



TO: Members, Assembly Committee on Health
FROM: Danielle Womack, MPH
Vice President, Public Affairs
Pharmacy Society of Wisconsin
DATE: January 20, 2021
SUBJECT: Support of AB 4

Chairman Sanfelippo and members of the Assembly Committee on Health, thank you for the opportunity to provide testimony today on Assembly Bill 4. This legislation will expand access to pharmacy-provided immunizations both during and after the current pandemic.

Pharmacy professionals serve as a crucial asset and partner in the fight against COVID-19 and the administration of the COVID-19 vaccine. Under current law, pharmacy students may only administer vaccines if a licensed pharmacist supervises them. Many public health departments, health systems, and academic institutions are hosting vaccination clinics with physicians, nurse practitioners, physician assistants, or registered nurses – not pharmacists – on site.

AB 4 would allow healthcare personnel whose scope of practice includes vaccination to supervise pharmacy student immunizers, rather than only pharmacist supervisors as required by current law.

The skillset of immunizing is a technical one not unique to one's healthcare profession; thus, it could be overseen by another healthcare professional authorized to immunize. Providing more flexibility to student pharmacists by allowing supervision by other healthcare providers when providing vaccinations is an effective way to disseminate the vaccine. While many student pharmacists are already playing an active role in vaccine administration, enlisting all of our willing, ready, and able pharmacy students to collaborate with other healthcare providers will exponentially increase vaccination opportunities. There are more than 700 pharmacy student immunizers in Wisconsin – allowing them to serve their community by administering COVID-19 vaccines in more settings can increase our immunization administration in Wisconsin significantly.

Unfortunately, due to busy pharmacies' staffing levels, it can be challenging for pharmacists to administer vaccines. Multiple states, including Idaho, Utah, and Rhode Island, allow pharmacy technicians to administer immunizations as an additionally trained immunizer under a licensed pharmacist's delegation and supervision. As part of the pandemic public health emergency declaration and PREP Act, the U.S. Department of Health and Human Services allows pharmacy technicians to immunize patients aged 3-18. Under a pandemic variance, the Wisconsin Pharmacy Examining Board enables technicians to immunize patients 18 and older.

AB 4 would allow trained, certified, and supervised technicians to permanently administer vaccines to patients six and older, the same age minimum allowed for pharmacy students. Allowing pharmacy technicians to administer immunizations, when trained and under the supervision of a pharmacist, will increase pharmacies' abilities and capacities to provide

immunizations to patients, thereby assisting with the public health need to achieve the necessary vaccine catch-up.

Upon review of AB 4, we have two suggested amendments:

- 1. Allow any trained pharmacy student to immunize patients**
 - a. Current law and AB 4 only allow students to immunize once the student has completed year two of pharmacy school
 - b. Once a student has completed immunization training, their year in school is relatively insignificant – the required training course includes all educational elements needed.
 - c. The allowance for any trained student to immunize was included in AB 1 as passed by both the Assembly and the Senate substitute amendment
 - d. We request that these students be able to be supervised by any healthcare provider whose scope includes immunization, as allowed by this bill for students who have completed their second year of pharmacy school

- 2. Allow pharmacists, pharmacy students, and pharmacy technicians trained in immunization administration to administer injectable epinephrine and diphenhydramine in the case of an adverse reaction to a vaccine.**
 - a. The administration of emergency injectable medication is allowed under current HHS temporary allowances but is not permanent under Wisconsin law
 - b. We want to ensure that pharmacy professionals can administer these life-saving drugs in the case of an anaphylactic reaction

Pharmacies are uniquely positioned to serve as an additional access point for patients – many pharmacies are open late (or 24 hours) and do not require immunization appointments. Additionally, 90% of Americans live within 5 miles of a pharmacy, making pharmacies a convenient option for many individuals, especially those with limited transportation access. Empowering all trained pharmacy professionals to immunize patients will increase our ability to vaccinate the population during and after the pandemic.

Thank you very much for your consideration of this Assembly Bill 4. I am happy to answer any questions at this time or after the hearing at dwomack@pswi.org or 608-827-9200.

Assembly Committee on Health testimony, January 20, 2021

Thank you for allowing me the opportunity today to provide you with information in support of Assembly Bill 4 to allow health care providers to supervise pharmacy students administering vaccinations, and to allow pharmacy technicians to administer vaccinations. My name is Michael DeBisschop, and I am a licensed pharmacist and employed as a Professor of Clinical Sciences at the Medical College of Wisconsin School of Pharmacy. Among other duties, I teach pharmacy law at MCW and I am also certified to administer vaccinations. Over the past several weeks, I have supervised numerous student pharmacists administering the COVID-19 vaccine in our MCW-based vaccination clinic and have administered over 70 vaccinations personally.

As I'm sure you know, pharmacists are the most accessible as well as one of the most trusted healthcare professionals in our society. They play an essential role in our collective effort to administer the COVID-19 vaccine to a large population, and to slow and eventually diminish the spread of this disease. Pharmacists in all health care settings are administering this vaccine including retail, hospital, long term care, and community mass vaccination efforts. To meet the demand for the vaccine and address the public health crisis, we will need all hands on deck for this effort. This includes our student pharmacists, who are trained during their education to administer vaccinations, and our pharmacy technician colleagues as well. While a single licensed pharmacist can vaccinate one person at a time, when supervising student pharmacists or technicians, that number could be doubled, tripled, or more, expanding our capability and the rate at which the population can be vaccinated.

