



1700 PENNSYLVANIA AVENUE, NW, SUITE 200, WASHINGTON, DC 20006

April 30, 2021

Via Electronic Transmission

The Honorable Charles Schumer
Senate Majority Leader
S - 221, U.S. Capitol
Washington, DC 20510

The Honorable Nancy Pelosi
Speaker of the House
H - 222, U.S. Capitol
Washington, DC 20515

The Honorable Mitch McConnell
Senate Minority Leader
S - 230, U.S. Capitol
Washington, DC 20510

The Honorable Kevin McCarthy
House Minority Leader
H - 204, U.S. Capitol
Washington, DC 20515

RE: COVID-19 Financial Relief for Long-Term Care (LTC) Pharmacies

Dear Leader Schumer, Speaker Pelosi, Leader McConnell, and Leader McCarthy:

We wrote to you last summer to express our concern that, without meaningful relief to offset the financial impact of the pandemic, residents in nursing homes and assisted living facilities may not have access to the prescription medications they need. Our companies comprise 30% of the LTC pharmacy sector and we are each members of the Senior Care Pharmacy Coalition (SCPC), which represents 75% of the sector overall. We write once again to report on the status of our efforts to secure assistance. Congress created the Provider Relief Fund as part of the CARES Act in March 2020; unfortunately, the situation remains unchanged since last summer. As of today, most LTC pharmacies have not received any assistance from the Provider Relief Fund.

Each day, nearly two million Americans in long-term care facilities rely on LTC pharmacies to manage and deliver their medications and to provide related patient care and services. These individuals suffer from multiple complex and chronic conditions, and rely on an average of 12 to 13 medications per day. LTC pharmacies provide not only those prescription drugs, but also a variety of clinical and patient care services essential to resident health and quality of life. Federal law specifically requires that LTC pharmacies provide health care services as well as prescription drugs to residents in LTC facilities. Getting the medication management right for the vulnerable citizens in long-term care facilities is crucial to their personal health and the quality of care provided in these settings. LTC pharmacies are the essential behind-the-scenes partner that make sure this process goes smoothly.

It is no secret that long-term care facilities and their residents have faced enormous and continuing challenges during the COVID-19 outbreak. Fortunately, now that most residents in LTC facilities are fully vaccinated, both infection rates and deaths among residents have plummeted. Our companies, and LTC pharmacies more widely, have been instrumental in getting vaccines to these residents, and continue

to do so to assure that new residents and those who have not yet received vaccines obtain the protection they need.

Despite this success, residents can ill afford interrupted access to drugs. While the pandemic has presented enormous challenges for LTC pharmacies, we are proud of the consistent support our sector has provided to the long-term care facility residents we serve. Our individual pharmacies across all 50 states have dispensed thousands of prescriptions every day without interruption throughout the COVID-19 outbreak. The absence of the timely, consistent pharmacy support we provide would make the dire circumstances long-term care facilities continue to face much worse.

Due to the pandemic, LTC pharmacy revenues have dropped more than 10% while costs increased 10% through the first quarter of this year. Unfortunately, the COVID-19 vaccination program has exacerbated pandemic-related losses for LTC pharmacies. SCPC's members have administered hundreds of thousands of vaccine doses to LTC facility residents, and report that the payments they received for vaccine administration covered only 60% of the costs to do so. While we have been happy to help assure that these residents are protected, doing so has worsened the financial impact of the pandemic and underscores that LTC pharmacies deserve relief. **Proportionate relief for LTC pharmacies would take no more than \$370 million and could take far less.¹**

The financial situation for LTC pharmacies mirrors the financial situation for nursing homes and assisted living facilities. In 2020, the Department of Health and Human Services (HHS) allocated more than \$12 billion in much deserved assistance. By contrast, and despite substantial bipartisan support, HHS provided almost no relief to LTC pharmacies, with most applications for relief flatly denied. It is essential that the next distribution from the Provider Relief Fund include LTC pharmacies, particularly as many providers who received relief last year seek additional relief in 2021.

To continue meeting the challenges imposed by this unprecedented health crisis, we respectfully request that urgent action be taken to provide the assistance LTC pharmacies so desperately need from the Provider Relief Fund. We therefore respectfully request that you ask Secretary Becerra to assure that LTC pharmacies receive proportionate relief in the next distribution from the Provider Relief Fund. We also ask that, if Secretary Becerra does not act expeditiously, you consider legislative clarification and direction on this use at the next available opportunity.

We always will remain committed to our long-term care residents and facilities. We have been and remain proactive partners in assuring that the challenges COVID-19 has presented to these essential facilities are never repeated. But we cannot be silent about the outsized impacts the pandemic has had on our sector and our continuing need for relief to fulfill this nation's promise to our most vulnerable citizens.

¹ In 2020, HHS provided relief roughly equal to 2% of annual patient care operating revenues. Depending on the methodology used to determine LTC pharmacy annual patient care operating revenues, SCPC estimates that the cost of relief meeting this standard could range from \$125 million to \$370 million. This range represents 0.07% to 0.5% of the \$178 billion Congress appropriated to the Provider Relief Fund in 2020.

Respectfully submitted,

The Senior Care Pharmacy Coalition



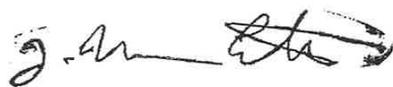
Kent Abbott, President & CEO, PharmcareUSA, Hydro, OK



Fred Burke, President & CEO, Guardian Pharmacy Services, Atlanta, GA



Robert E. Dries, President, PharMerica, Louisville, KY



J. Norman Estes, President & CEO, NHS Management, LLC, Tuscaloosa, AL



Phillip G. Fogg, Jr., CEO, Consonus, Milwaukie, OR



Brian H. Kramer, R.Ph., MBA, President & CIO, Forum Extended Care Services, Chicago, IL



Jill Krueger, President & CEO, Symbria, Inc., Warrenville, IL

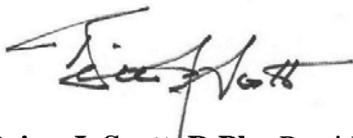


Chad Michel, CEO, M Chest Institutional Pharmacy Group, Sulphur Springs, TX

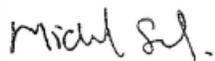
Leader Schumer, Speaker Pelosi, Leader McConnell, and Leader McCarthy

April 30, 2021

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A handwritten signature in black ink, appearing to read "Brian J. Scott".

Brian J. Scott, R.Ph., President, HealthDirect Institutional Pharmacy Services, East Syracuse, NY

A handwritten signature in black ink, appearing to read "Michael Segal".

Michael Segal, R.Ph., CEO, PharmScript, LLC, Somerset, NJ

A handwritten signature in black ink, appearing to read "Joe Whitt".

Joe Whitt, CEO, PCA Pharmacy, Louisville, KY



1700 PENNSYLVANIA AVENUE, NW, SUITE 200, WASHINGTON, DC 20006

March 30, 2020

Via Electronic Delivery (Email)

Ms. Amy Larrick
Director, Medicare Drug Benefit and C and D Data Group
Centers for Medicare & Medicaid Services
Department of Health & Human Services
7500 Security Boulevard
Baltimore, MD 21244

RE: COVID-19: Impact of CARES Act § 3714 on Previous SCPC Requests

Dear Amy,

As you know, § 3714 of the Coronavirus Aid, Relief and Economic Security (CARES) Act, which President Trump signed into law on March 27, 2020, states:

SEC. 3714. REQUIRING MEDICARE PRESCRIPTION DRUG PLANS AND MA–PD PLANS TO ALLOW DURING THE COVID–19 EMERGENCY PERIOD FOR FILLS AND REFILLS OF COVERED PART D DRUGS FOR UP TO A 3-MONTH SUPPLY.

(a) In General.—Section 1860D–4(b) of the Social Security Act (42 U.S.C. 1395w–104(b)) is amended by adding at the end the following new paragraph:

“(4) ENSURING ACCESS DURING COVID–19 PUBLIC HEALTH EMERGENCY PERIOD.

“(A) IN GENERAL.—During the emergency period described in section 1135(g)(1)(B), subject to subparagraph (B), a prescription drug plan or MA–PD plan shall, notwithstanding any cost and utilization management, medication therapy management, or other such programs under this part, permit a part D eligible individual enrolled in such plan to obtain in a single fill or refill, at the option of such individual, the total day supply (not to exceed a 90-day supply) prescribed for such individual for a covered part D drug.

