

RYAN A. BIZZARRO, CHAIRMAN

414 MAIN CAPITOL BUILDING
P.O. BOX 202003
HARRISBURG, PENNSYLVANIA 17120-2003
(717) 772-2297
FAX: (717) 780-4767



HOUSE DEMOCRATIC POLICY COMMITTEE

WEBSITE: WWW.PAHOUSE.COM/POLICYCOMMITTEE
EMAIL: POLICY@PAHOUSE.NET
   @PADEMPOLICY

HOUSE OF REPRESENTATIVES
COMMONWEALTH *of* PENNSYLVANIA

VIRTUAL HEARING: COVID-19 Vaccine Rollout

February 8, 2021 | 11 a.m. to 1 p.m.

Discussing the COVID-19 rollout efforts in Pennsylvania from the perspectives of state and local health agencies, hospitals and nursing homes.

11 a.m. – 11:30 a.m. **Keara Klinepeter**, Executive Deputy Secretary
Pennsylvania Department of Health

Q & A with legislators

11:30 a.m. – 12 p.m. **Dr. Charles Barbera**, Vice President of Pre-Hospital and Unscheduled
Care, Tower Health in West Reading
Pennsylvania Hospital and HealthCare Association

Dr. Kathy Reeves, Senior Associate Dean, Health Equity, Diversity and Inclusion
and Director of the Center for Bioethics of Temple University

Q & A with legislators

12 p.m. – 12:30 p.m. **Barry Niccolai**, Executive Director
Centerville Clinics

Vicky Kistler, Director of Health
City of Allentown

Q & A with legislators

12:30 p.m. – 1 p.m. **Zach Shamberg**, CEO
Pennsylvania Healthcare Association

Bryan Lowe, State and Local Government Relations
Walgreens

David Dederichs, Senior Director of Government Affairs
CVS Health

Q & A with legislators



House Democratic Policy Committee
Hearing on COVID-19 Vaccine Rollout in Pennsylvania

Testimony of

Keara Klinepeter
Executive Deputy Secretary, Pennsylvania Department of Health

Good morning Chairman Bizzarro and members of the House Democratic Policy Committees. Thank you for the opportunity to appear before the committee today to discuss the challenges presented by one of the biggest public health crises facing this country in the last century, the COVID-19 pandemic. I am happy to join you today to discuss COVID-19 vaccine distribution efforts in Pennsylvania.

The introduction of safe and effective COVID-19 vaccines adds a critical tool, partnered with containment and mitigation strategies, to combat the rampant viral spread in the United States. However, the distribution of the COVID-19 vaccine along with its administration is a herculean effort, one that our nation has never experienced. Currently, there are two vaccines that received an Emergency Use Authorization (EUA) from the US Food and Drug Administration (FDA); and one of which, the Pfizer BioNTech vaccine, requires ultra-cold storage capacity and ships in quantities of 975 doses that cannot be broken down into smaller allotments. The second product is from Moderna. The Moderna COVID-19 vaccine does not have the same logistical constraints as the Pfizer BioNTech vaccine. The Moderna COVID-19 comes in quantities of 100 doses and can be stored and handled much like other vaccines that providers use daily. In addition to the complexities around transportation and storage of both vaccines, each vaccine requires a second dose in a specified timeframe.

It is important to note that there are two immunization programs in Pennsylvania. One is administered by the Department which covers 66 of our 67 counties. The other is administered by the Philadelphia Department of Public Health (PDPH). Philadelphia is one of only a handful of large cities that administer their own immunization program. Functionally, both the Department and PDPH receive separate allocations of vaccine from the federal government, have separate plans for prioritization of the COVID-19 vaccine, have separate enrolled providers, and separate reporting structures for counting doses administered to residents.

Like other states and jurisdictions receiving vaccine, Pennsylvania developed a COVID-19 Interim Vaccine Plan to offer a roadmap for vaccine distribution to protect persons at the highest risk along with those making up the most critical workforce through to the general public. The Department continues to update the plan as the federal government issues new guidance and recommendations. The plan prioritizes Phase 1, with sub-prioritizations of 1A, 1B, and 1C, and Phase 2 populations in efforts to best align with federal recommendations offered by the Centers

for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP). All of the specific information on these Phases can be found on our website.

The process of vaccine transportation, from its arrival in Pennsylvania until it is administered is a complex process. First, Pennsylvania receives notice of an amount of vaccine to be allocated to the Commonwealth from the federal government each week. Our allocation last week was set at 166,375 first doses. This week, our allocation is 175,175 first doses. Once we receive the allocation information, the Department allocates vaccine to our two current missions, our long-term care mission carried out by the Federal Pharmacy Partnership, and our community mission, through the Retail Pharmacy Partnership and our hospital, pharmacy, and Federally-Qualified Health Center and County/Municipal Health Department partners. Department staff work to allocate doses to our many providers across the commonwealth. To assist with this allocation, Department sends out a survey to enrolled providers asking how much vaccine product they can handle from both a storage and administration capacity. Because we are in a position where we have more requests for doses than we have available doses, our allocations to providers are not always able to be filled fully. To ensure an equitable distribution statewide, we apply a formula to allocations to providers based on the following four factors: 1.) County Population; 2.) County Population over age 65; 3.) Total COVID-19 cases to date; and 4.) COVID-19 deaths to date. We also review a provider's vaccine stock and throughput to ensure we are incentivizing providers who are pushing vaccine out quickly and efficiently.