I speak in support of the bill's provisions allowing other health care providers, such as nurses, physicians, or osteopathic physicians, who are also authorized to administer vaccinations, to supervise student pharmacists in this role as well. Although pharmacists are accessible, they cannot be everywhere. Many community- or office-based vaccination efforts are overseen by licensed nurses and physicians, and with being able to supervise student pharmacists, their capacity for vaccinating our communities would be increased as well. As our vaccination effort in Wisconsin moves inexorably towards offering the vaccine to a broader community, having this additional capability would be a huge advantage.

Pharmacy technicians will also be an asset to our abilities to vaccinate against COVID. The training to administer vaccine and recognize adverse reactions can be easily provided in the required time. Especially in our community pharmacies and hospitals, allowing technicians to vaccinate under the supervision of a licensed pharmacist will be an effective way to expand the vaccination force.

I would also like to take just a moment to advocate for including another positive change to our vaccination effort that was included in the previous Assembly Bill 1. Current state law [Section 450.03 (1) (f)] only allows student pharmacists who have completed their second year of pharmacy school to administer vaccines; that is, students in their 3rd or 4th academic year of a 4-year program. By expanding this authorization to 1st and 2nd year students, we can potentially nearly double the number of student pharmacists who can vaccinate in Wisconsin. Regarding MCW, if this provision is passed, this could mean approximately 50 more immunizers within the next three months, and another 50 by this fall from our incoming first-year class. The other two pharmacy schools within Wisconsin have even higher annual enrollment, and although I cannot speak for their programs, they would potentially add significantly to this number as well. These student pharmacists would then be able to vaccinate in various settings, including their clinical rotations, paid internships, and community service vaccination efforts (and potentially under supervision of any health care provider authorized to administer vaccines). It is important to include all vaccines in this legislation as well (not just the COVID-19 vaccine), since the pandemic has greatly reduced the rate of other recommended vaccinations (for example, influenza). Our student pharmacists can also vaccinate those who have not received their regularly recommended vaccinations during the pandemic and help to address this public health issue.

First- and second-year student pharmacists will receive high-quality training to administer vaccinations. In Wisconsin, students (as well as licensed pharmacists) undergo one of two standard training programs: the American Pharmacists Association's *Pharmacy-Based Immunization Training* (20 hours total) or the Pharmacy Society of Wisconsin-sponsored *Immunization Delivery for Pharmacists* (16 hours total). I myself have taken both courses. Both programs cover essential topics like the role of vaccinations in public health, basics of immunology and vaccines, the diseases the vaccines are intended to prevent, use of the CDC immunization schedules to make patient care decisions, administration/injection of the vaccines, and recognizing and responding to any side effects. Both programs are very comprehensive, and our student pharmacists will be well trained. In addition, as mentioned earlier, all student pharmacists will be directly supervised by a health care provider who is also authorized by law to administer vaccines. There will always be a licensed health care provider nearby and directing the activities of the student pharmacist, no matter what year of education they are in at the time.

In summary, authorizing health care providers to supervise student pharmacists in the process of vaccine administration will increase Wisconsin's ability to vaccinate our population and help bring a

quicker conclusion to the ongoing pandemic. Including pharmacy technicians will also increase our vaccination capability. And further, I respectfully request consideration for first and second year student pharmacists to be authorized to vaccinate. I thank the Assembly for considering these measures to increase our capability to vaccinate the people of Wisconsin against COVID and other serious diseases. I would be happy to answer any questions you have about this issue.

Sincerely,

Michael DeBisschop, Pharm.D.

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2021 WI LRB-1574/1

Thank you for the opportunity to provide written testimony to the legislature in support of 2021 LRB-1574/1. I support efforts to allow health care providers to supervise pharmacy students during vaccine administration and to allow pharmacy technicians to administer vaccines. My name is Sarah Ray, and I am a WI resident and licensed pharmacist. I am employed as department chair and associate professor of pharmacy practice at Concordia University Wisconsin School of Pharmacy. I teach immunization delivery to pharmacy students and pharmacists, and I am also an immunizing pharmacist.

Even before the COVID-19 pandemic, pharmacists (and pharmacy students) have worked alongside other health care providers to positively impact patient care. Pharmacy students have administered influenza and other necessary vaccines numbering into the thousands during their advanced pharmacy practice experiences (clinical rotations) and as part of their employment as interns. As the COVID-19 vaccines have become available, our students have stepped up to prepare doses and administer these life-saving vaccines at experiential sites, places of employment, and other organizations/health departments.

The logistics surrounding COVID-19 vaccine administration has highlighted the need for an enhanced approach to vaccine administration. Many communities may want to organize mass vaccination clinics, and an “all hands on deck” approach will be necessary. Allowing other trained health care providers, such as physicians and nurses, to supervise trained pharmacy students will allow for more vaccines to be administered and more lives saved. Pharmacy students will also be able to be part of interprofessional teams administering vaccines to our most vulnerable patients in both rural and urban areas. They have completed the immunization training (16-20 hours) and are ready to serve. Indeed, it is that servant leadership that is at the heart of our School’s mission.

Similarly, allowing certified and trained technicians to administer immunizations to patients six and older will also allow for more patients to receive life-saving vaccines. The pharmacist is still determining the need for vaccination, but handing off the administration to a trained technician will increase efficiency without sacrificing safety. Whether in a pharmacy setting or at a mass vaccination site, trained pharmacy technicians administering vaccines will expand capacity.

This legislation undoubtedly will save lives during the current pandemic, but has the potential to increase vaccination rates for other preventable diseases like influenza and pneumonia.