“(B) SAFETY EDIT EXCEPTION.—A prescription drug plan or MA–PD plan may not permit a part D eligible individual to obtain a single fill or refill inconsistent with an applicable safety edit.”

(b) Implementation.—Notwithstanding any other provision of law, the Secretary of Health and Human Services may implement the amendment made by this section by program instruction or otherwise.

After preliminary analysis, SCPC understands this section to require that Plans must override prior authorization (PA), formulary interchange (FI), and short-cycle dispensing requirements because they are utilization management techniques, unless reasonably related to patient safety in individual cases. Otherwise, these requirements may inhibit the ability of LTC pharmacies to dispense 90-day supplies to Medicare Part D beneficiaries in LTC facilities.

We also note that this requirement is “at the option of the individual.” Many Part D beneficiaries in LTC facilities suffer from cognitive impairments that could prevent them from exercising this option effectively. Although some of these residents have a power of attorney or have designated responsible parties that would allow exercise of this option when possible, under the current circumstances and given the severely limited interactions they or their responsible parties generally have with their PDPs, it will be difficult for LTC residents to convey their requests to Plans. Further, LTC facilities are overwhelmed and increasingly short-staffed by COVID-19 and are restricting facility access for family members, responsible parties and LTC pharmacy staff, making communication of these requests even more difficult.

Congress could not have intended that Part D beneficiaries in LTC facilities may not benefit from this provision, particularly given substantially greater risk to this patient population from COVID-19 exposure. All concerned agree that the objective both of this provision and our efforts overall is to minimize the risk of unnecessary exposure, particularly for such a vulnerable segment of the population.

SCPC understands that CMS could establish a presumption that Part D beneficiaries in LTC facilities opt for 90-day supplies or prescription medications absent any patient safety concern. Part D beneficiaries, of course, would be able to override this presumption. CMS already acknowledges the difficulty of obtaining information concerning beneficiary choice. For example, if a dually eligible beneficiary in a LTC facility does not select a PDP during the open enrollment period each year, CMS assigns the beneficiary to a Plan.

We therefore urge CMS to:

- 1. Issue program instruction or guidance implementing this statutory provision as soon as possible.**
- 2. Clarify in such instruction or guidance that Plans must override PAs, FIs and short-cycle dispensing requirements under this statutory provision; and**
- 3. Clarify in such instruction or guidance that Part D beneficiaries in LTC facilities are presumed to opt for 90-day supplies subject to patient safety concerns and that Part D beneficiaries may override this presumption upon notice to a Plan.**

Ms. Amy Larrick

March 30, 2020

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We would appreciate any information you may provide concerning the anticipated timing for CMS action and, as always, are ready to provide additional information or answer any questions as you may require.

Once again, thanks for your consideration of our concerns, and for all the work you and your colleagues on the Part D team and at CMS are doing to respond to the crisis.

Warm regards,

A handwritten signature in black ink, appearing to read "Alan D. Rosenbloom". The signature is fluid and cursive, with a large initial "A" and "R".

Alan Rosenbloom

President and CEO, SCPC

cc: Ms. Andrea Bendewald
Mr. Craig Miner
Ms. Kimberly Brandt
Ms. Cheri Rice
Ms. Carol Blackford



1700 PENNSYLVANIA AVENUE, NW, SUITE 200, WASHINGTON, DC 20006

April 28, 2020

The Honorable Alex Azar
Secretary
U.S. Department of Health & Human Services
200 Independence Avenue, SW
Washington, DC 20201

RE: Emergency Relief for LTC Pharmacies

Dear Secretary Azar:

We appreciate the efforts you and your colleagues at the Department have taken to address the COVID-19 pandemic. We understand the Department must continue acting quickly, and so want to be sure the Department does not inadvertently overlook the needs of long term care (LTC) pharmacies. LTC pharmacies, and the consultant pharmacists whom they employ, truly are on the front lines of the COVID-19 emergency. Patients in nursing homes and assisted living facilities are among the most vulnerable and concentrated at risk population in the country, a sad reality reflected in the fact that more than 25% of coronavirus deaths have occurred among nursing home patients.

LTC pharmacies are unique in the health care delivery system. Sometimes known as “closed door pharmacies,” they dispense an average 8-9 prescription drugs a day to each nursing home resident. Additionally, they provide related consulting services that are crucial to high quality medication management for a medically compromised patient population. One LTC pharmacy may dispense thousands of prescriptions daily across an entire state, so widespread economic failure in the LTC pharmacy sector would endanger thousands of people across the country most at risk from the COVID-19.

Due to the pandemic, LTC pharmacies face a deepening financial crisis. Unplanned costs for additional personal protective equipment (PPE), social distancing, employee support and medication supplies, coupled with plummeting nursing home admissions, combined in March alone to increase LTC pharmacy costs by 6% and reduce revenues by 15%. This situation – especially substantial revenue declines – has worsened dramatically in April and likely will continue to do so in May. If there is widespread LTC pharmacy failure, a real possibility in the coming months, uninterrupted supplies of prescription drugs for nursing home residents and patients in other LTC facilities could be at risk.

As you know, Congress has appropriated \$175 billion to the Public Health and Social Services Emergency Fund (PHSSEF) which the Department administers. LTC pharmacies unquestionably

The Honorable Alex Azar

April 28, 2020

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are entitled to assistance from the PHSSEF. They are enrolled as providers or suppliers in every state Medicaid program in the country; however, this fact may be opaque to the Department. LTC pharmacies earn the bulk of their revenues from Medicare Part A (through contracts with nursing facilities) and Medicare Part D (through contracts with Prescription Drug Plans), but anomalously are not enrolled in the Medicare program. It is essential not only that the Department provide LTC pharmacies with financial assistance from the PHSSEF, but that the Department determine payments to LTC pharmacies based on patient revenues to assure that they receive the necessary funding to preserve access of crucial medications to patients in LTC facilities.

LTC pharmacies provide an essential lifeline of medication and services to residents in LTC facilities – the most frail, vulnerable and concentrated population at risk during the COVID-19 emergency. The residents, in nursing homes and other LTC facilities, and the LTC pharmacies that serve them, need and deserve help now. Please do not overlook this invaluable service. Ensure that they receive assistance in the next distribution from the PHSSEF.

Sincerely,

A handwritten signature in black ink, appearing to read "Alan W. Resnik". The signature is fluid and cursive, with a long, sweeping underline that extends to the right.

President and CEO



1700 PENNSYLVANIA AVENUE, NW, SUITE 200, WASHINGTON, DC 20006

September 4, 2020

Via Electronic Submission

National Academy of Sciences
Committee on Equitable Allocation of Vaccine for the Novel Coronavirus
500 Fifth St., NW
Washington, DC 20001

Re: Comments on September 1, 2020 Draft Framework for Equitable Allocation of a COVID-19 Vaccines

Dear Members of the Committee:

The Senior Care Pharmacy Coalition (SCPC) represents long-term care (LTC) pharmacies serving patients and residents in skilled nursing facilities (SNFs), nursing homes (nursing facilities or NFs), assisted living facilities (ALFs) and group homes for the intellectually and developmentally disabled (collectively, LTC facilities) in all 50 states and the District of Columbia. Our members serve about 850,000 patients and residents in these LTC facilities. We appreciate the opportunity to comment on the Draft Framework for Equitable Allocation of a COVID-19 Vaccines, released on September 1, 2020.

We interpret the Committee's recommendation that older adults in congregate settings should be included among those populations classified for Phase 1 access to COVID-19 vaccines as they become available as applicable to SNFs, NFs, and ALFs, and applaud this decision. We understand this population is included in Phase 1b rather than Phase 1a primarily because the vaccines most likely to be first available are expected to be effective for younger adults rather than older adults. If these facts are correct, we applaud this recommendation, but caution that, once a vaccine for this population becomes available, all residents of each facility should have simultaneous access to vaccines. A small percentage of patients and residents in SNFs, NFs, and ALFs are not considered "older adults," and vaccinating most but not all residents and patients could wreak operational havoc in such facilities, to the detriment not only of assuring all patients and residents ultimately are vaccinated but to broader patient safety, health and care.