Following the application of the formula, the department sends finalized orders of vaccine on behalf of enrolled providers to the federal government. From there, the federal government handles all of the specific scheduling, shipping, and delivery of the vaccine product itself directly to providers. The Department of Health does not physically warehouse vaccine doses under this process. Vaccine is shipped from Monday through Friday, excepting holidays, to vaccine providers. As a commonwealth, we recognize that our local providers know their communities best and are well positioned as trusted partners in the community. We entrust vaccine providers with vaccine product and, once in their hands, providers are responsible to administer the vaccine according to the phased distribution described in the Department's Interim Vaccine Plan. Rounding out the community strategy through an effort to reach a wider range of targeted populations for vaccine administration across the state, the Department has partnered with two retail pharmacy chains, Rite-Aid and TopCo, through the Retail Pharmacy Partnership. Initially there may not be enough vaccine to have product in all locations however the Department is working weekly with allocations and store locations based on an equitable mapping in areas of need with the advice of our Office of Health Equity.

As this mission in the community occurs, a separate mission led by the Federal Pharmacy Partnership - a collaboration between the CDC through Operation Warp Speed, CVS, and Walgreens - is also underway. The Federal Pharmacy Partnership is coordinating all the logistics for this mission from the shipping to the actual vaccine administration and reporting. This effort will work to vaccinate both the staff and residents of licensed skilled nursing facilities, personal care homes, assisted living facilities and other long-term care facilities. This partnership began

its work on December 28th and Pennsylvania has invested a significant amount of vaccine resources to ensure that CVS and Walgreens can accomplish their mission quickly and efficiently. All nursing homes, totaling about 650 sites, enrolled in the Federal Pharmacy Partnership have completed their first clinics. The remaining second and third clinics are on course to finish by early March. The Federal Pharmacy Partnership mission will continue to vaccinate over 2,200 long-term care facilities. Many of these sites have had clinics scheduled thus far and that work will likely be completed by mid-April.

As we move into later phases of the vaccine distribution, we will hold additional community vaccination clinics in close partnership with PEMA who will coordinate logistics with our local county partners in communities across the Commonwealth to make the vaccine available to all who desire to be immunized. Pennsylvania specifically focused our COVID-19 Interim Vaccine Plan with deliberate intent to reach individuals in rural areas or those in historically marginalized communities. These efforts are executed with advisement by our Office of Health Equity and existing community partners established through our COVID-19 testing initiatives.

At the Pennsylvania Department of Health, our vision is a healthy Pennsylvania for all. Right now, we are laser focused in moving towards that vision by developing avenues to give all people access to the lifesaving COVID-19 vaccinations. Running vaccination programs is foundational to our work in public health. We know many Pennsylvanians are eager to receive this vaccine and we are working diligently, both internally and with our partners to meet the challenge of this historic moment. However, it will take a comprehensive approach to be successful, making coordinated adjustments along the way, to successfully vaccinate millions of Pennsylvanians and help bring an end to the pandemic. An endeavor of this magnitude will not be a short-term operation. We expect this operation will take months to vaccinate all willing Pennsylvanians.

Compounding the enormity of this effort is a baseline level of distrust that could significantly negatively impact vaccine uptake in the Commonwealth. Combatting this vaccine hesitancy and building trust is a cornerstone of the Commonwealth's Interim Vaccine Plan. In addition, the unprecedented speed with which these vaccines have gone from concept to production has caused a level of distrust nationally that must continue to be addressed with accessible, actionable, and coordinated messaging. Further, both vaccines have been shown to have some side-effects which may prompt some people to be more hesitant to receive a second dose.

As noted earlier both currently available vaccines were approved by the FDA through an EUA. Because of the severity of COVID-19, the FDA is working to get vaccine to Americans through the EUA process. An EUA is used by the FDA to approve the use of safe and effective medical products during a public health emergency to diagnose, treat or prevent serious life-threatening diseases or conditions. For an EUA to be issued for a vaccine, the FDA must determine that the known and potential benefits outweigh the known and potential risks of the vaccine. During the review process, the FDA has a duty to thoroughly analyze the safety and efficacy results of

clinical trials. With the advanced technology available today, the FDA can expedite this review. However, no steps have been skipped in these reviews.

All vaccines must undergo the EUA approval process before being fully licensed. After a vaccine is approved and licensed, the FDA continues to oversee its production to ensure continued safety. It is important to remember that monitoring of the vaccine and its production activities continue even when the manufacturer holds a license for the vaccine product. Vaccine manufacturers are all following the same process to make a COVID-19 vaccine available through an EUA.

In public health emergencies, such as a pandemic, the development process may not follow routine timelines. However, it is important to remember that these COVID-19 vaccines have been produced according to rigorous standards set by the FDA and are safe for people to get when available. The COVID-19 vaccine will help to prevent the virus or lessen the severity of the symptoms if someone does get it. According to EUA data, both vaccines are within the 90th percentile of efficacy, giving a great deal of confidence in their ability to be a highly effective tool against this virus. While there have been some adverse reactions reported, they have largely been mild to moderate and usually last only a few days.

However—now that the vaccine is available, it is not a simple cure to the coronavirus and will not quickly end the pandemic. This is why it is critical that all Pennsylvanians continue to follow the targeted mitigation orders set in place and do their part to stop the spread of the virus. Mitigation is more important now than ever. We still need to wear a mask and we still need to physically distance. In fact, we will have to continue to take these steps until most people have been vaccinated.

We know there have been challenges thus far and we know more await us in the future. I am proud of the immense amount of public health work that has brought us to this point. I look forward to partnering with all of you as trusted community messengers on the hard work needed to bring this pandemic to an end. Thank you for the opportunity to offer remarks. I am happy to take any questions you may have.