In summary, allowing immunization trained health care providers to supervise our trained pharmacy students during vaccine administration and allowing certified and trained pharmacy technicians to administer vaccines will be a positive step in stopping the spread of COVID-19 and improving the health of Wisconsin residents. I am thankful for the opportunity to provide my support today and appreciate the legislature’s consideration of these measures. I am happy to answer any questions the legislature may have.

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January 20, 2021

My name is Mary Hayney. I am a professor at the University of Wisconsin-Madison School of Pharmacy. I am writing to urge you to support Bill 21-1574 which allows pharmacy students to administer vaccines under the supervision of a qualified healthcare provider. This flexibility in supervision can serve the citizens of Wisconsin by making more immunizers available.

I am a pharmacist with expertise in vaccines. My research laboratory studies vaccine responses, particularly in immunosuppressed populations. I work closely with public health officials on vaccine program implementation. I serve on the Wisconsin Council on Immunization Practices. I teach pharmacists and pharmacy students to provide vaccine services to their patients. The content of the courses is in alignment with listed components in Chapter 450, but also include information about vaccines and vaccine preventable diseases. The course for students at UW-Madison includes vaccine hesitancy, vaccines for bioterrorism, and travel medicine topics. These students are well-prepared to contribute to the biggest public health effort we have ever undertaken—COVID-19 vaccines for everyone. This amendment will increase their ability to participate with no increased risk to the public.

I worked closely with the University of Wisconsin-Madison during the meningitis outbreak in Fall 2016. Pharmacy students, among other health professions students, were critical manpower in administering more than 20,000 doses of meningitis vaccines to the students in just 10 days. This is the kind of effort that we want available for the COVID-19 vaccine work in Wisconsin.

I urge you to support this legislation. Pharmacy students will be given the opportunity to practice what they have learned in the classroom and the laboratory in a supervised setting. Additionally, these highly qualified students will serve the public health by getting COVID-19 vaccines into the arms of Wisconsinites.

Mary S. Hayney, PharmD, MPH

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January 20, 2021

Representative Joe Sanfelippo, Chair Assembly Committee on Health (Bill 4):

My name is George E. MacKinnon III, a resident of Wisconsin and registered pharmacist in WI, AZ and IL. I am employed as a Professor at the Medical College of Wisconsin (MCW) and the Founding Dean of the School of Pharmacy. Within the MCW School of Pharmacy, we are taking an "all hands-on deck" approach to this monumental effort. I am pleased to say the initial support among our pharmacy faculty, and student pharmacists (that are certified as immunizers) of vaccine administration has been very favorable, with over 3,000 COVID-19 Pfizer immunizations having been provided to Phase IA Healthcare Providers through our COVID-19 Vaccination Administration Clinics on MCW's Milwaukee campus.

Thank you for allowing me the opportunity today to provide members of the Wisconsin Assembly with information in support of the Assembly Bill 4 on addressing the COVID pandemic including a provision to allow pharmacy students to administer vaccinations in Wisconsin under supervision of a pharmacist as well as any health care provider who is authorized to administer vaccines may supervise pharmacy students who have completed two years of pharmacy school. Current law requires pharmacy students who have completed two years of pharmacy school to be supervised by a pharmacist while administering a vaccine.

I applaud your committee for expanding the oversight to be provided to pharmacy students by other appropriately credential healthcare provider in the immunization process. I hope that my letter of January 5, 2021 was supportive to this end result. The three largest number of healthcare providers are nurses, physicians and pharmacists, and Bill 4 supports team-based approach to healthcare in concert at the regulatory and professional levels. Yet, the COVID-19 pandemic, that continues to ravage the world, our country and state requires us think, act and legislate differently.

Thus, I am asking for your support in approval of this proposed legislation (Bill 4) by removing the arbitrariness of language that restricts and limits the intent to expand the number of qualified immunizers. The removal of the statement "**has successfully completed his or her second year in, and,**" allows us to potentially double the number of student pharmacists as immunizers in the future for the state of Wisconsin. Each school of pharmacy has the latitude and support of the Accreditation Council on Pharmacy Education (ACPE) to develop and deliver their Doctor of Pharmacy (PharmD) curriculum in the manner and sequence that is deemed appropriate by the faculty and supports contemporary pharmacy practice. Having a State Statute dictate the timing of curriculum delivery to academic pharmacy programs is overly prescriptive and limiting. I have included what the amended statute could read below:

SECTION 1. 450.03 (1) (f) of the statutes is amended to read: 450.03 (1) (f) A person who ~~has successfully completed his or her second year in, and is enrolled at, an accredited school of pharmacy and whose practice of pharmacy is limited to performing duties under the direct supervision of a person licensed as a pharmacist by the board and administering vaccines under the direct supervision of a health care provider authorized to administer vaccines.~~

In a pandemic, when all appropriately credentialed providers are needed, such arbitrary distinctions will hinder our full deployment of life-saving vaccines. Simply amending the proposed language with removal of ten words would increase the opportunity for vaccine deployment across the state in rural and urban areas:

I very much appreciate the Assembly for including this measure in Bill 4. Thank you for the opportunity to testify.

Sincerely,
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Coalition of Wisconsin Aging *& Health* Groups
Financial Empowerment – Personal Advocacy – Victim Rights

The Coalition of Wisconsin Aging and Health Groups is a nonprofit, nonpartisan, statewide membership organization that was founded in 1977.