If the first vaccines available are safe and effective for older adults, moreover, we strongly encourage you to include this population in Phase 1a. CMS data indicate that, as of August 23, 2020, 207,000 of 4,000,000 million confirmed COVID-19 cases have occurred among SNF/nursing home residents (roughly 5.1%) and 51,700 of 180,000 confirmed deaths have occurred among SNF/nursing home residents (about 28.7%). Most residents in these facilities are

older adults.¹ These patients should be in the highest priority group if the vaccines are effective for them.

We also recommend that residents in group homes for the intellectually and developmentally disabled (I/DD) be shifted from Phase 2 to Phase 1b or Phase 1a, consistent with placement of older adults in congregate living settings. This population is four times as likely to contract and twice as likely to die from COVID-19 as members of the general public in the same age group. In addition, this population has a higher prevalence of comorbid and underlying conditions that put them at higher risk of contracting and dying from the disease than their age peers in the general public. Residents in group homes live and sleep in rooms with a significantly greater number of individuals per room than in nursing homes, and greater proximity in larger numbers increases the risk of transmission.²

Finally, under the current recommendations some I/DD residents in group homes will qualify under Phase 1b due to comorbidities or preexisting conditions while others who do not suffer from these conditions will be qualified in Phase 2. This also will create administrative and operational obstacles to effective administration among I/DD residents, unnecessarily maintaining a risk of infection higher than warranted. If any residents of a group home are eligible for vaccination, then all residents in the facility should be vaccinated at the same time.

These facts warrant classifying younger adults with I/DD in Phase 1. To the extent any patients and residents in LTC facilities are classified in Phase 1a, the I/DD population should be classified in Phase 1a as well. Otherwise, they should be classified in Phase 1b.

Thank you for the opportunity to submit comments. If you have any questions, please feel free to contact me at arosenbloom@seniorcarepharmacies.org.

Sincerely,

Alan G. Rosenbloom
President & CEO
Senior Care Pharmacy Coalition

¹ Calculated from data available at <https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg/>

² For information concerning the risk COVID-19 presents for the I/DD population in group homes, see <https://www.npr.org/2020/06/09/872401607/covid-19-infections-and-deaths-are-higher-among-those-with-intellectual-disabili>.



1700 PENNSYLVANIA AVENUE, NW, SUITE 200, WASHINGTON, DC 20006

February 17, 2021

Via Email

The Honorable Rosa DeLauro
Chair
House Appropriations Committee
2413 Rayburn House Office Building
Washington, DC 20515

The Honorable Kay Granger
Ranking Member
House Appropriations Committee
1026 Longworth House Office Building
Washington, DC 20515

Re: Provider Relief Fund: Assistance for LTC Pharmacies

Dear Chair DeLauro and Ranking Member Granger:

On behalf of the Senior Care Pharmacy Coalition (“SCPC”), we request your support to assure that the nation’s long-term care (LTC) pharmacies receive relief from the Provider Relief Fund (PRF) established and funded through the CARES Act. The law, and the manner in which HHS has implemented the law, make clear that LTC pharmacies are CARES Act eligible providers. Yet, to date the Department of Health and Human Services (HHS) has not made appropriate payments to LTC pharmacies. We ask for your support in adding clarifying language to any appropriate upcoming legislation to instruct HHS to include LTC pharmacies in the CARES Act Provider Relief Fund.

About SCPC and LTC Pharmacy: SCPC represents more than 300 LTC pharmacies across the country. These pharmacies provide clinical services, prescription drugs, and other specialized services to more than 800,000 residents in nursing homes and other LTC facilities – the population hardest hit by the COVID-19 pandemic. The toll on residents in LTC facilities is well known, as are the economic consequences for LTC facilities. Less well known is the impact on LTC pharmacies, although the impact closely mirrors the impact on facilities.

The average resident takes 12-13 prescription drugs daily. LTC pharmacies dispense these drugs in specialized packaging, deliver them to each facility 24/7/365, provide medication management and related clinical services directly to each resident, and are part of each resident’s care planning team. It was precisely this type of provider that Congress had in mind when it enacted the CARES Act. ¹

¹ Daily clinical services which LTC pharmacies must provide under the Medicare and Medicaid statutes include: Direct and ongoing consultation with patients and their families, direct and ongoing training and contact with facility nursing staff, pharmacist availability to patients to provide medication and patient care services 24/7/365 (even more important during COVID-19 in order to acquire and begin new medications for infected patients immediately), direct placement of peripherally inserted central catheters and insertion of Midline and PICC lines, federally mandated medication therapy management for Part D Plans, including Comprehensive Medication Reviews and Targeted Medication Reviews, ongoing and detailed drug regimen reviews and drug utilization reviews, antibiotic stewardship and infection control, extensive

February 17, 2021

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Last year, HHS acknowledged that LTC pharmacies met the criteria for assistance from the PRF. Unfortunately, HHS could not resolve implementation questions to actually distribute available PRF Funds to the LTC pharmacies, despite SCPC proposing various ways to do so. With a new Administration unfamiliar with this issue, clarifying legislation offers the most timely and effective resolution to any outstanding questions from HHS. We therefore urge you to include such direction to HHS in upcoming legislation, to confirm that LTC pharmacies are eligible for PRF using already-appropriated funds.

Thank you for your public service throughout this historical crisis. We look forward to working with you to deliver essential services to the nation's most complex and vulnerable populations through these challenging times. Please contact me at arosenbloom@seniorcarepharmacies.org or (717) 503-0516 to discuss the issue directly, or if we can provide any clarifying information.

Sincerely,



Alan G. Rosenbloom
President & CEO
Senior Care Pharmacy Coalition

cc: The Honorable Tom Cole, Ranking Member, Labor, Health and Human Services,
Education, and Related Agencies Subcommittee

controlled substance monitoring to reduce drug diversion potential in facilities, staff and resident education programs, and discharge consulting services to ensure proper medication management to reduce unnecessary hospital readmissions.



1700 PENNSYLVANIA AVENUE, NW, SUITE 200, WASHINGTON, DC 20006

February 17, 2021

Via Email

The Honorable Frank Pallone
Chairman
House Energy and Commerce Committee
2107 Rayburn House Office Building
Washington, DC 20515

The Honorable Cathy McMorris Rodgers
Ranking Member
House Energy and Commerce Committee
1035 Longworth House Office Building
Washington, DC 20515

Re: Provider Relief Fund: Assistance for LTC Pharmacies

Dear Chairman Pallone and Ranking Member McMorris Rodgers:

On behalf of the Senior Care Pharmacy Coalition (“SCPC”), we request your support to assure that the nation’s long-term care (LTC) pharmacies receive relief from the Provider Relief Fund (PRF) established and funded through the CARES Act. The law, and the manner in which HHS has implemented the law, make clear that LTC pharmacies are CARES Act eligible providers. Yet, to date the Department of Health and Human Services (HHS) has not made appropriate payments to LTC pharmacies. We ask for your support in adding clarifying language to any appropriate upcoming legislation to instruct HHS to include LTC pharmacies in the CARES Act Provider Relief Fund.

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Last year, HHS acknowledged that LTC pharmacies met the criteria for assistance from the PRF. Unfortunately, HHS could not resolve implementation questions to actually distribute available PRF Funds to the LTC pharmacies, despite SCPC proposing various ways to do so. With a new Administration unfamiliar with this issue, clarifying legislation offers the most timely and effective resolution to any outstanding questions from HHS. We therefore urge you to include such direction to HHS in upcoming legislation, to confirm that LTC pharmacies are eligible for PRF using already-appropriated funds.

Thank you for your public service throughout this historical crisis. We look forward to working with you to deliver essential services to the nation's most complex and vulnerable populations through these challenging times. Please contact me at arosenbloom@seniorcarepharmacies.org or (717) 503-0516 to discuss the issue directly, or if we can provide any clarifying information.

Sincerely,



Alan G. Rosenbloom
President & CEO
Senior Care Pharmacy Coalition

cc: The Honorable Anna Eshoo, Chairwoman, Health Subcommittee
The Honorable Brett Guthrie, Ranking Member, Health Subcommittee

controlled substance monitoring to reduce drug diversion potential in facilities, staff and resident education programs, and discharge consulting services to ensure proper medication management to reduce unnecessary hospital readmissions.