Charles Barbera, MD
Vice President, Pre-Hospital and Unscheduled Care
Tower Health

COVID-19 Vaccine Distribution Notes

- Since the beginning of 2020—even before its arrival in our area—teams of Tower Health experts have focused on the COVID-19 global pandemic and our efforts to prevent its spread and care for those infected, while also maintaining all our other vital healthcare services that save lives and protect the health of our communities.
- That effort continues today and has expanded to include **the safe administration of COVID-19 vaccines** to members of our community, **in accordance with the Pennsylvania Department of Health (PA DOH) guidelines.**
- Our teams meet daily to review all aspects of not only caring for COVID-19 patients, but also vaccine administration including: our current supply of vaccine, appointment availability, staffing and supplies, vaccine clinic locations, technology resources, and data gathering and reporting. This is a complete team effort that requires contributions from every clinical and administrative function across Tower Health.
- Our vaccination efforts started with our employees in mid-December 2020, when we received our first doses of the Pfizer vaccine. To date, we have vaccinated well over half of our employees (between 55 – 60 percent), with both Pfizer and Moderna vaccine. We are not mandating vaccine for our employees.
- In accordance with PA DOH guidelines, we have started to administer vaccine to individuals identified in Phase 1-A. These include first responders and individuals 75+ and older. Our limiting factor for vaccination is the amount of vaccine we receive from the State. We have set up public vaccination sites at our hospitals and at free standing locations such as our Muhlenberg facility and select Tower Health Urgent Care sites. We also developed a mobile unit to deliver vaccine to elderly, homebound, and homeless patients. In addition, we have established a special phone number for those without technology so they can call and register their interest in getting vaccine.
- We make weekly requests to the state for vaccine supply and receive weekly shipments from the State. **We do not automatically receive the amount of vaccine we request. The amount of vaccine we receive is determined by the State and establishes how many individuals we can vaccinate.** Each day, the remainder of our weekly supply of vaccines is evaluated to project our ability to schedule additional vaccination appointments.
- **All Tower Health vaccinations are administered by appointment only** and must be scheduled through a MyTowerHealth account. Instructions for registering for a MyTowerHealth account are available on [our web site](#).
- While vaccine availability and appointments are currently limited, **Tower Health has launched a COVID-19 Vaccine Interest Form – located in our MyTowerHealth app – for patients to register their interest in receiving the vaccine.** Patients must complete a brief questionnaire to indicate their eligibility according to current State guidelines.

- **Upon completing the COVID-19 Vaccine Interest Form, patients will be registered to receive a MyTowerHealth notification when vaccine appointments are available per DOH guidelines.** Our ability to work through our wait list for vaccination is determined by the amount of vaccine we receive from the State.
- For patients without access to technology, we have established a special phone line to provide them instruction on how to register.
- While patients await for notification from Tower Health about available vaccination appointments, **we encourage them to explore other options for receiving the vaccine from other sources. Getting the vaccine is much more important than where you get the vaccine.**

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**PA House Democratic Policy Committee Hearing
COVID Vaccine Roll Out
February 8, 2021**

**Kathleen Reeves, MD, FAAP
Senior Associate Dean Health Equity
Director Center for Urban Bioethics
Professor of Pediatrics
Lewis Katz School of Medicine at Temple University**

Good Morning Chairman Bizzarro and members of the House Democratic Policy Committee. My name is Kathleen Reeves. I am a Professor of Pediatrics, Director of the Center for Urban Bioethics, and Senior Associate Dean for Health Equity, Diversity and Inclusion in Temple University's Lewis Katz School of Medicine. Thank you for allowing us to participate in this hearing on this very important issue.

I am an academic clinician and researcher. My job is to bring new knowledge on how to better treat disease and how to best support health. Over the past year COVID-19 has altered how we see health and how we practice medicine. The pandemic directed a light on the prevalence of health disparities especially for people who identify as Black and Latinx in our urban communities. All of the effects of the pandemic have been worse in our communities of color. We have seen this with COVID infections, illness, hospitalizations, and deaths. We see this with the effects this has had on the economy. We see this with how our public schools have been able to or unable to respond to and engage students virtually. Violence in our city is up exponentially and more and more people are suffering from substance use disorder and overdoses are on the rise. Food insecurity is prevalent in a way we have not seen for decades. All of this is health related and all of these are issues we need to work together to improve.

Health Systems and Universities must be part of the solution with any public health crisis. Temple University and Temple Health have been working since the beginning of the pandemic to include our north Philadelphia community in the work of treating and preventing the effects of the virus. We must continue to engage our community members as partners as we roll out the vaccine phase. Each and every University and Health System in the state needs to take care of the populations they live in and they serve. Below are some examples of what we have learned from our community and how we have worked together to mitigate the negative effects of this virus.

1. North Philadelphia Community Collective

Since March of 2020 we have worked with our North Philadelphia partners to create a group called the North Philadelphia collective. This group of community and Temple stakeholders has met at least weekly since that time to share information and setting priorities for intervening. We share information about the virus, the treatment, testing, vaccination, social distancing, and so much more. Together we could see that food security was one of the biggest issues facing the community. Together we worked to deliver over 1300 bags of groceries a week to those most in need. We have also worked to distribute over 10,000 masks and created a phone connection program where our medical students connect with patients and elderly citizens feeling isolated because of the need to quarantine. We are continuing to meet now to discuss how to best get the vaccine out into our community.

2. COVID testing

Temple University and Temple Health worked together to set up mobile testing sites. With that we created a hotline for local community members to call with COVID questions and to schedule an appointment to get tested. We didn't require the community members come with an order from a physician because we know how hard it is to access that during these challenging times. We had trained people on the phones who could assess the situation and arrange testing at our sites. We also did some weekend events where we provided testing in differently locations to support the community. We are also working to see how we can work in tandem with the Black Doctors Consortium so that we are respectful of what they are doing and both groups are working collectively towards the same goal.

3. COVID treatment

I would like to share the kind of results we can have when Universities, During the first six months of the pandemic, 13% of our nearly 3,000 Medicare fee-for-service inpatient cases had a COVID-19 diagnosis, compared to 7% in our five-county catchment area, 4% in PA, and 3% in the U.S.