“Advocating for all Generations”

01/20/2021

Testimony in support of AB 4—Assembly Committee on Health

Chair Sanfelippo, Vice Chair Summerfield, members of the Committee:

The Coalition of Wisconsin Aging and Health Groups strongly supports Assembly Bill 4, authorizing pharmacy technicians to administer vaccines. The Department of Health Services has just announced that Wisconsin residents over age 65 will now be eligible for a COVID-19 vaccine. This week the SDMAC Vaccine Distribution Subcommittee is submitting Tier 1b recommendations to the full committee which will lead to even more people being eligible for a COVID-19 vaccine. Having lots of arms eligible for shots is a wonderful thing but only if we have people available to administer those shots.

It is estimated that we will need to get approximately 80% of our state vaccinated to achieve herd immunity. We are attempting a monumental lift in getting 80% of the 5.8 million Wisconsin residents vaccinated against this new disease in a reasonable amount of time. If we are to be successful it is essential that we avoid choke points. The two primary choke points we are facing right now are vaccine availability and vaccinator availability. Pharmaceutical manufacturers are working day and night to address the availability choke point. It is imperative that we address the vaccinator choke point now, before the manufacturers ramp up vaccine production beyond our capacity to administer. It would be tragic and frankly unforgivable to find ourselves in a position where we have vaccines sitting on shelves because there aren't people to administer them.

COVID-19 has been especially harmful to the people I represent as it disproportionately kills older people and people with compromised immune systems. When this all started they were told to stay inside and isolate themselves from others. They have been trying to do that for almost a year now and it isn't working, thousands of them have died trying. There's an old saying that time is money, but for the people I represent time is a matter of life and death. The faster we get these vaccines distributed the more lives we save. AB 4 will help get vaccines distributed faster. I urge you to support this legislation.

Thank you for your time and consideration,

Robert M. Gundermann
President and CEO



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Wisconsin State Assembly Committee on Health January 20, 2021

Thank you Chairman Sanfelippo and members of the committee for the opportunity to again testify before your committee, I am Kimberly Walz, Regional Director of Government Relations for Walgreens. I represent 8 states including Wisconsin.

Walgreens is proud to be a part of Wisconsin's unprecedented COVID-19 Immunization efforts. As of Monday of this week, we have already immunized over 32,000 residents of your long-term care facilities, with another 177 clinics scheduled in the next 7 days alone.

But there is still work to be done. A lot of work remains to be able to reach the 5.8 million residents across the state that need protection from this devastating virus.

Assembly Bill 4 & 5 greatly enhances the ability of providers, such as Walgreens, to be able to assist with these vaccination efforts in the most efficient way possible.

2021 Assembly Bill 4

We are in support of 2021 Assembly Bill 4, which would codify the ability of pharmacy technicians to administer vaccines. It also allows pharmacy students who have completed 2 years of school to administer vaccines under the supervision of a health care professional authorized to provide the vaccine.

Currently the majority of our COVID vaccination efforts are at clinics onsite at long-term care facilities. As we move into additional phases, we will have on-site clinics at facilities such as schools, government buildings and/or businesses. We will have in-store vaccinations and we will assist with mass immunization efforts at state or city-wide clinics.

The ability to have pharmacy technicians and pharmacy students assist is crucial. It would be impossible to have the majority of all of these immunizations occur in a timely manner with just pharmacist support.

We currently have 300 pharmacy technicians who are able to administer the vaccine through a temporary order with another 800 completing their training. Assembly Bill 4 codifies this authority for this crucial staffing resource.

This is important not just for the COVID vaccine, but also the flu vaccine. Typically, during flu season, we dramatically increase the number of pharmacists on staff during the months of August – September. In Madison alone, this is over 60 pharmacists needed to meet the demand over two months for flu vaccines. This bill would allow us to have greater flexibility with our pharmacy technicians and with pharmacy students to assist in these efforts.



2021 Assembly Bill 5

Walgreens is in support of efforts to allow for the most efficient and effective mechanism to immunize the populations. Assembly Bill 5 contains provisions that would enhance our ability to provide immunizations to Wisconsin Residents.

In Section 2, the bill allows for the administration of vaccines to individuals in the next level of prioritization if adequate vaccine resources are available. This flexibility is important, as there are often regional variations in how quickly vaccines are administered, often dependent on external variables. We support this added flexibility that allows us to utilize remaining doses on populations eligible in future phases.

Section 3 allows pharmacies to simultaneously administer COVID vaccines in other registered long-term care facilities other than nursing homes if it allows for greater efficiencies. We are also in support of this section. The state recently granted us the authority to administer in facilities outside of Skilled Nursing Facilities and we are eager to vaccinate these vulnerable populations as quickly as possible.

Section 6 allows for faster processing of applications for vaccinators. As we move into future phases, the ability for additional providers, including additional pharmacies, to be a part of this monumental task is mission critical. Allowing applications to be processed faster would allow more providers to be brought into the vaccination process sooner, allowing for faster immunization of the public.

We are neutral on Section 1 (Prioritization) as we believe the states are best equipped to determine their most at-risk populations.

We are also neutral on Section 4 (Centralized Vaccine Administration Process) and Section 5 (Vaccine Administration Plan) as we believe the state, whether it be HHS or the legislature, can best understand the internal and forward facing processes necessary for administration.

As I mentioned last week, we are proud to be a part of this effort. Walgreens was recently selected by the Federal Government to be the federal partner for 1b in the State of Wisconsin and we look forward to continuing to build a healthier Wisconsin alongside you.