1700 PENNSYLVANIA AVENUE, NW, SUITE 200, WASHINGTON, DC 20006

February 17, 2021

Via Email

The Honorable Richard Neal
Chairman
House Ways and Means Committee
327 Cannon House Office Building
Washington, DC 20515

The Honorable Kevin Brady
Ranking Member
House Ways and Means Committee
1011 Longworth House Office Building
Washington, DC 20515

Re: Provider Relief Fund: Assistance for LTC Pharmacies

Dear Chairman Neal and Ranking Member Brady:

On behalf of the Senior Care Pharmacy Coalition (“SCPC”), we request your support to assure that the nation’s long-term care (LTC) pharmacies receive relief from the Provider Relief Fund (PRF) established and funded through the CARES Act. The law, and the manner in which HHS has implemented the law, make clear that LTC pharmacies are CARES Act eligible providers. Yet, to date the Department of Health and Human Services (HHS) has not made appropriate payments to LTC pharmacies. We ask for your support in adding clarifying language to any appropriate upcoming legislation to instruct HHS to include LTC pharmacies in the CARES Act Provider Relief Fund.

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Sincerely,



Alan G. Rosenbloom
President & CEO
Senior Care Pharmacy Coalition

cc: The Honorable Lloyd Doggett, Chairman, Health Subcommittee
The Honorable Devin Nunes, Ranking Member, Health Subcommittee

controlled substance monitoring to reduce drug diversion potential in facilities, staff and resident education programs, and discharge consulting services to ensure proper medication management to reduce unnecessary hospital readmissions.



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Via Email

The Honorable Kevin McCarthy
House Minority Leader
United States House of Representatives
H - 204, United States Capitol
Washington, DC 20515-0001

Re: Provider Relief Fund: Assistance for LTC Pharmacies

Dear Leader McCarthy:

On behalf of the Senior Care Pharmacy Coalition (“SCPC”), we request your support to assure that the nation’s long-term care (LTC) pharmacies receive relief from the Provider Relief Fund (PRF) established and funded through the CARES Act. The law, and the manner in which HHS has implemented the law, make clear that LTC pharmacies are CARES Act eligible providers. Yet, to date the Department of Health and Human Services (HHS) has not made appropriate payments to LTC pharmacies. We ask for your support in adding clarifying language to any appropriate upcoming legislation to instruct HHS to include LTC pharmacies in the CARES Act Provider Relief Fund.

About SCPC and LTC Pharmacy: SCPC represents more than 300 LTC pharmacies across the country. These pharmacies provide clinical services, prescription drugs, and other specialized services to more than 800,000 residents in nursing homes and other LTC facilities – the population hardest hit by the COVID-19 pandemic. The toll on residents in LTC facilities is well known, as are the economic consequences for LTC facilities. Less well known is the impact on LTC pharmacies, although the impact closely mirrors the impact on facilities.

The average resident takes 12-13 prescription drugs daily. LTC pharmacies dispense these drugs in specialized packaging, deliver them to each facility 24/7/365, provide medication management and related clinical services directly to each resident, and are part of each resident’s care planning team. It was precisely this type of provider that Congress had in mind when it enacted the CARES Act.¹

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The Honorable Kevin McCarthy

February 17, 2021

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Last year, HHS acknowledged that LTC pharmacies met the criteria for assistance from the PRF. Unfortunately, HHS could not resolve implementation questions to actually distribute available PRF Funds to the LTC pharmacies, despite SCPC proposing various ways to do so. With a new Administration unfamiliar with this issue, clarifying legislation offers the most timely and effective resolution to any outstanding questions from HHS. We therefore urge you to include such direction to HHS in upcoming legislation, to confirm that LTC pharmacies are eligible for PRF using already-appropriated funds.

Thank you for your public service throughout this historical crisis. We look forward to working with you to deliver essential services to the nation's most complex and vulnerable populations through these challenging times. Please contact me at rosenbloom@seniorcarepharmacies.org or (717) 503-0516 to discuss the issue directly, or if we can provide any clarifying information.

Sincerely,



Alan G. Rosenbloom

President & CEO

Senior Care Pharmacy Coalition

controlled substance monitoring to reduce drug diversion potential in facilities, staff and resident education programs, and discharge consulting services to ensure proper medication management to reduce unnecessary hospital readmissions.



1700 PENNSYLVANIA AVENUE, NW, SUITE 200, WASHINGTON, DC 20006

February 18, 2021

Via Email

Mr. Sean McCluskie
Chief of Staff
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Re: Provider Relief Fund: Assistance for LTC Pharmacies

Dear Mr. McCluskie:

On behalf of the Senior Care Pharmacy Coalition (SCPC), we request the opportunity to meet with you, or the appropriate members of your staff within the Office of the Secretary to discuss the impact COVID-19 has had on long-term care (LTC) pharmacies. SCPC represents more than 300 LTC pharmacies that serve more than 800,000 residents in LTC facilities across the nation.

As you know, COVID-19 has been devastating for residents and staff in LTC facilities. Residents and staff have seen higher infection and death rates than the general population, and these unfortunate developments have had economic consequences for facilities and LTC pharmacies. Although it is wonderful that the vaccination program has reduced infection rates among nursing home residents, the economic impact of the pandemic will linger for some time.

The LTC patient population has complex care needs, including multiple chronic conditions, significant impairments in activities and instrumental activities of daily living, and disproportionate prevalence of cognitive impairment. Residents in LTC facilities rely heavily on prescription medications for their health and well-being, with the typical resident taking 12-13 prescription medications every day.

LTC pharmacies provide these medications, as well as related clinical and patient care services, to residents in LTC facilities. While the impact of COVID-19 on LTC facilities is well known, the complementary impact on LTC pharmacies is far less known. During 2020, LTC facility occupancy declined 13%, which substantially reduced facility revenues in the face of higher operational expenses due to the pandemic. Congress recognized the pandemic's impact on all health care providers, not only LTC facilities, in appropriating \$178 billion to the Provider Relief Fund (PRF). In administering the PRF, HHS provided general relief equal to 2% of annual patient care revenues, and also provided targeted relief to some providers including LTC facilities. As a result, LTC facilities received about \$12 billion from the PRF in 2020.

LTC pharmacies suffered similar economic consequences from the pandemic. LTC pharmacies saw costs increase 8-10%, with higher expenses for personal protective equipment (PPE), social distancing for pharmacy personnel, and changes in equipment and operating protocols for deliveries to LTC facilities, which must occur round-the-clock every day of the year. LTC pharmacy revenues declined about 11% as well, which correlates

Mr. Sean McCluskie

February 18, 2021

Page 2 of 2

directly to the drop in LTC facility occupancy. Unlike LTC facilities, however, LTC pharmacies received little assistance from the PRF.

In 2020, SCPC had extensive exchanges with Trump Administration officials in the HHS Office of the Secretary, the HHS Health Resources Services Administration (HRSA), the Office of Management and Budget (OMB), and the White House. The Trump Administration initially did not consider LTC pharmacies to be providers and therefore deemed them ineligible for assistance from the PRF. After extended exchanges with SCPC, HHS acknowledged that LTC pharmacies did provide patient care, that they were required to do so under the Medicare and Medicaid statutes, and that CMS deemed those services “integral to patient care” in LTC facilities. HHS therefore acknowledged that LTC pharmacies were providers eligible for relief.

However, HHS then expressed concern that it could not distinguish between LTC pharmacies, which did provide significant patient care, from retail pharmacies, which HHS believed did not provide patient care. SCPC proposed various ways that HHS could distinguish LTC from retail in applications for assistance from the PRF, but HHS neither adopted those recommendations nor discussed concerns regarding those recommendations with us.

HHS then voiced concern that it could not distinguish LTC revenues related to patient care from LTC pharmacy revenues related to sale of prescription drugs. Once again, SCPC proposed a clear formula to draw such a distinction in the application process, and once again HHS neither adopted this formula nor discussed concerns regarding the formula.

It is clear that LTC pharmacies are eligible for assistance from the PRF, and that there are no substantive or technical issues that would prevent HHS from providing such assistance. If HHS were to provide general relief to LTC pharmacies that represented 2% of annual patient care revenues, the total cost would be no more than \$350 million, and could be less depending on the formula adopted to determine patient care revenues.

We wish to discuss ways in which you may assure that LTC pharmacies receive the proportionate relief from the PRF that they need and deserve in order to continue providing essential services to this vulnerable population. Please advise regarding your availability for a meeting at your earliest convenience. I may be reached at arosenbloom@seniorcarepharmacies.org or 717-503-0516. We look forward to a discussion of this issue.

Thank you for your consideration.