Even though the neighborhoods we serve include many of the people who are suffering the most from the effects of COVID, our inpatient COVID mortality rate was 15% lower than the state and 28% lower than the U.S. Within 30 days post-discharge, our COVID patient mortality rates were 32% and 33% lower than the state and nation, respectively. This relates to the work of our caregivers but also the work with our community. One example comes to mind. Early on in the pandemic we noticed that we had higher numbers of people from our Latinx communities than from any other. As we spoke with our community stakeholders it was clear that there were a lot of family members coming from New York to Philadelphia. People thought family was OK; that social distancing only applied to people who are not family. Also, there was very little information out there in Spanish. So, we partnered with our local Community Development Corporations, Spanish speaking media and grocery stores to get information out. We had information in Spanish going out in every grocery bag in our most popular supermarkets.

We also made sure that our community members had access to the best, cutting edge treatment. We were using Remdesivir early on in the pandemic making sure it is available to our north Philadelphia residents. We had early access to monoclonal antibodies and continue to make those available to our local patients. And we continue to partner with community stakeholders to be sure we effectively communicate all we can about available treatments.

4. Vaccination

Temple Health knew it was important to be part of the vaccine solution and offered to be a site for the Johnson & Johnson vaccine trial. We also knew, because of our partnership with our community stakeholders, the value in acknowledging and validating that it is easy to understand why our communities of color are not trusting the vaccine. We know that a small percentage of our North Philadelphia population gets the flu shot each year. We all saw the information from Washington DC where less than 12% of their Black citizens thought the vaccines were safe and effective.

With that in mind we made sure our local community was aware of the trial, but also made it clear to them that we understood why they lacked trust in the trial. We went further as a group to learn more about what their concerns were and are and what we could do to help them feel more trusting of the vaccine. We learned a lot:

- First, validate that are fears are real because of terrible things that happened in the past

- Explain how the vaccines work and how could they have been developed so quickly
- Explain how decisions are made as to who gets the vaccine when
- Address all of our concerns without judgement but with understanding
- Use language that supports us
- Help us understand why it is still safe for us even when few Black and Latinx individuals were in the trials
- Provide the vaccine in places we trust
- Have people giving the vaccine look like us; be people from our community that we trust
- Don't turn our participation into research

To date we have vaccinated over 11,000 people at Temple under Phase 1A; these are patient facing practitioners from Temple and from the local community. We were able to immunize about 65% of the people we invited. We have sought out community based health care workers like home health aides, doulas, community health workers, outreach workers, and others. As we move into Phase 1B, we have worked to hire credible messengers within housing communities, nursing homes, and assisted living programs. We continue to provide vaccine at fixed sites at our hospitals but are moving out to community based sites.

We have amazing community groups in North Philadelphia with health ministries, health navigators, and translators. Many within our faith based communities, housing developments and community development organizations have an infrastructure that is well positioned to efficiently and effectively provide vaccine. We as Temple should not usurp this function; we should partner with these very well-run groups so that they can provide vaccine with our support.

One other thing we have learned from our community partners and our patients is that providing care in a mobile setting is very important to reaching populations who do not have a lot of resources and who have good reason not have a lot of trust. Hiring people from the community as credible messengers really matters. We have seen this in our violence prevention work and in our substance use disorder work. We have mobile clinics that serve these populations. We know we must reproduce that to provide effective vaccination. We are working with our community stakeholders to be sure we do this in the most effective, respectful, and culturally aware way.

Finally, it is imperative that with any vaccine roll out during a pandemic we actively work to be sure we are handling this precious resource in the most ethic way possible. We discussed with hospital and university leadership as well as with community stakeholders how to move forward in the most ethical way throughout the pandemic. To that end Temple has not wasted any vaccine. We have communicated with the city who we were immunizing when and making sure we hold true to the criteria while not wasting any doses of vaccine.

As we all move through the most helpful phase of this pandemic year, it is imperative that we do this WITH our community partners. There is so much strength in our local communities of color. Our community partners can do this very well. It is so important that we share our resources as universities and health systems to support the work of these amazing community organizations. People deserve to receive as much information as they need to make a good decision. People deserve to receive the vaccine in spaces from providers they trust.

And, as we move through this phase, it is so important that we all use all of the resources that have been made available during COVID to address the collateral damage that is disproportionately affecting our communities of color. We need to address food security, jobs, and schools. We need to acknowledge that the school children in Philadelphia have not had the same access to broadband and to virtual education as

many of the other school children across our state. These issues of public education and food and jobs will affect our communities of color for decades to come. One wise clinician once told me, when White America gets a cold Black America gets the flu. We must acknowledge that this public health crisis and all that is coming with it is hurting Black and Latinx Pennsylvanians the most. Knowing that, it is time we truly work to address it.

**Testimony to the Pennsylvania House Health Committee of Barry R. Niccolai
Executive Director, Centerville Clinics, Inc.**

Monday, February 8, 2021

Good morning, Policy Committee Chairman Ryan Bizzarro and committee members. Thank you for allowing me to give remarks on Pennsylvania's COVID-19 vaccination response as it relates to rural areas. Special thanks to Representative Pam Snyder for this invitation. Rep. Snyder has been a staunch advocate for the residents of rural Pennsylvania in many areas, including support for the important work of Community Health Centers.

Centerville Clinics, Inc. was founded in 1955 by the leadership of the United Mine Workers, primarily the vision of the late Joseph A. (Jock) Yablonski. There was a lack of comprehensive medical services for coal miners and their families in our region. We became a Federally Qualified Health Center (FQHC) in 1977. Centerville has a long history of service to our community.