COVID-19 vaccines will eventually 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.



State of Wisconsin
Department of Health Services

Tony Evers, Governor
Andrea Palm, Secretary

TO: Members of the Assembly Committee on Health

FROM: Lisa Olson, Assistant Deputy Secretary, Department of Health Services

DATE: January 14, 2021

RE: Informational Hearing on Distribution of the COVID-19 Vaccine

Good morning, Chairman Sanfelippo and members of the Assembly Committee on Health. My name is Lisa Olson and I am the Assistant Deputy Secretary at the Wisconsin Department of Health Services (DHS). I appreciate the opportunity to provide testimony to the committee on this historic vaccination effort.

The State of Wisconsin and the entire nation has been battling the spread of COVID-19 for nearly a year. Our educators are keeping kids safe while teaching over Zoom, or distanced in classrooms. Our businesses are finding innovative ways to serve their communities. State and local public health professionals, health care workers, staff in long-term care facilities, and first responders have also been on the front lines of this effort. While the virus continues to spread and these professionals continue testing, contact tracing, and providing direct patient care, we are now also asking them to play a major role in vaccinating our residents. On behalf of the Department, I'd like to thank all of our partners and the public servants dedicated to this response for their unrelenting work as we try to get back to our Wisconsin way of life.

At the start of last week our vaccinators had administered roughly 80,000 doses. By Monday of this week that number had grown to 163,000. As of this morning, 195,152 doses of COVID-19 vaccine have been administered to Wisconsinites. 26,684 of those are second doses. This is a great accomplishment, but it is not enough. Last week, we had more requests from our vaccinators to immunize Phase 1a health care workers than we had vaccine to send to them. We need more vaccine from our federal partners.

President-elect Biden has said that he will release second doses of vaccine to states as soon as possible and we are learning more details of his plan in the coming days. On Tuesday, we received communication from the federal government that they intend to release second doses of vaccine that they had previously held back. We are still waiting to learn certain information from the federal government about whether, how much, and when we will receive an additional bolus of vaccine, and whether that pace will keep up or if this is a one-time infusion of vaccine.

At our twice-weekly vaccine media briefings, you have heard us say that in order to have a successful vaccine program, we need three things: public demand for vaccine, adequate vaccine supply, and a system to distribute and administer the vaccine. We know the demand exists – this is great news. We are eager to receive more vaccine supply, and are waiting with great anticipation for additional vaccines to receive an Emergency Use Authorization from the FDA. I will focus the majority of my testimony for



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Andrea Palm, Secretary

the committee on the system that has been developed in Wisconsin to distribute and administer the vaccine recognizing that supply limitations impact how quickly the state can move through phases of administration.

Roles and Statewide Response

The Federal Government is responsible for independently reviewing and authorizing COVID-19 vaccine for use in the United States. They are also responsible for allocating vaccine to states, and currently allocates COVID-19 vaccine to each state by its total population on a weekly allotment.

At the state level, we are responsible for allocating and, in the case of Pfizer, distributing the vaccine we receive from the federal government. We offer technical assistance and logistics support to vaccinators. We deliver public information. We make decisions on the prioritization of vaccine as a scarce resource. We also are responsible for filling gaps that cannot be met by local resources. Finally, we are responsible for managing the additional lines of effort within the COVID-19 response.

The Evers Administration has taken an all hands on deck approach in response to COVID-19. The Governor activated the State Emergency Operations Center in March of last year, and it has remained activated at a level one emergency since that time. Staff from the Department of Health Services, the Wisconsin National Guard, Wisconsin Emergency Management, the Department of Administration, and other state agencies have provided countless staff hours throughout the pandemic. These agencies make up our COVID-19 Vaccination Task Force.

The goal for the COVID-19 response is to vaccinate at least 80% of the people in Wisconsin. This is a complex undertaking that will require collaboration across sectors and active participation from healthcare, pharmacies, public health, and many others.

At the local level, our local health departments are working directly with the vaccinators in their area to pair eligible individuals with vaccine. In most cases, the local health departments are also vaccinators, and all are working with their pharmacy partners, and health care partners to ensure everyone eligible and interested in receiving vaccine has a place to go. In the event there is a gap, the State has mobile vaccine teams that can support local efforts.

Finally, our vaccinators, are responsible for proper storage and handling of vaccine, and safely and efficiently delivering as many shots into the arms of Wisconsinites as possible.

Vaccine Allocation and Distribution System

There are currently two COVID-19 vaccines, from Pfizer and Moderna, which have received emergency use authorization from the Food and Drug Administration (FDA) to be administered to citizens across the country. Each week, the federal government allocates vaccine to every state based on population. The Department then surveys our vaccinators regarding their allocation needs for the following week. This survey includes their ability to store the vaccine and schedule vaccine clinics for eligible groups. As we



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work through those requests, we compare it to the allocation we will receive from the federal government. At this point, we are told on a week to week basis how much vaccine we will receive.

We are not receiving enough at this point to keep up with the demand, even within Phase 1a which includes frontline healthcare workers and residents in long term care. When the allotments are finalized, they are entered into a federal system called Tiberius, and ultimately distributed to locations across the state.

Because of the different storage requirements for each vaccine, the COVID-19 Vaccination Task Force prepared a distribution system that included hubs with ultra-cold storage capabilities to store Pfizer vaccine and a system for transporting vaccine to spoke sites throughout the state. The Moderna vaccine is shipped directly to vaccinators.