Sincerely,



Alan G. Rosenbloom
President & CEO
Senior Care Pharmacy Coalition

cc: Ms. AJ Pearlman, Chief of Staff to the COVID-19 Response at
U.S. Department of Health and Human Services



1700 PENNSYLVANIA AVENUE, NW, SUITE 200, WASHINGTON, DC 20006

February 17, 2021

Via Email

The Honorable Patrick Leahy
Chairman
Senate Appropriations Committee
437 Russell Senate Office Building
Washington, DC 20510

The Honorable Richard Shelby
Ranking Member
Senate Appropriations Committee
304 Russell Senate Office Building
Washington, DC 20510

Re: Provider Relief Fund: Assistance for LTC Pharmacies

Dear Chairman Leahy and Ranking Member Shelby:

On behalf of the Senior Care Pharmacy Coalition (“SCPC”), we request your support to assure that the nation’s long-term care (LTC) pharmacies receive relief from the Provider Relief Fund (PRF) established and funded through the CARES Act. The law, and the manner in which HHS has implemented the law, make clear that LTC pharmacies are CARES Act eligible providers. Yet, to date the Department of Health and Human Services (HHS) has not made appropriate payments to LTC pharmacies. We ask for your support in adding clarifying language to any appropriate upcoming legislation to instruct HHS to include LTC pharmacies in the CARES Act Provider Relief Fund.

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The average resident takes 12-13 prescription drugs daily. LTC pharmacies dispense these drugs in specialized packaging, deliver them to each facility 24/7/365, provide medication management and related clinical services directly to each resident, and are part of each resident’s care planning team. It was precisely this type of provider that Congress had in mind when it enacted the CARES Act.¹

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February 17, 2021

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Thank you for your public service throughout this historical crisis. We look forward to working with you to deliver essential services to the nation's most complex and vulnerable populations through these challenging times. Please contact me at arosenbloom@seniorcarepharmacies.org or (717) 503-0516 to discuss the issue directly, or if we can provide any clarifying information.

Sincerely,



Alan G. Rosenbloom
President & CEO
Senior Care Pharmacy Coalition

cc: The Honorable Roy Blunt, Ranking Member, Labor, Health and Human Services,
Education, and Related Agencies Subcommittee



1700 PENNSYLVANIA AVENUE, NW, SUITE 200, WASHINGTON, DC 20006

February 17, 2021

Via Email

The Honorable Bernie Sanders
Chairman
Senate Budget Committee
332 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Lindsey Graham
Ranking Member
Senate Budget Committee
290 Russell Senate Office Building
Washington, DC 20510

Re: Provider Relief Fund: Assistance for LTC Pharmacies

Dear Chairman Sanders and Ranking Member Graham:

On behalf of the Senior Care Pharmacy Coalition (“SCPC”), we request your support to assure that the nation’s long-term care (LTC) pharmacies receive relief from the Provider Relief Fund (PRF) established and funded through the CARES Act. The law, and the manner in which HHS has implemented the law, make clear that LTC pharmacies are CARES Act eligible providers. Yet, to date the Department of Health and Human Services (HHS) has not made appropriate payments to LTC pharmacies. We ask for your support in adding clarifying language to any appropriate upcoming legislation to instruct HHS to include LTC pharmacies in the CARES Act Provider Relief Fund.

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Thank you for your public service throughout this historical crisis. We look forward to working with you to deliver essential services to the nation's most complex and vulnerable populations through these challenging times. Please contact me at rosenbloom@seniorcarepharmacies.org or (717) 503-0516 to discuss the issue directly, or if we can provide any clarifying information.

Sincerely,

A handwritten signature in black ink that reads "Alan G. Rosenbloom". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Alan G. Rosenbloom

President & CEO

Senior Care Pharmacy Coalition



1700 PENNSYLVANIA AVENUE, NW, SUITE 200, WASHINGTON, DC 20006

February 17, 2021

Via Email

The Honorable Ron Wyden
Chairman
Senate Finance Committee
221 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Patty Murray
Chairman
Senate HELP Committee
154 Russell Senate Office Building
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member
Senate Finance Committee
239 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Richard Burr
Ranking Member
Senate HELP Committee
217 Russell Senate Office Building
Washington, DC 20510

Re: Provider Relief Fund: Assistance for LTC Pharmacies

Dear Chairman Wyden, Ranking Member Crapo, Chairman Murray and Ranking Member Burr:

On behalf of the Senior Care Pharmacy Coalition (“SCPC”), we request your support to assure that the nation’s long-term care (LTC) pharmacies receive relief from the Provider Relief Fund (PRF) established and funded through the CARES Act. The law, and the manner in which HHS has implemented the law, make clear that LTC pharmacies are CARES Act eligible providers. Yet, to date the Department of Health and Human Services (HHS) has not made appropriate payments to LTC pharmacies. We ask for your support in adding clarifying language to any appropriate upcoming legislation to instruct HHS to include LTC pharmacies in the CARES Act Provider Relief Fund.

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President & CEO
Senior Care Pharmacy Coalition

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1700 PENNSYLVANIA AVENUE, NW, SUITE 200, WASHINGTON, DC 20006

February 17, 2021

Via Email

The Honorable Chuck Schumer
Majority Leader
United States Senate
S - 230, United States Capitol
Washington, DC 20515-0001

The Honorable Mitch McConnell
Minority Leader
United States Senate
S-221, United States Capitol
Washington, DC 20515-0001

Re: Provider Relief Fund: Assistance for LTC Pharmacies

Dear Leader Schumer and Leader McConnell:

On behalf of the Senior Care Pharmacy Coalition (“SCPC”), we request your support to assure that the nation’s long-term care (LTC) pharmacies receive relief from the Provider Relief Fund (PRF) established and funded through the CARES Act. The law, and the manner in which HHS has implemented the law, make clear that LTC pharmacies are CARES Act eligible providers. Yet, to date the Department of Health and Human Services (HHS) has not made appropriate payments to LTC pharmacies. We ask for your support in adding clarifying language to any appropriate upcoming legislation to instruct HHS to include LTC pharmacies in the CARES Act Provider Relief Fund.

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Alan G. Rosenbloom

President & CEO

Senior Care Pharmacy Coalition



1700 PENNSYLVANIA AVENUE, NW, SUITE 200, WASHINGTON, DC 20006

February 17, 2021

Via Email

The Honorable Nancy Pelosi
Speaker
United States House of Representatives
S - 230, United States Capitol
Washington, DC 20515-0001

Re: Provider Relief Fund: Assistance for LTC Pharmacies

Dear Speaker Pelosi:

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The Honorable Nancy Pelosi

February 17, 2021

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Sincerely,



Alan G. Rosenbloom

President & CEO

Senior Care Pharmacy Coalition

controlled substance monitoring to reduce drug diversion potential in facilities, staff and resident education programs, and discharge consulting services to ensure proper medication management to reduce unnecessary hospital readmissions.



1700 PENNSYLVANIA AVENUE, NW, SUITE 200, WASHINGTON, DC 20006

January 5, 2021

Via Email

The Honorable Rachel Levine, M.D.
Pennsylvania Secretary of Health
President
Association of State and Territorial
Health Officials
2231 Crystal Drive, Suite 450
Arlington, VA 22202

Michael Fraser, Ph.D.
CEO
Association of State and Territorial
Health Officials
2231 Crystal Drive, Suite 450
Arlington, VA 22202

Re: LTC Pharmacy Staff Access to Vaccines

Dear Secretary Levine and Dr. Frasier:

The Senior Care Pharmacy Coalition (SCPC), based in Washington, DC, represents LTC pharmacies across the country that serve more than 850,000 residents in LTC facilities each day. LTC pharmacies employ consulting pharmacists, pharmacy technicians, nurses, and delivery personnel who routinely serve in LTC facilities with potential exposure to patients and infectious materials.

Despite fitting squarely within the definition of “of health care personnel” included in the CDC’s Advisory Committee on Immunization Practice’s Interim Recommendation for Allocating Initial Supplies of COVID-19 Vaccine – United States, 2020,¹ many public health authorities have overlooked relevant LTC pharmacy staff in developing action plans for Stage 1A distribution and administration of vaccines. This unnecessarily places LTC facility and staff at undue risk, potentially undermining the effectiveness of vaccine distribution and administration to both groups. This also unduly risks disrupting seamless access to essential medications for residents in LTC facilities. We are writing, therefore, to urge you to assure that LTC pharmacy personnel are included explicitly in Stage 1A allocations, distribution, and administration.