As a FQHC, also known as a Community Health Center (CHC), we serve 40,000 patients in Washington, Fayette and Greene Counties in Southwestern Pennsylvania. The combined population of these counties is approximately 400,000 residents. Centerville Clinics touches 1 in 10 lives in our service area. In addition, Fayette and Greene Counties are two of the least wealthy and least healthy counties in the Commonwealth.

Centerville has offices in 13 communities in our service area, including a site at the Washington City Mission. The City Mission provides comprehensive services to the homeless, including men, women, veterans and women with children.

Community Health Centers are the "safety net" healthcare providers in the United States, with 80% of our patients on Medicare or Medicaid as well as being uninsured or underinsured. We provide comprehensive primary care, specialty care, laboratory, radiology, dentistry, pharmacy and behavioral healthcare to the most vulnerable among us. We are a "one stop shop", part of a nationwide network of 1,400 CHC's, with 50 health centers in Pennsylvania with 350 locations serving over 900,000 of our Commonwealths most vulnerable residents.

CHC's provide services to all, regardless of their ability to pay.

We have been a leader in serving our patients and greater community since the onset of the COVID-19 Pandemic, starting COVID-19 testing nearly one year ago.

On March 9, 2020 we developed three Respiratory Clinics strategically placed in our service area to safely conduct COVID-19 testing. These stand-alone facilities have HEPA filtered air, negative airflow, ultraviolet air treatment and personnel in full personal protective equipment. To date, we have processed over 5,000 PCR, Antibody and Antigen tests. We have been and continue to be a leader in COVID-19 testing in our region. Our testing program, like many of our fellow CHC's, served as a shock absorber for the regions healthcare system. Testing patients at our facilities reduced demand on hospitals in the area, allowing them to commit scarce resources to treating those most acutely infected with COVID-19. We also began offering telehealth visits to patients in an effort to provide care in the safest environment.

Centerville was honored to be part of the network of CHC's statewide who, along with hospitals were selected by the Pennsylvania Department of Health to be the first providers of COVID-19 vaccines to our communities.

Centerville fully embraced being a vaccine provider in our service area. We quickly devised an operational plan to accommodate 750 to 1,000 vaccines per week at each of our three designated vaccine locations. A Vaccine Call Center was set up to handle the 1,500 – 2,000 calls we were taking daily from residents in our service area. This required us to hire 4 FTE call takers. We have an online vaccine registration form as well as the call center to accommodate those residents who do not have the technology or broadband in our rural areas.

We hired 3 licensed professionals to supplement our staff to administer vaccines. An additional 3 are scheduled to come on board but we have placed their hire on hold at this time due to the uncertainty of vaccines supplied to us.

We have taken on the extra costs for this important program, but have not yet received word on any federal or state assistance to absorb the impact on our operating budget for this year. We are very appreciative of the special financial assistance provided to us for COVID-19 testing, and do request that opportunities to recover the costs related to vaccination programs be afforded to CHC's as well.

We have partnered with our local hospitals, county emergency management agencies, county commissioners, local and state government officials, Cornerstone Care (another area FQHC) and other agencies in two consortiums (1- Washington/Greene and 2-Fayette) to efficiently and effectively manage the roll-out of vaccines in our area.

In keeping with the PA Department of Health (DOH) guidelines Centerville developed and shared with our partners a common database for Phase 1A eligible healthcare providers, and subsequently individuals over 65 and those under 65 with qualifying health conditions to request vaccines.

We estimate that Centerville Clinics alone has 15,000 to 20,000 patients that qualify in Phase 1A, however sixty five percent of our allocation of 3,900 doses to date have gone to 1A eligible individuals outside of our health system. We are an integral part of the effort to get all other healthcare personnel vaccinated in our region. We still have individuals who work in 1A qualified organizations on our registration list.

Washington Health Systems (Washington and Greene), Mon Valley Hospital, Uniontown Hospital and Highlands Hospital along with Centerville and Cornerstone Care collaborate to service those organizations and individuals. We meet several time a week to coordinate scheduling 1A eligible individuals, and share challenges and concerns from various constituent groups.

As an example, the Washington/Greene consortium collaborated with Intermediate Unit #1 to identify and schedule teachers in 25 school districts and 20 private/parochial schools who qualify in the 1A category for vaccines.

From the outset, the process for requesting vaccines from DOH did not lend itself to effective planning for vaccine delivery, often not knowing what our next week allocation would be until late in the week prior. We were able to progressively increase our vaccine request and deliveries and began to schedule patients based upon what seemed to be a stable inventory delivered each week.

Our call center scheduled patients through the month of March (all Phase 1A qualified) for first and second doses based upon our deliveries of 1,600 doses for the week of January 18, and 800 doses for the week of January 26.

Our staff was heartbroken when our allotment for the week of February 1-5 was cut to 300 doses. This drastic decrease caused us to cancel all 1,200 first dose patients we had scheduled for February 1-12, as we only have sufficient inventory to cover scheduled second dose patients. This was another frustration dealt to individuals who are desperately seeking the vaccine. We are unable to schedule any new patients until a stable supply of vaccine is secured.

The decrease in our allotment is also causing us to delay scheduling several hundred 1A qualified teachers as a part of our consortium commitment. The majority of our area school districts are partially or fully face-to-face, and we strongly feel that getting Phase 1A qualified teachers vaccinated would increase the safety of everyone in area schools.

We understand that the vaccine allocation to our state is limited and beyond our Commonwealth's control. The Pa DOH has a significant challenge on their hands, especially with the increase of eligible providers statewide.

We took up the challenge to be a trusted community resource for vaccine administration, only to have our allocation cut in from 1,600 doses to 300 doses in two weeks. Although we were advised that weekly surveys submitted for vaccines are only requests, we took comfort in knowing that Community Health Centers and Hospitals were initially identified as trusted partners in Pennsylvania's vaccine rollout.