Wisconsin currently has over 1,200 vaccine providers that are officially trained, registered and able to administer the COVID-19 vaccine. This includes local and tribal public health departments, hospitals, pharmacies, community health centers, rural health clinics, and more. We will continue to increase the number of vaccinators to ensure that as supply increases, there are adequate numbers of individuals ready and able to administer vaccine.

DHS has also signed a contract with a vendor to host mass vaccination clinics once more vaccine is available to the state. Mobile teams are ready to fill gaps where they might exist.

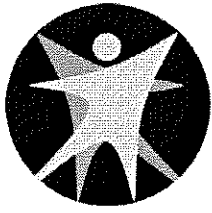
We have the vaccinators, we have the system in place, what we need is more vaccine.

Phasing

The State of Wisconsin, consistent with guidance from the Centers for Disease Control and Prevention (CDC), is implementing a phased approach to administering COVID-19 vaccine. Because demand for the vaccine is currently outstripping available supply, prioritization of vaccine is necessary. In our survey that went out Monday, we included law enforcement and fire, alongside the Phase 1a providers those groups eligible to receive vaccine next week. Health care workers affiliated with a health system or health department are receiving the vaccine at their place of employment. For those workers within Phase 1a that are unaffiliated with an organization administering vaccine, we have provided [guidance](#) on coordination of vaccine to ensure everyone who wants one can get one. Local health departments, who have had a longstanding role in mass vaccination efforts in Wisconsin, will play a lead role coordinating for unaffiliated Phase 1a individuals. Hospitals, clinics, and pharmacies are also critical partners in this effort. State mobile vaccine teams will help fill gaps where necessary.

Staff and residents of long-term care facilities are largely being vaccinated through the Federal Pharmacy Partnership Program.

The Department is making our prioritization decisions based on guidance from the CDC, ACIP, and our State Disaster Medical Advisory Committee. We continue to move through the phases in order, and will



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make additional groups eligible based on both supply projections as well as progress related to the current eligible group. We will never wait until an entire group is complete before opening up to the next as we need to keep moving, but the prioritization still remains.

Pharmacy Partnership Program

As mentioned, the Federal Pharmacy Partnership for Long-Term Care is providing onsite vaccinators for staff and residents of Wisconsin's long-term care facilities. CVS and Walgreens pharmacies have been contracted to offer onsite COVID-19 vaccination services to nursing homes and assisted living facilities that participate in this program. This program began vaccinating at skilled nursing facilities on December 28th.

Each state was required to select one vaccine – we chose Moderna – and reserve 50% of the doses it will take to cover all Skilled Nursing, and 50% of the doses it will take to cover all Assisted Living Facilities before it can start those programs. Beyond Skilled Nursing Facilities, we now have enough vaccine in the bank to begin the Assisted Living Facility program, and CVS and Walgreens are already scheduling their work with the Assisted Living Facility as we speak.

Of the 356 Skilled Nursing Facilities enrolled in the pharmacy partnership program, today, 250 facilities and 24,355 residents and staff have completed their first dose and we anticipate that first doses for all Skilled Nursing Facilities will be completed by the end of the month.

Next Steps

While the COVID-19 vaccine provides hope that we can return to life as it was pre-COVID, I would be remiss if I did not remind committee members that we need to remain vigilant in stopping the spread of COVID-19. The state is still seeing roughly 3,000 new cases each day. Wisconsinites should continue taking precautions to help protect themselves and their family and friends by staying home when possible, washing their hands, keeping six feet apart from others, and wearing a mask whenever they have to go out.

I would be happy to answer questions from committee members at this time.



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**Wisconsin State Assembly
Committee on Health**

A Discussion on Wisconsin's COVID-19 Vaccine Distribution January 14, 2021

Thank you Chairman Sanfelippo and members of the committee for the opportunity to testify before the your committee today about our COVID-19 Vaccination Efforts. I am Kimberly Walz, Regional Director of Government Relations for Walgreens. I represent 8 states including Wisconsin.

Walgreens and CVS are 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 226 stores in Wisconsin, 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, our 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 Wisconsin, Walgreens has been assigned 2,933 Long Term Care Facilities (LTCF) across the state. This includes 200 Skilled Nursing Facilities and 2,733 facilities including Assisted Living, Senior Residential Facilities, and homes for the Intellectually and Developmentally Disabled.

For each LTCF we schedule three on-site clinics to allow for staff staggering of doses. Each clinic is scheduled to account for the 28 days necessary between dose 1 and dose 2.

Our prioritization for scheduling reflects the state activations for each type of facility. The State of Wisconsin activated Skilled Nursing Facilities on December 28th and all of our initial immunization efforts have been at these facilities. The remaining LTC facilities are activated as of January 25th.

For Skilled Nursing Facilities we have completed over 12,000 vaccinations. We will have completed 100% of the first clinics (with the first doses) by January 25th. (As of today that number is 60%). Our estimated date of completion for all three clinics for the Skilled Nursing Facilities is March 23.



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 February 28th. We are hoping to have all three clinics completed for these facilities by April 25th.

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 Phase 1b and 1c plans to administer COVID-19 vaccines to additional vulnerable populations, which may include essential workers and people ages 75 and older.

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.

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.



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Director, State Government Affairs
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Assembly Committee on Health
A Discussion on Wisconsin's COVID-19 Vaccine Distribution
January 14, 2021

Good morning Chairman Sanfelippo and members of the committee. I am Larry Lewis, Director of State Government for CVS Health for portions of our Great Lake Region. I appreciate the opportunity to testify today regarding the important work CVS Health is currently doing to administer COVID vaccine in Wisconsin.