LTC pharmacies provide prescription drugs, clinical and patient care services, and other specialized services to residents in nursing homes, assisted living facilities, and other congregate living facilities. The majority of patients served are older adults. The typical resident takes 12-13 prescription drugs each day.

¹ Dooling K, McClung N, Chamberland M, et al. The Advisory Committee on Immunization Practices’ Interim Recommendation for Allocating Initial Supplies of COVID-19 Vaccine — United States, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1857-1859.
DOI: [http://dx.doi.org/10.15585/mmwr.mm6949e1external icon](http://dx.doi.org/10.15585/mmwr.mm6949e1external%20icon).

LTC pharmacies are highly specialized. Each nursing home and many assisted living facilities contract with only one LTC pharmacy to serve all residents in each facility. LTC pharmacies are not located on LTC facility campuses and each LTC pharmacy generally serves many facilities. The largest LTC pharmacies serve as many as 20,000 residents each day. There are far fewer LTC pharmacies (an estimated 1,200 nationwide) compared to retail pharmacies (an estimated 88,000 nationwide), but generally employ more staff per pharmacy than retail.

Under normal circumstances, some LTC pharmacy staff members routinely enter LTC facilities and interact with patients and staff, including:

- **Consulting pharmacists**, who are required by federal and state laws to advise patients directly, review medication orders and overall patient care plans, perform drug regimen reviews, develop medication therapy management programs, and otherwise participate as part of each patient's care planning team.
- **Nurses**, who provide various consulting and patient care services.
- **Pharmacy technicians**, who restock prescription drugs in automated dispensing machines located at many LTC facilities.
- **Delivery personnel**, who deliver prescription drugs from LTC pharmacies to LTC facilities 24 hours/day, seven days/week, 365 days/year.

During the COVID-19 national emergency, federal and state regulators have modified regulatory requirements, and LTC facilities have modified normal business practices, such that LTC pharmacy staff have had less direct interaction in LTC facilities. However, some interactions have continued. For example, many LTC pharmacies are recognized mass vaccinators, and routinely conduct on-site vaccine clinics for residents and staff at LTC facilities, including annual flu clinics last fall. Some functions that typically require on-site visits have been done virtually (e.g., monthly chart reviews), but remote performance is not ideal for resident care. In addition, some of the modified delivery protocols may create a greater risk of drug diversion, such that the sooner deliveries may return to pre-pandemic procedures the better.

In addition to patient-facing staff, LTC pharmacies also employ operating staff essential to managing, dispensing, packaging, and delivering prescription drugs and related supplies to residents in LTC facilities. Should COVID-19 infections disable a LTC pharmacy, it could be extremely difficult, if not impossible, to assure that LTC pharmacies receive uninterrupted access to essential medications, placing an already vulnerable population in additional jeopardy. Given the activities of LTC pharmacy staff, there is no question that, under ACIP's recommendations, patient-facing staff, and operating staff integral to dispensing, packaging, and shipping should have access to COVID-19 vaccines in Phase 1A. ACIP recommended that "both 1) health care personnel and 2) residents of long-term care facilities (LTCFs) be offered vaccination in the initial phase of the COVID-19 vaccination program (Phase 1A)."² ACIP defines "health care personnel" as follows: "paid and unpaid persons serving in health care settings who

² Id.

The Honorable Rachel Levine, M.D.
Michael Fraser, Ph.D.
January 5, 2021
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have the potential for direct or indirect exposure to patients or infectious materials.”³ There can be no question that both patient-facing and operational LTC pharmacy personnel are health care personnel who should be included in Phase 1A.

Of course, some LTC pharmacy staff are neither patient-facing nor integral to dispensing, packaging, or delivering medication (e.g., billing or HR staff), and many are working remotely under COVID-19 protocols. Such personnel should not be included in Phase 1A.

Unfortunately, many state and local public health authorities have not included *any* LTC pharmacy personnel in their Phase 1A distribution plans. We believe lack of knowledge concerning LTC pharmacy responsibilities, specialized services, and staff presence within LTC facilities, as well as the fact that all nursing homes and many assisted living facilities must rely on only one LTC pharmacy to serve all its residents, has driven state and local decision-making. In your leadership roles in promoting clear and effective guidance concerning access to COVID-19 vaccines for your colleagues around the country, we urge you to provide immediate clarification to state and local governments and public health officials that the LTC pharmacy personnel described above are “health care personnel” within ACIP’s definition and therefore should be given access to COVID-19 vaccines to the same extent that other health care personnel have been given access within each public health jurisdiction.

We appreciate your consideration of and prompt action in response. If you have any questions or require any additional information, please feel free to contact me at 717-503-0516 or at arosenbloom@seniorcarepharmacies.org.

Sincerely,



President & CEO
Senior Care Pharmacy Coalition

³ Id.



1700 PENNSYLVANIA AVENUE, NW, SUITE 200, WASHINGTON, DC 20006

January 5, 2021

Via Email

The Honorable Alex Azar
Secretary
U.S. Department of Health & Human Services
Washington, DC 20201

The Honorable Robert Redfield, M.D.
Director
Centers for Disease Control and Prevention
Washington, DC 20024

The Honorable Jose R. Romero, M.D.
Secretary, Arkansas Department of Health
Chair, ACIP
Centers for Disease Control and Prevention
Washington, DC 20024

Re: LTC Pharmacy Staff Access to Vaccines

Dear Secretary Azar, Director Redfield, and Secretary Romero:

The Senior Care Pharmacy Coalition (SCPC), based in Washington, DC, represents LTC pharmacies across the country that serve more than 850,000 residents in LTC facilities each day. LTC pharmacies employ consulting pharmacists, pharmacy technicians, nurses, and delivery personnel who routinely serve in LTC facilities with potential exposure to patients and infectious materials.

Despite fitting squarely within the definition of “of health care personnel” included in the CDC’s Advisory Committee on Immunization Practice’s Interim Recommendation for Allocating Initial Supplies of COVID-19 Vaccine – United States, 2020,¹ many public health authorities have overlooked relevant LTC pharmacy staff in developing action plans for Stage 1A distribution and administration of vaccines. This unnecessarily places LTC facility and staff at undue risk, potentially undermining the effectiveness of vaccine distribution and administration to both groups. This also unduly risks disrupting seamless access to essential medications for residents in LTC facilities. We are writing, therefore, to urge you to assure that LTC pharmacy personnel are included explicitly in Stage 1A allocations, distribution, and administration.

LTC pharmacies provide prescription drugs, clinical and patient care services, and other specialized services to residents in nursing homes, assisted living facilities, and other congregate

¹ Dooling K, McClung N, Chamberland M, et al. The Advisory Committee on Immunization Practices’ Interim Recommendation for Allocating Initial Supplies of COVID-19 Vaccine — United States, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1857-1859.
DOI: <http://dx.doi.org/10.15585/mmwr.mm6949e1external icon>.

living facilities. The majority of patients served are older adults. The typical resident takes 12-13 prescription drugs each day.

LTC pharmacies are highly specialized. Each nursing home and many assisted living facilities contract with only one LTC pharmacy to serve all residents in each facility. LTC pharmacies are not located on LTC facility campuses and each LTC pharmacy generally serves many facilities. The largest LTC pharmacies serve as many as 20,000 residents each day. There are far fewer LTC pharmacies (an estimated 1,200 nationwide) compared to retail pharmacies (an estimated 88,000 nationwide), but generally employ more staff per pharmacy than retail.

Under normal circumstances, some LTC pharmacy staff members routinely enter LTC facilities and interact with patients and staff, including:

- **Consulting pharmacists**, who are required by federal and state laws to advise patients directly, review medication orders and overall patient care plans, perform drug regimen reviews, develop medication therapy management programs, and otherwise participate as part of each patient's care planning team.
- **Nurses**, who provide various consulting and patient care services.
- **Pharmacy technicians**, who restock prescription drugs in automated dispensing machines located at many LTC facilities.
- **Delivery personnel**, who deliver prescription drugs from LTC pharmacies to LTC facilities 24 hours/day, seven days/week, 365 days/year.

During the COVID-19 national emergency, federal and state regulators have modified regulatory requirements, and LTC facilities have modified normal business practices, such that LTC pharmacy staff have had less direct interaction in LTC facilities. However, some interactions have continued. For example, many LTC pharmacies are recognized mass vaccinators, and routinely conduct on-site vaccine clinics for residents and staff at LTC facilities, including annual flu clinics last fall. Some functions that typically require on-site visits have been done virtually (e.g., monthly chart reviews), but remote performance is not ideal for resident care. In addition, some of the modified delivery protocols may create a greater risk of drug diversion, such that the sooner deliveries may return to pre-pandemic procedures the better.