We, along with all FQHC's across the Commonwealth have the staff, facilities, clinical experience and local presence to be a trusted partner in this effort. We also have the trust of our 40,000 vulnerable patients and can inform and educate them about the importance of the vaccine in controlling this pandemic. Centerville alone staffed up to distribute 3,000 vaccines/week to protect our 1A healthcare partners and the most medically vulnerable residents of rural Southwestern Pennsylvania. This can only be fully realized by providing a sufficient, stable inventory of vaccines going forward.

Thank you for this opportunity to tell our story, going forward we hope that vaccine supplies increase to a level that we can continue to serve our rural residents, many of whom are the most medically and economically fragile among us.

Thank you for the opportunity to speak with you today.

The roll out of the COVID vaccination program has provided some of the most rewarding public health experiences of my career. I have watched strong partnerships form – Allentown Emergency Medical Services, Eastern PA EMS Council, parish nurses, Allentown Volunteer Medical Reserve Corps, Lehigh County Citizen Corps volunteers and the Allentown Health Bureau staff all joined together be able to vaccinate our community. We expanded the definition of our community to be able to serve citizens outside the City of Allentown to assist those without a local Health department at the state's request. Citizens are very grateful. All of our training and exercises paid off.

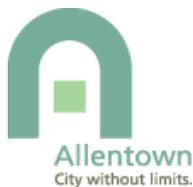
The roll out of the COVID vaccination program has been the most frustrating experience of my career. State supplied software scheduling systems that allowed folks to schedule into more slots than we had opened – this coming off a contact tracing system that called people who wanted a text, texted people at midnight instead of noon and so on. Systems that were being created by the state in the middle of the experience instead of ready to go when needed.

The abrupt change to a much wider eligible group resulted in our phones being overloaded, our electronic system crashing and our citizens demanding faster service. But are we surprised? I really am not.

When local and county health departments started, they received \$6 per capita until Governor Corbett's attorneys found an "up to \$6 per capita" in Act 315 and the defunding has continued ever since. My colleagues in Harrisburg are operating in an understaffed and under funded system that is now expected to be able to do what would have been hard had it been fully staffed and supported. Six dollars per person – a large drink at a gourmet coffee shop per person is supposed to fund it all.

Somewhere along the way it was decided that public health wasn't important and that it could be left to fall far behind. Even now that money appears to be flowing – there are federal regulations that hold us back every day – first round – can't hire new people – only those funded in the current grant. Still can't bill over time. I have a forty person army doing all the old work and all the new work and we are asking our City to support this work financially when the City did not receive direct support itself because our state and federal government can't funnel funds – and they can't because they don't have people.

We are at a crossroads now – we can say that this is important work as we have in the past – or we can prove it. It is my hope that the discussion switches soon – to how we create a safe and stable public health system in Pennsylvania that can adequately respond during all unprecedented times. We can no longer afford not to and now every citizen that wants timely vaccination knows its importance and wants it.



VICKY KISTLER
DIRECTOR

Allentown Health Bureau
245 North Sixth Street
Allentown, PA 18102
P: +1 (610) 437-7760 x2824
F: +1 (610) 437-8799
M: +1 (610) 392-1436
E: Vicky.Kistler@allentownpa.gov
W: www.allentownpa.gov



Written Testimony of

The Pennsylvania Health Care Association

Delivered by
Zach Shamberg
President & CEO

for a
Public Hearing on
the Implementation of the State Vaccine Plan

Delivered Virtually

Before the
House Democratic Policy Committee

February 8, 2021

Chairman Bizzarro and members of the Democratic Policy Committee,

Good afternoon, and thank you for the opportunity to be with you for today's hearing.

I'm Zach Shamberg, and I am the president and CEO of the Pennsylvania Health Care Association, better known as PHCA.

We're a statewide advocacy organization representing both non-profit and for-profit long-term care facilities, including nursing homes, personal care homes and assisted living communities, as well as – and most importantly - their frontline workers and the residents they serve.

When the COVID-19 vaccine was first approved for emergency use, it was cause for celebration for those who we represent in long-term care.

And in early December, when the CDC voted to recommend long-term care residents and staff receive first priority for the vaccine, we were **hopeful** that Pennsylvania officials would follow this suggestion.

On Monday, December 14, the first vaccine arrived in Pennsylvania.

However not a single long-term care resident or worker received it.

One day went by. Then one week. Then two weeks.

Not one long-term care resident or staff member received a dose of the COVID-19 vaccine until Monday, December 28 – a full two weeks after Pennsylvania's hospitals received their doses, and the same day the state of New Jersey, which missed a federal filing deadline, began to vaccinate its facilities, and the same day West Virginia **completed** its first round of vaccinations for all long-term care residents and staff.

I have to ask: why? Why would long-term care be forced to wait for the antidote to a virus that has, quite literally, killed thousands?

And based on the latest data we have, contrary to what you've heard today, Pennsylvania is weeks away from ensuring every nursing home resident and worker receives a second dose of the vaccine. And we are months away from every personal care home and assisted living community receiving their second dose.

Again, I am compelled to ask: why?

We can look back, but this commonwealth - and our leaders - must look forward. Because the providers we represent remain deeply concerned about the 'unknowns' that lie ahead. Today, I also want to offer solutions.

First, when will the allocation of the vaccine truly be prioritized and increased in long-term care?

Based on the most recent data we've seen from the CDC, less than 20% of the available vaccine in Pennsylvania has been allocated to long-term care thus far. That's 'prioritization'?

We need an increased, ongoing allocation to CVS, Walgreens and any local pharmacy partners willing to vaccinate our most vulnerable. Twenty percent doesn't cut it.

