



Date: September 28, 2022

To: Texas Select Committee on Health Care Reform
Submitted [online](#)

Subject: Committee Public Hearing – Addressing impacts of delayed care on the Texas health care system

The National Association of Chain Drug Stores (NACDS) appreciates the opportunity to submit written testimony to the Select Committee on Health Care Reform regarding the study on potential impacts of delayed care on Texas’ health care delivery system. During the COVID-19 pandemic, access to many healthcare settings was disrupted and as a result, individuals delayed routine care including chronic care management, preventive screenings, behavioral health interventions, immunizations, and urgent care.

- A 2021 Harvard study noted that about 1 in 5 U.S. adults reported that they or their household members received delayed or no care for serious problems during the pandemic.
- Among those receiving delayed care, 57% said they experienced negative health consequences.ⁱ
- The average life expectancy of Americans fell significantly (~3 years) during the pandemic.ⁱⁱ

To address these challenges and prevent further consequences, it is critical to implement effective strategies to support equitable access to foregone care as part of the ongoing pandemic response and recovery efforts. In particular, Texas pharmacies were empowered to better serve their patients and communities through **temporary** federal authorizations to expand access to essential care services, including vaccinations, testing, and therapeutics during the COVID pandemic. As demonstrated, Americans came to rely on additional access to care at pharmacies. For example, pharmacies:

- Supported more than 20,000 COVID-19 testing sites nationally; *70% of the sites in areas with moderate to severe social vulnerability;*ⁱⁱⁱ
- Provided more than 2 of every 3 COVID vaccine doses across the nation; *over 40% of these vaccinations were provided to racial or ethnic minority groups;*^{iv}
 - Administered more than 70% of Texas’ booster doses, and almost 80% of the state’s second boosters; and
- Provided community access to more than 4 million courses of oral COVID therapeutics across the nation.^v

Thus, as the Committee seeks to address foregone care and prepare for future public health crises, it is imperative that the temporary authorities proven safe and effective are made permanent. This will help ensure Texans maintain access and choice to convenient and quality care including at the community pharmacies they know and trust.

Specifically, the state should codify the following as has been authorized and proven safe and effective during the pandemic:

- ***Authorize Texas pharmacists to order and administer CDC/ACIP -recommended vaccines for ages 3 and older;***
- ***Authorize Texas pharmacists to initiate corresponding treatment pursuant to the result of CLIA-waived tests;***
- ***Enable Texas pharmacy technicians to administer CLIA-waived tests and CDC/ACIP -recommended vaccines for ages 3 and older.***

For many years, pharmacies have played a pivotal role in providing high quality care services to meet Americans' primary and preventive care needs via immunizations, screenings, health and wellness care, treatment for minor illnesses (e.g. test to treat for COVID-19, influenza, strep throat), preventive care services (e.g. PEP/PrEP, contraceptive care), and chronic care management programs that include medication adherence interventions. Such services provided by pharmacists have been shown to improve patient health and outcomes, enhance access to care, and help to decrease health care spending. Also, research demonstrates that primary care physicians are more efficient when they delegate preventive care and chronic care management to other care-team members, like pharmacists,^{vi} as 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.^{vii} These unmet preventive care needs can be lessened by leveraging and supporting pharmacists to provide evidence-based, low-risk, high-value interventions, including preventive care.

Furthermore, communities have increasingly relied upon pharmacies to deliver accessible care to all populations, especially as approximately 65 million people live in regions without adequate primary care and more than 30 million Americans have reported the need to travel more than an hour to receive medical care.^{viii,ix} Additionally, experts estimate a shortage of up to 122,000 physicians by 2032 within the United States.^x Pharmacies are generally more prevalent and accessible than other care providers, as nearly 90% of Americans live within 5 miles of a pharmacy, and are often open expanded hours, including evenings and weekends, when other providers are not available. Notably, Americans visit their pharmacy 10x more often than other healthcare providers.^{xi} Thus, pharmacies are integrated into the communities they serve, which cultivates meaningful connections to bridge care gaps, address disparities, and offer access to high-quality, convenient, and trusted care for all Texans.

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NACDS represents traditional drug stores, supermarkets and mass merchants with pharmacies. 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](https://www.nacds.org).

ⁱ <https://www.hsph.harvard.edu/news/hsph-in-the-news/one-in-five-in-u-s-report-delayed-health-care-during-pandemic/>

ⁱⁱ <https://www.nytimes.com/2022/08/31/health/life-expectancy-covid-pandemic.html>

ⁱⁱⁱ <https://www.hhs.gov/coronavirus/community-based-testing-sites/index.html>

^{iv} White House, available at <https://www.whitehouse.gov/briefing-room/statements-releases/2021/12/02/fact-sheet-president-biden-announces-newactions-to-protect-americans-against-the-delta-and-omicron-variants-as-we-battle-covid-19-this-winter/>.

^v <https://protect-public.hhs.gov/pages/therapeutics-distribution>

^{vi} Altschuler J, Margolius D, Bodenheimer T, Grumbach K. Estimating a reasonable patient panel size for primary care physicians with team-based task delegation. *Ann Fam Med*. 2012 Sep-Oct;10(5):396-400. doi:10.1370/afm.1400. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3438206/>

^{vii} 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>

^{viii} <https://www.health.com/mind-body/health-diversity-inclusion/care-deserts>

^{ix} State and Federal Efforts to Enhance Access to Basic Health Care. The Commonwealth Fund. <https://www.commonwealthfund.org/publications/newsletter-article/state-and-federal-efforts-enhance-access-basic-health-care>

^x Association of American Medical Colleges. New Findings Confirm Predictions on Physician Shortage. April 2019. <https://www.aamc.org/newsinsights/press-releases/new-findings-confirm-predictions-physician-shortage>

^{xi} Tsuyuki RT, Beahm NP, Okada H, Al Hamarneh YN. Pharmacists as accessible primary health care providers: review of the evidence. *Can Pharm J (Ott)*. 2018;151(1):4-5. doi:10.1177/1715163517745517