situated to address the unique challenges faced by their neighbors and patients. Having this connection to their communities and patients makes pharmacists ideally positioned to address Louisiana's public health priorities and the high rates of underlying medical conditions found in Louisiana.

On April 8th, HHS Secretary Alex Azar issued federal guidance authorizing pharmacists to provide COVID- 19 tests, including serology tests. Federal government leadership has noted that 68% of the commercial point-of-care testing sites are in areas of moderate or high social vulnerability, with 22% serving the highest socially vulnerable communities. Such reach extends to rural communities that are often the most socially vulnerable across states. Chain pharmacy executives have echoed similar remarks, stating further commitments to partner with others and implement capabilities to close the gap. On April 15th, Louisiana's State Health Officer issued an Emergency Order that authorized pharmacists in the state to order and administer COVID-19 tests. Now that pharmacists have the authority to provide these tests in Louisiana, these community pharmacy sites should be utilized to their full potential to meet public health needs and better track outbreaks of the virus within the state. These testing sites have the benefit of being embedded in the communities they serve as well as providing hours outside of typical

³ America's Health Rankings. Louisiana. https://www.americashealthrankings.org/explore/annual/state/LA

⁴ Louisiana Department of Health. http://ldh.la.gov/coronavirus/

⁵ Montgomery D. In rural Louisiana, 'a serial killer on the street that we cannot see.' Washington Post. https://www.washingtonpost.com/national/coronavirus-rural-louisiana-deaths/2020/04/30/e7415342-88e5-11ea-8ac1-bfb250876b7a story.html

⁶ Gaskins RE. Innovating Medicaid: the North Carolina Experience. NC Med J. 2017. https://www.ncbi.nlm.nih.gov/pubmed/28115558

⁷ Daschle T, et al. Confronting Rural America's Health Care Crisis: BPC Rural Health Taskforce Policy Recommendations. Bipartisan Policy Center. April 2020. https://bipartisanpolicy.org/wp-content/uploads/2020/04/WEB_BPC_Rural-Health-Care-Report.pdf

⁸ Admiral Giroir, White House Coronavirus Task Force, Press Briefing, April 27, 2020.

office hours, making it easier for those without easy access to transportation or flexibility with their work schedule to still receive testing if needed. To ensure outbreaks of COVID-19 within rural populations are contained and prevented, it will be imperative to promote utilization of local neighborhood pharmacy testing sites.

Louisiana should also make plans to proactively care for individuals who test positive for COVID-19. When evidence-based treatment options become available, community pharmacies should have the authority to order and administer COVID-19 tests and, when appropriate, provide treatment, much like they do for flu and strep throat. Ample evidence supports the ability of pharmacists to adhere to guidelines for assessing, testing, and initiating treatment for certain minor conditions. In fact, 17 states already allow pharmacists to test and initiate treatment for conditions, such as flu and strep throat. Pharmacy-based testing and treatment ensures the patients who require more care are linked appropriately to the care setting that best meets their needs. Where possible, mild and routine cases can be handled by community pharmacists to help preserve capacity at hospitals and urgent care clinics. For individuals without a primary care provider or the ability to seek care during traditional office hours, allowing pharmacies to both test and provide treatment for COVID-19 would have a significant impact on mitigating the effects of the pandemic in underserved, rural populations throughout the state.

Finally, while current efforts remain focused on expanding access to COVID-19 testing and treatment, looking downstream it will be imperative to ensure COVID-19 vaccinations are able to be quickly distributed to rural communities throughout Louisiana immediately upon authorization. Making a vaccine readily available to the public will prevent additional infections and future outbreaks and will be a monumental step towards defeating and containing this pandemic. For those in rural communities without easy access to other healthcare providers, community pharmacies will play a critical role in increasing vaccine uptake. Pharmacies have proven that they can safely scale up their immunization efforts during a pandemic by using their distribution networks and local presence. For example, through the CDC 2009 H1N1 Vaccine Pharmacy Initiative, the CDC distributed about 5.5 million doses of the H1N1 vaccine to 10 large pharmacies over a 3-month period, which was in turn distributed to over 10,700 retail stores. Overall, this accounted for 23% of all vaccines distributed during the same time period when delivering such care was relatively new to pharmacies.⁹ Therefore, given that pharmacies have significantly expanded their immunization programs since the H1N1 pandemic and given their accessibility in rural communities throughout the state, pharmacies are needed to quickly and safely distribute and administer COVID-19 vaccinations. To fully leverage pharmacies to best serve rural communities, pharmacists should be authorized to order and administer any forthcoming FDA-authorized vaccine to people of all ages without needless restrictions.

To ensure proper access, Louisiana should also confirm that insurance plans, and state Medicaid and employee programs are providing coverage and reimbursement for COVID-19 treatment and vaccination when initiated by pharmacies. If you have questions, please contact either LRA's Jessica Elliott at jessica@laretail.org or NACDS' Mary Staples at mstaples@nacds.org or 817-442-1155.

Sincerely,

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⁹ Koonin LM, et al. CDC's 2009 H1N1 vaccine pharmacy initiative in the United States: implications for future public health and pharmacy collaborations for emergency response. Disaster Med Public Health Prep. 2011 Dec;5(4):253-5. https://www.ncbi.nlm.nih.gov/pubmed/22146661