Second, after the federal pharmacy partnership ends, what is the state's plan to continue vaccinating long-term care residents and staff, including new hires, as well as new patients?

This sector is eager to admit and care for new residents. We continue to hire new staff. But how will providers ensure those new residents and staff are able to receive the vaccine moving forward?

We need a proactive plan from the state on this critically important issue. It can't be every provider for themselves. Let's fund the continued partnership of long-term care and local pharmacy partners who are willing to continue vaccinating at our facilities.

Third, what does reopening and visitation look like in long-term care after the vaccine?

I'm sure you're receiving calls from constituents on this issue every day.

Providers are eager to facilitate visits again – they want to return to normalcy. But they must also have clear, post-vaccination visitation guidance from the Department of Health and Department of Human services. I know we're waiting for CMS and the CDC and the federal government but try telling that to a family member like me – that we're waiting for Washington, D.C. to tell us when we can see our loved ones again?

For the second-most regulated industry in the entire country, it's not as simple as just reopening our doors. We need clear direction from the state so providers can reunite family members with their loved ones.

And finally, and you might be surprised to hear this from a *long-term care* advocate: we need a plan for mass vaccination in this state: sites, clinics, distributors.

We've shared this many times before: independent research clearly indicates that community spread of COVID-19 equals a greater likelihood of spread in our long-term care facilities.

We decrease the number of cases in the community, we increase the likelihood of a better, safer tomorrow for our residents and staff in long-term care.

I'll close by saying this: last spring, we called for prioritization and collaboration for long-term care and the state. Today is no different.

Thank you.



A Discussion on Pennsylvania's COVID-19 Vaccine Distribution February 8, 2021

Thank you Chairman Bizarro and members of the committee for the opportunity to testify before the committee today about our COVID-19 Vaccination Efforts. My name is Bryan Lowe, I am the Regional Director of Government Relations for Walgreens. I represent 7 states including Pennsylvania – and happy to say that I am based out of and live here in the Harrisburg area.

Walgreens is here today with a common goal, to get as many residents immunized as quickly as possible – especially our most vulnerable.

We take immense pride in being a part of protecting our communities from COVID-19 and helping the country take this first step toward emerging from this pandemic. Walgreens is supporting Operation Warp Speed, together with the CDC, the Department of Health and Human Services (HHS) and state and local governments, to administer vaccines as quickly as possible to Americans. As a part of the Federal Long Term Care Facility Partnership, we are providing vaccinations at over 35,000 Long Term Care Facilities across the country. Through this partnership our team members, our pharmacist and our technicians are able to go on site to skilled nursing and other long term care facilities to administer vaccinations to both residents and staff.

With a footprint of 108 stores in Pennsylvania, our team members are embedded in communities across the state. Our teams don't think of this as just the Long Term Care Facility partnership - we know we are immunizing your parents, a retired former teacher, our neighbor's grandparents, an old friend. We know that with every vaccine we administer we are bringing that resident one-step closer to being able to hold their loved ones again. And we take that personally.

In Pennsylvania (inclusive of Philadelphia which is a separate jurisdiction in this program), Walgreens has been assigned 432 Long Term Care Facilities (LTCF) across the state. This includes 102 Skilled Nursing Facilities and 330 facilities including Assisted Living, Senior Residential Facilities, and homes for the Intellectually and Developmentally Disabled.

For each facility we schedule three on-site clinics. Each clinic is scheduled to account for the time necessary between dose 1 and dose 2.

Our prioritization for scheduling reflects the state activations for each type of facility. The Commonwealth of Pennsylvania activated Skilled Nursing Facilities on December 28th and all of our initial immunization efforts have been at these facilities. The remaining LTC facilities were activated as of January 18th.



For Skilled Nursing Facilities we have completed over 32,000 vaccinations¹. We completed 100% of the first clinics (with the first doses) by last Monday, January 25th. Our estimated date of completion for all three clinics for the Skilled Nursing Facilities is March 12th.

Now that the state has activated the remaining Long Term Care Facilities, we are actively scheduling these facilities. We anticipate that all of these facilities will have their first clinic (and first dose) completed by mid-February. We are hoping to have all three clinics completed for these facilities by April 16th.

We stand committed to vaccinating the Long Term Care Population as quickly as possible and Walgreens will continue to work with state as they finalize their plans to administer COVID-19 vaccines to additional vulnerable populations.

COVID-19 vaccines will be available in all of Walgreens more than 9,000 store locations, once they become available for mass administration. At that time, individuals will be able to schedule vaccination appointments through the Walgreens app or online at www.walgreens.com/schedulevaccine

Since the onset of the pandemic, Walgreens has helped accelerate the availability of COVID tests, ensured access to essential medicines and products, ramped up the company's annual flu immunization program, and served as a safe and trusted source of information and resources. We are proud to continue to be your trusted partner as we work together to end this global pandemic.

¹ Data as of End of Day February 2, 2021



January 22, 2021

Honorable Tom Wolf
Office of the Governor
508 Main Capitol Building
Harrisburg, Pennsylvania 17120
Sent via Electronic Communication

Dear Governor Wolf:

On behalf of our 1.8 million members and all older Pennsylvanians, AARP Pennsylvania appreciates the efforts you have undertaken to address the public health crisis we face because of the coronavirus pandemic. Even though millions of doses of the COVID-19 vaccines have shipped across the country, it is critical for production and distribution to be ramped up so that everyone who desires to be vaccinated can be. Until that time, we acknowledge the myriad of challenges that states must confront in determining how to safely, equitably, and effectively distribute COVID-19 vaccines and offer the following insights and recommendations.