In addition to patient-facing staff, LTC pharmacies also employ operating staff essential to managing, dispensing, packaging, and delivering prescription drugs and related supplies to residents in LTC facilities. Should COVID-19 infections disable a LTC pharmacy, it could be extremely difficult, if not impossible, to assure that LTC pharmacies receive uninterrupted access to essential medications, placing an already vulnerable population in additional jeopardy.

Given the activities of LTC pharmacy staff, there is no question that, under ACIP's recommendations, patient-facing staff, and operating staff integral to dispensing, packaging, and shipping should have access to COVID-19 vaccines in Phase 1A. ACIP recommended that "both 1) health care personnel and 2) residents of long-term care facilities (LTCFs) be offered vaccination in the initial phase of the COVID-19 vaccination program (Phase 1A)."² ACIP defines

² Id.

January 5, 2021

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“health care personnel” as follows: “paid and unpaid persons serving in health care settings who have the potential for direct or indirect exposure to patients or infectious materials.”³ There can be no question that both patient-facing and operational LTC pharmacy personnel are health care personnel who should be included in Phase 1A.

Of course, some LTC pharmacy staff are neither patient-facing nor integral to dispensing, packaging, or delivering medication (e.g., billing or HR staff), and many are working remotely under COVID-19 protocols. Such personnel should not be included in Phase 1A.

Unfortunately, many state and local public health authorities have not included *any* LTC pharmacy personnel in their Phase 1A distribution plans. We believe lack of knowledge concerning LTC pharmacy responsibilities, specialized services, and staff presence within LTC facilities, as well as the fact that all nursing homes and many assisted living facilities must rely on only one LTC pharmacy to serve all its residents, has driven state and local decision-making. In your leadership roles in establishing and promoting federal guidance concerning access to COVID-19 vaccines, we urge you to provide immediate clarification to state and local governments and public health officials that the LTC pharmacy personnel described above are “health care personnel” within ACIP’s definition and therefore should be given access to COVID-19 vaccines to the same extent that other health care personnel have been given access within each public health jurisdiction.

We appreciate your consideration of and prompt action in response. If you have any questions or require any additional information, please feel free to contact me at 717-503-0516 or at arosenbloom@seniorcarepharmacies.org.

Sincerely,



President & CEO
Senior Care Pharmacy Coalition

³ Id.



1700 PENNSYLVANIA AVENUE, NW, SUITE 200, WASHINGTON, DC 20006

January 5, 2021

Via Email

The Honorable Andrew Cuomo
Governor of New York
Chair, National Governors Association
444 North Capitol Street, Suite 267
Washington, DC 20001

The Honorable Asa Hutchinson
Governor of Arkansas
Vice Chair, National Governors Association
444 North Capitol Street, Suite 267
Washington, DC 20001

Re: LTC Pharmacy Staff Access to Vaccines

Dear Governor Cuomo and Governor Hutchinson:

The Senior Care Pharmacy Coalition (SCPC), based in Washington, DC, represents LTC pharmacies across the country that serve more than 850,000 residents in LTC facilities each day. LTC pharmacies employ consulting pharmacists, pharmacy technicians, nurses, and delivery personnel who routinely serve in LTC facilities with potential exposure to patients and infectious materials.

Despite fitting squarely within the definition of “of health care personnel” included in the CDC’s Advisory Committee on Immunization Practice’s Interim Recommendation for Allocating Initial Supplies of COVID-19 Vaccine – United States, 2020,¹ many public health authorities have overlooked relevant LTC pharmacy staff in developing action plans for Stage 1A distribution and administration of vaccines. This unnecessarily places LTC facility and staff at undue risk, potentially undermining the effectiveness of vaccine distribution and administration to both groups. This also unduly risks disrupting seamless access to essential medications for residents in LTC facilities. We are writing, therefore, to urge you to assure that LTC pharmacy personnel are included explicitly in Stage 1A allocations, distribution, and administration.

LTC pharmacies provide prescription drugs, clinical and patient care services, and other specialized services to residents in nursing homes, assisted living facilities, and other congregate living facilities. The majority of patients served are older adults. The typical resident takes 12-13 prescription drugs each day.

¹ Dooling K, McClung N, Chamberland M, et al. The Advisory Committee on Immunization Practices’ Interim Recommendation for Allocating Initial Supplies of COVID-19 Vaccine — United States, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1857-1859.
DOI: [http://dx.doi.org/10.15585/mmwr.mm6949e1external icon](http://dx.doi.org/10.15585/mmwr.mm6949e1external%20icon).

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Under normal circumstances, some LTC pharmacy staff members routinely enter LTC facilities and interact with patients and staff, including:

- **Consulting pharmacists**, who are required by federal and state laws to advise patients directly, review medication orders and overall patient care plans, perform drug regimen reviews, develop medication therapy management programs, and otherwise participate as part of each patient's care planning team.
- **Nurses**, who provide various consulting and patient care services.
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- **Delivery personnel**, who deliver prescription drugs from LTC pharmacies to LTC facilities 24 hours/day, seven days/week, 365 days/year.

During the COVID-19 national emergency, federal and state regulators have modified regulatory requirements, and LTC facilities have modified normal business practices, such that LTC pharmacy staff have had less direct interaction in LTC facilities. However, some interactions have continued. For example, many LTC pharmacies are recognized mass vaccinators, and routinely conduct on-site vaccine clinics for residents and staff at LTC facilities, including annual flu clinics last fall. Some functions that typically require on-site visits have been done virtually (e.g., monthly chart reviews), but remote performance is not ideal for resident care. In addition, some of the modified delivery protocols may create a greater risk of drug diversion, such that the sooner deliveries may return to pre-pandemic procedures the better.

In addition to patient-facing staff, LTC pharmacies also employ operating staff essential to managing, dispensing, packaging, and delivering prescription drugs and related supplies to residents in LTC facilities. Should COVID-19 infections disable a LTC pharmacy, it could be extremely difficult, if not impossible, to assure that LTC pharmacies receive uninterrupted access to essential medications, placing an already vulnerable population in additional jeopardy.

Given the activities of LTC pharmacy staff, there is no question that, under ACIP's recommendations, patient-facing staff, and operating staff integral to dispensing, packaging, and shipping should have access to COVID-19 vaccines in Phase 1A. ACIP recommended that "both 1) health care personnel and 2) residents of long-term care facilities (LTCFs) be offered vaccination in the initial phase of the COVID-19 vaccination program (Phase 1A)."² ACIP defines "health care personnel" as follows: "paid and unpaid persons serving in health care settings who

² Id.

The Honorable Andrew Cuomo
The Honorable Asa Hutchinson
January 5, 2021
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have the potential for direct or indirect exposure to patients or infectious materials.”³ There can be no question that both patient-facing and operational LTC pharmacy personnel are health care personnel who should be included in Phase 1A.

Of course, some LTC pharmacy staff are neither patient-facing nor integral to dispensing, packaging, or delivering medication (e.g., billing or HR staff), and many are working remotely under COID-19 protocols. Such personnel should not be included in Phase 1A.

Unfortunately, many state and local public health authorities have not included *any* LTC pharmacy personnel in their Phase 1A distribution plans. We believe lack of knowledge concerning LTC pharmacy responsibilities, specialized services, and staff presence within LTC facilities, as well as the fact that all nursing homes and many assisted living facilities must rely on only one LTC pharmacy to serve all its residents, has driven state and local decision-making. In your leadership roles in establishing and promoting awareness and guidance concerning access to COVID-19 vaccines for your peers across the country, we urge you to provide immediate clarification to state and local governments and public health officials that the LTC pharmacy personnel described above are “health care personnel” within ACIP’s definition and therefore should be given access to COVID-19 vaccines to the same extent that other health care personnel have been given access within each public health jurisdiction.

We appreciate your consideration of and prompt action in response. If you have any questions or require any additional information, please feel free to contact me at 717-503-0516 or at arosenbloom@seniorcarepharmacies.org.

Sincerely,



President & CEO
Senior Care Pharmacy Coalition

cc: Susie Perez Quinn, Director
Carl Amritt, Senior Policy Analyst for Homeland
Security & Public Safety
Brittney Roy, Program Director, Public Health

³ Id.