CVS Health is a diversified health services company with nearly 300,000 employees united around a common purpose of helping people on their path to better health. Included in these services is CVS Pharmacy which boast more than 9,900 retail locations across the country. In fact, nearly eighty-six percent (86%) of the U.S. population resides within 10 miles of CVS Pharmacy. In Wisconsin we have approximately 1,500 CVS colleagues and 83 retail locations across the state. We are currently leveraging our sizable assets in Wisconsin to support the Federal Pharmacy Partnership for Long-Term Care Program for COVID-19 Vaccination. Under this partnership our CVS colleagues are currently provide on-site vaccination of residents and staff at more than 150 Skilled Nursing Facilities (SNF) in the state. By the end of this week we will have administered more 12,500 first doses of vaccine and plan to complete the first round of vaccine clinics at these facilities before the end of January. Upon reaching this point we will have moved into the second phase of the vaccine partnership program and begun administering vaccine to Assisted-Living and other facilities.

While we remain lasered focused on completing the important task of vaccinating long-term care facilities, CVS is planning and preparing to deploy broader vaccinations outside this setting as more vaccine becomes available. We plan to use our national CVS Pharmacy footprint which will ultimately give us the capacity to administer close to twenty-five (25) million vaccines per month across the country. For these in-store immunization we will take advantage of our existing Minute Clinic platform to schedule and communication with individuals seeking vaccination.

In an effort to create transparency and provide education around the vaccine process, CVS has established several online resources. The following links provide information on the process for the Long-Term Care vaccination program, daily vaccination totals, and several informational tools about the vaccines themselves.



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<https://cvshealth.com/covid-19/vaccine-information/vaccination-data>

<https://www.omnicare.com/covid-19-vaccine-resource>

CVS take great pride in working with the CDC along with states and local government to administer this much needed vaccine in Wisconsin and across the country. Chairman and members of the committee, thank you again for the opportunity to present this testimony. I welcome the opportunity to answer any questions you may have.



TO: Members, Assembly Committee on Health

FROM: Danielle Womack, MPH
Vice President, Public Affairs
Pharmacy Society of Wisconsin

DATE: January 14, 2021

SUBJECT: Wisconsin's COVID-19 Vaccine Distribution

Thank you, members of the Assembly Committee on Health, for inviting me to speak to you today about the distribution of the SARS-CoV-2 vaccine in Wisconsin. On behalf of the Pharmacy Society of Wisconsin (PSW) and our 4,500 members, we appreciate the opportunity to share the pharmacy professionals' experiences across the state and provide recommendations for action moving forward to ensure efficient, safe, and equitable vaccine distribution.

I also want to thank the Wisconsin Department of Health Services (DHS) for their ongoing work in coordinating the complicated allocation of the SARS-CoV-2 vaccine and the Office of the Commissioner of Insurance (OCI) for ensuring effective implementation of the CARES Act's vaccination requirements.

Our members have been at the front lines of the allocation and distribution of the SARS-CoV-2 vaccination efforts and will continue to play a crucial role as we progress through the Phases. Our health system providers at the front lines of the fight against COVID-19 serve as hubs, coordinate and administer vaccinations as part of Phase 1a, and treat patients with COVID-19.

Pharmacies serve as a crucial asset and partner in the fight against COVID-19. Providing more flexibility to pharmacies to provide vaccinations is necessary to have more efficient dissemination of the vaccine. While some pharmacies are already involved, enlisting all of our willing, ready, and able pharmacy providers will exponentially increase vaccination opportunities.

As of January 13, Wisconsin has administered 31% of our allocated doses, covering 2.4% of our population. For reference, here are the administration rates of our neighboring states:

State	% of Allocated Doses Administered	% of Population Covered
Iowa	42%	3.6%
Illinois	40%	2.9%
Minnesota	32%	2.9%
Michigan	38%	2.9% ¹

¹ The New York Times. See How the Vaccine Rollout is Going in Your State. Retrieved January 13, 2021, from <https://www.nytimes.com/interactive/2020/us/covid-19-vaccine-doses.html>



However, more than 30 states have administered a significantly larger proportion of their allocated doses. For example, as of January 11, Colorado had received an allocation of nearly the same number of doses as Wisconsin (416,875 and 418,775, respectively) yet had administered 52% of their allocated doses, compared to Wisconsin administering 32%. ***In fact, among states allocated between 360,000 and 460,000 doses, Wisconsin has the lowest administration rate, both in the percentage of population covered and the portion of allocated vaccines administered.***²

Pharmacies are ready to get vaccines into arms. Vaccination is our way out of this pandemic, but we must scale our vaccination efforts to unprecedented levels. Pharmacies are ready, willing, and able to administer vaccines and meet this unparalleled need.

We have identified four priority areas to address the ongoing challenges relating to the allocation and distribution of the SARS-CoV-2 vaccine:

1. Enroll pharmacies as vaccinators quickly to more broadly distribute the vaccine throughout the state.

Unfortunately, countless pharmacies who have attempted to enroll as vaccinators are either awaiting approval or are awaiting the ability to request an allocation of the vaccine. Pharmacies are located throughout urban, rural, and suburban areas of the state and often have evening and weekend hours. Ninety percent of Americans live within 5 miles of a pharmacy. They are a convenient access point, but they must be enrolled as vaccinators and have the vaccine in stock to administer vaccinations.

Pharmacists, pharmacy students, and pharmacy technicians can all administer the SARS-CoV-2 vaccine. That is nearly 15,000 potential vaccinators – but they must have the vaccine in hand.