According to the Pennsylvania Department of Health (DoH), since the start of the pandemic, Pennsylvanians 50 and older have accounted for 98 percent of all deaths from COVID-19. As such, your willingness to adopt the federal recommendation to lower the eligibility age to 65 in the state's COVID-19 vaccine distribution plan was welcomed news. Yet, for as important as this revision is, it comes at a moment marked by a shortage of vaccine, and a lack of approved vaccine providers in many Pennsylvania communities.

Moreover, accompanying the revised distribution plan was an online vaccine eligibility quiz, along with an interactive map so that those deemed eligible can then find a vaccine provider near them and schedule an appointment directly with that provider. In the few days that have passed since the plan was revised and the tools were released, AARP has been hearing from our members across the commonwealth who are expressing frustration and confusion. The common themes include:

- they call a local provider and receive a message telling them to call back as the provider does not have vaccine available;
- they can register for a vaccine appointment, but the provider has no idea when the vaccine will be available; and
- they wait on hold, and wait for answers only to be told by an apologetic provider that appointments are no longer available, as all slots have been filled.

Some members have also reported that the link to the state and/or the provider website is not working, while others have described the state interactive map as difficult to navigate. Many of our members do not have internet access, while others have expressed frustration that it seems like they are expected to know how to work the internet as if they are an I.T. professional. Likewise, family and friends who are attempting to assist are struggling to find the time to make researching for a vaccine appointment a full-time project. Lastly, making an appointment, but not having a ride to get there is a constant worry.

Respecting that this complex public health pandemic is unprecedented in modern history, the above summary is simply unacceptable to AARP and should be to all Pennsylvanians. AARP is calling upon your leadership and

your consistency in embracing the ideal that one of highest priorities in public service is to help the most vulnerable populations among us, especially our older adults.

The current situation must be fixed as soon as possible to ensure that any Pennsylvanian eligible for a vaccine in Phase 1A can be vaccinated. Immediate assistance is necessary for older Pennsylvanians who are not tech-savvy and who are experiencing difficulties signing up for vaccinations online. Although the country has a supply problem, Pennsylvania has a logistics problem. AARP urges you to arrange for the Department of Aging, in partnership with its network of Area Agencies on Aging, to establish a dedicated 1-800 number for older Pennsylvanians to call to receive assistance in signing up for a vaccination.

AARP understands that having a vaccine is helpful provided it can be administered, as instructed, into someone's arm. We have been hearing that that the state approval process in this space has been slow. We urge you to direct DoH to approve every pharmacy chain and independent pharmacy store willing and qualified to serve as an approved vaccine provider without haste. Doing so now will help ensure that when the vaccine is available, there will be trusted, neighborhood pharmacies in rural, urban and suburban communities throughout the state available to give the shots.

Finally, to increase public awareness of vaccine allocations and improve confidence in a fair distribution process, Pennsylvanians must have access to accurate and transparent information. AARP urges you to ensure information and updates on vaccine administration are posted regularly on a public website, similar to how the DoH website has provided regularly updated information detailing the spread of COVID-19 in the commonwealth since the pandemic began one year ago.

Thank you for your leadership and dedication to Pennsylvania's nearly thirteen million residents. AARP Pennsylvania stands ready to help you and support your efforts to get information to people as quickly as possible.

If you have questions or wish to discuss, please contact me at WJohnstonwalsh@aarp.org or (717) 237-6489 or our Advocacy and Outreach Manager, Teresa Osborne, at tosborne@aarp.org or (717) 237-6482.

Sincerely,

A handwritten signature in black ink that reads "Bill Johnston-Walsh". The signature is written in a cursive style with a long, sweeping underline.

Bill Johnston-Walsh
State Director
AARP Pennsylvania

Speed, Sarah

From: Rep. Ryan Bizzarro
Sent: Monday, February 8, 2021 8:52 AM
To: Bizzarro, Ryan
Cc: Speed, Sarah; Kaufer, Joshua
Subject: FW: House Democratic Policy Hearing

Importance: High

John A Voti, Legislative Assistant
Representative Ryan Bizzarro
3rd Legislative District
www.RepBizzarro.com

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From: vphillips <xenobun@aol.com>
Sent: Monday, February 8, 2021 8:38 AM
To: Rep. Ryan Bizzarro <RepBizzarro@pahouse.net>
Subject: House Democratic Policy Hearing

Dear Rep. Bizzarro:

It is only fitting that the House Democratic Policy Committee hearing on PA's distribution of vaccine is taking place now.

I ask that this email be made part of the hearing testimony.

Specifically, I would like to address two points. First is the failings of an Internet-only appointment system. Not having access to Broadband pretty much disenfranchises many at-risk citizens who really need that access. These include seniors and those living in areas of the Commonwealth where the infrastructure for digital connectivity simply is not there. Although the lack is most felt in rural areas, there are also urban areas without access.

For those who have access to the Internet, there are also real problems. Here is what happened to me and my wife. We are both considered priority cases because of age and pre-existing conditions. In addition, I am scheduled for knee surgery March 15 and thought it prudent to be vaccinated before going into the hospital.

This hearing prompted me to write regarding the administration of vaccine distribution by Rite Aid. My wife and I were finally able to get appointments for the vaccine on February 23 at 3:45 in Dillsburg, PA.

Last week, I called the retail store to verify the date and time slot. Reagan was right -- Trust but verify. There was no record whatsoever regarding the appointment.

I tried contacted Rite Aid but of course their system is designed to prevent someone from speaking to a real person. I understand delays from demand versus vaccine quantities and schedules. What is unacceptable is Rite Aid scheduling appointments and then having those appointments simply disappear.

What scares me is that if it happens to me, it is happening to many, many others.

At the minimum, Rite Aid or the PA Department of Health should have an ombudsman system to address concerns about unacceptable consumer practices with the current Internet-based appointment system..

Sincerely,

Vince

Vince Phillips

Retired Lobbyist