1700 PENNSYLVANIA AVENUE, NW, SUITE 200, WASHINGTON, DC 20006

August 19, 2020

Via Electronic Mail

Mr. Russell Vought
Director
Office of Management and Budget
725 17th Street NW
Washington, DC 20503

RE: Provider Relief Fund - Assistance for LTC Pharmacies

Dear Director Vought:

The Senior Care Pharmacy Coalition (SCPC) represents more than 300 long-term care (LTC) pharmacies across the country that serve 850,000 people every day in the nation's nursing homes and assisted living facilities. LTC pharmacies have been on the front lines of the COVID-19 national emergency, caring for some of the most vulnerable people in America. The typical nursing home patient takes 13 prescription medications daily, and LTC pharmacies provide a host of patient care and other specialized services to support the medications they provide to patients in LTC facilities.

LTC pharmacies have suffered significant and adverse impact from COVID-19. This outcome is not surprising given that their financial circumstances closely mirror those of nursing homes and other LTC facilities. From the outset of the pandemic, LTC pharmacies have seen a 20-25% decline in revenues generated from rehabilitation patients, who typically spend short periods in nursing homes to facilitate recovery from hospital stays. These revenue losses remain around 20% with growing losses due to very slow return in admission of rehabilitation patients. Revenue losses from long-term living patients in all LTC facilities, while initially small, now are approaching 20% as well, reflecting few new admissions to replace normal monthly attrition among these patients. In addition, COVID-19 related costs have increased 8-10% for LTC pharmacies.

While LTC pharmacies are eligible to apply for assistance from the Provider Relief Fund, we are deeply concerned that the prescription sales limitation HHS included in its FAQs will substantially and unfairly limit the relief which LTC pharmacies receive. Under the current open application for Phase 2 of the General Distribution, HHS offers providers a chance to receive 2% of their annual patient care revenue. However, HHS' FAQs state that "prescription sales" are not "patient care revenues."

Mr. Russell Vought
August 19, 2020
Page 2 of 2

Although the prescription sales limitation may be a reasonable restriction for retail pharmacies, it should not be applied to LTC pharmacies. Federal law requires that LTC pharmacies provide care for COVID-19 patients beyond regular transactions at the pharmacy counter. CMS has termed these services “integral” to patient care for patients in nursing homes. Under the CARES Act, providers that provide “diagnosis, testing or care” for COVID-19 patients are entitled to relief. We suspect that HHS developed this limitation because *retail pharmacies* do not diagnose, test, or care for COVID-19 patients, but believe the underlying rationale is not relevant to LTC pharmacies.

Unfortunately, LTC pharmacies have received only limited relief from the Fund, disproportionately low when compared to other providers. A minority of LTC pharmacies have received assistance from the Provider Relief Fund to date. Based on information available from HRSA as of mid-July, we believe that less than 20% of SCPC members have received relief and those that have received amounts far less than 1% of annual patient care revenues. In one case, an SCPC member received \$1 in relief. Recent HHS changes concerning the application process and the extension of the deadline for some applications to August 24 has helped more LTC pharmacies apply for relief, but the risk that the prescription sales limitation could be applied to dramatically reduce the base on which HHS calculates relief remains substantial, and unwarranted.

We have had multiple productive discussions with staff from HHS on this issue; however, given the time sensitivity, we are raising our concerns with you in your capacity as a policymaker on federal expenditures. We appreciate your consideration and would be happy to speak with you or your colleagues at OMB to answer any questions or provide any additional information you may require. I can be reached at (717) 503-0516 or arosenbloom@seniorcarepharmacies.org.

Thank you very much for your consideration and assistance.

Sincerely,



Alan Rosenbloom
President and CEO, SCPC

Attachment

APPENDIX

1. LTC pharmacies provide patient care.

The Medicare and Medicaid statutes require that skilled nursing facilities (SNFs) and nursing facilities (NFs) – collectively, LTC facilities – provide extensive pharmacy services beyond dispensing, typically through contract with LTC pharmacies. 42 USC § 1395i-3(b)(4)(A)(iii) [Medicare/SNFs] & 42 USC § 1396r-(b)(4)(A)(iii) [Medicaid/NFs]. These services clearly constitute patient care.

The CMS regulations (42 CFR § 483.45) require “consultation” from a licensed pharmacist “on all aspects of pharmacy services in the facility,” and other care services. Sub-regulatory guidance in the State Operations Manual (SOM) states that this requirement is intended to “meet the needs of each resident,” assure that a licensed pharmacist collaborates with facility leadership and staff to “identify, evaluate, and resolve pharmaceutical concerns which affect resident care,” and “coordinate pharmaceutical services if multiple pharmaceutical providers are utilized (e.g., pharmacy, infusion, hospice, prescription drug plans).” The SOM specifies that pharmacy services include providing medication-related information to patients and identifying, evaluating, and addressing medication-related issues.

The SOM provides clear guidance that pharmacy services are:

[A]n integral part of the care provided to nursing home resident. The management of complex medication regimens is challenging and requires diverse pharmaceutical services....Factors that increase the risk of adverse consequences associated with medication use in the nursing home setting include complex medication regimens, numbers and types of medication used, physiological changes accompanying the aging process, as well as multiple comorbidities. The consultative services of a pharmacist can promote safe and effective medication use. A pharmacist, in collaboration with facility staff, establishes, evaluates and coordinates all aspects of pharmaceutical services provided to all residents within a facility by all providers.

42 CFR § 483.45(c) also requires that a licensed pharmacist review each resident’s drug regimen at least monthly, including review of the medical chart. The pharmacist must report “irregularities” to the attending physician, medical director and director of nursing and these reports must be acted upon.

The SOM clarifies the intent of this regulation:

The intent of this requirement is that the facility maintains the resident’s highest practicable level of physical, mental and psychosocial well-being and prevents or minimizes adverse consequences related to medication therapy to the extent possible, by providing oversight by a licensed pharmacist, attending physician, medical director, and the director of nursing (DON).

Consequently, LTC pharmacies provide patient care and are required to do so under federal law. By contrast, retail pharmacies do not provide patient care and there are no statutory, regulatory, or sub-regulatory requirements that they do so.

2. **LTC pharmacies qualify for relief under the CARES Act.** Providers that provide diagnosis, testing, or care for patients who have or are suspected of having COVID-19 are eligible for relief. Since LTC pharmacies are providers as defined under the CARES Act and provide patient care, they qualify for and should receive assistance from the Provider Relief Fund.
3. **HHS can limit relief to LTC pharmacies.** HHS can add a clarification to the “prescription sales” FAQ that would provide relief to LTC pharmacies without removing the prescription sales limitation for retail pharmacies. One approach would be to revise the FAQ as follows:

CURRENT FAQ

Q: An organization has prescription sales as part of its revenue. Can these sales be captured in the data submitted as “gross sales or receipts” or “program service revenue?” (Modified 6/22/2020)

A: Generally no. Only patient care revenues from providing diagnoses, testing, or care for individuals with possible or actual cases of COVID-19 may be included. Patient care revenues do include savings obtained by providers through enrollment in the 340B Program.

PROPOSED CLARIFICATION (Redlined)

Q: An organization has prescription sales as part of its revenue. Can these sales be captured in the data submitted as “gross sales or receipts” or “program service revenue?” (Modified __/__/2020)

A: Generally no. Only patient care revenues from providing diagnoses, testing, or care for individuals with possible or actual cases of COVID-19 may be included. Patient care revenues do include savings obtained by providers through enrollment in the 340B Program. **Patient care revenues do include prescription sales for eligible health care providers subject to the provisions of 42 U.S.C. § 1395i-3(b)(4)(A)(iii) and § 1396r-(b)(4)(A)(iii).**

PROPOSED CLARIFICATION (Clean)

Q: An organization has prescription sales as part of its revenue. Can these sales be captured in the data submitted as “gross sales or receipts” or “program service revenue?” (Modified __/__/2020)

A: Generally no. Only patient care revenues from providing diagnoses, testing, or care for individuals with possible or actual cases of COVID-19 may be included. Patient care

revenues do include savings obtained by providers through enrollment in the 340B Program. Patient care revenues do include prescription sales for eligible health care providers subject to the provisions of 42 U.S.C. . § 1395i-3(b)(4)(A)(iii) and § 1396r-(b)(4)(A)(iii).