2. Activate Phase 1b immediately, following in the steps of states like Alaska, Arizona, Colorado, Michigan, New Jersey, and North Carolina.

Our members are ready to provide rapid vaccination to this priority group, significantly increasing overall population vaccination coverage and high-risk individuals' coverage. By deploying vaccine broadly to Wisconsin pharmacies, including pharmacies in rural and underserved areas, and activating an additional group of recipients, the state can empower Wisconsin communities to increase their vaccination efforts exponentially.

It can be difficult for smaller or rural pharmacies to have enough Phase 1a patients to use all allocated doses. Activating Phase 1b is not about letting people “jump the line” –

² The New York Times. See How the Vaccine Rollout is Going in Your State. Retrieved January 12, 2021, from <https://www.nytimes.com/interactive/2020/us/covid-19-vaccine-doses.html>

it is about making more access points available by providing an opportunity for pharmacies to scale this to the populations they serve.

3. Create a streamlined approach for the scheduling of vaccine administration.

Many states have established publicly available processes to identify eligible populations for vaccination and describe how each eligible population can book a vaccination appointment online or by phone, including Alaska,³ Colorado,⁴ Florida,⁵ Louisiana,⁶ Nebraska,⁷ New Mexico,⁸ New York State,⁹ South Carolina,¹⁰ Tennessee,¹¹ Texas,¹² and West Virginia.¹³ Many of these states have the highest percentages of distributed vaccines administered.^{14,15} Wisconsin, which is currently ranked 34th in the rate of distributed vaccines that have been administered, does not currently have a similar process in place.¹⁶

Many counties have turned to third-party platforms, such as Eventbrite, creating processes for scheduling vaccination that are unable to organize to the demand and uses these platforms may potentially violate HIPAA. Organizations have requested support from the state government. Scams have appeared when using these platforms,¹⁷ which further necessitates communication from a reputable source.

³ Alaska Department of Health and Social Services. COVID-19 Vaccine Status Update. COVID-19: COVID-19 Vaccine Information for all Alaskans. <http://dhss.alaska.gov/dph/epi/id/pages/COVID-19/vaccine.aspx>. Accessed January 13, 2021.

⁴ Colorado Department of Public Health and Environment. Vaccine for Coloradans. Colorado COVID-19 Updates. <https://covid19.colorado.gov/for-coloradans/vaccine/vaccine-for-coloradans>. Accessed January 13, 2021.

⁵ Florida Health. COVID-19 Vaccines in Florida. Florida Department of Health COVID-19 Outbreak. <https://floridahealthcovid19.gov/covid-19-vaccines-in-florida/>. Published January 12, 2021. Accessed January 13, 2021.

⁶ Louisiana Department of Health. COVID-19 Vaccination information: Department of Health: State of Louisiana. COVID-19 Vaccination Information | Department of Health | State of Louisiana. <https://ldh.la.gov/covidvaccine/>. Accessed January 13, 2021.

⁷ Nebraska Department of Health and Human Services. COVID-19 Frequently Asked Questions. <http://dhhs.ne.gov/Pages/COVID-19-Vaccine-Information.aspx>. Accessed January 13, 2021.

⁸ New Mexico Department of Health. Home. NMDOH - Coronavirus Updates. <https://cv.nmhealth.org/covid-vaccine/>. Accessed January 13, 2021.

⁹ New York State. 19 Vaccine: Get the Facts. COVID. <https://covid19vaccine.health.ny.gov/>. Accessed January 13, 2021.

¹⁰ S.C. Department of Health and Environmental Control. SCDHEC. COVID-19 Vaccine Appointments. <https://scdhec.gov/covid19/covid-19-vaccine/covid-19-vaccine-appointments>. Accessed January 13, 2021.

¹¹ Tennessee Department of Health. Getting a COVID-19 Vaccine. Tennessee State Government - TN.gov. <https://www.tn.gov/content/tn/health/cedep/ncov/covid-19-vaccine-information/getting-a-covid-19-vaccine-information.html>. Accessed January 13, 2021.

¹² Texas Department of State Health Services. COVID-19 Vaccine Information. Texas Department of State Health Services. <https://www.dshs.state.tx.us/coronavirus/immunize/vaccine.aspx>. Accessed January 13, 2021.

¹³ West Virginia Department of Health and Human Resources. COVID-19 Vaccine. Department of Health and Human Resources. <https://dhhr.wv.gov/COVID-19/Pages/Vaccine.aspx>. Accessed January 13, 2021.

¹⁴ Adams K, Anderson M. States ranked by percentage of COVID-19 vaccines administered: Jan. 11. Becker's Hospital Review. <https://www.beckershospitalreview.com/public-health/states-ranked-by-percentage-of-covid-19-vaccines-administered.html>. Published January 13, 2021. Accessed January 13, 2021.

¹⁵ The New York Times. Nearly 2.8 Million People in the U.S. Have Gotten a Covid-19 Vaccine. The New York Times. <https://www.nytimes.com/interactive/2020/us/covid-19-vaccine-doses.html>. Published December 17, 2020. Accessed January 13, 2021.

¹⁶ Adams K, Anderson M. States ranked by percentage of COVID-19 vaccines administered: Jan. 11. Becker's Hospital Review. <https://www.beckershospitalreview.com/public-health/states-ranked-by-percentage-of-covid-19-vaccines-administered.html>. Published January 13, 2021. Accessed January 13, 2021.

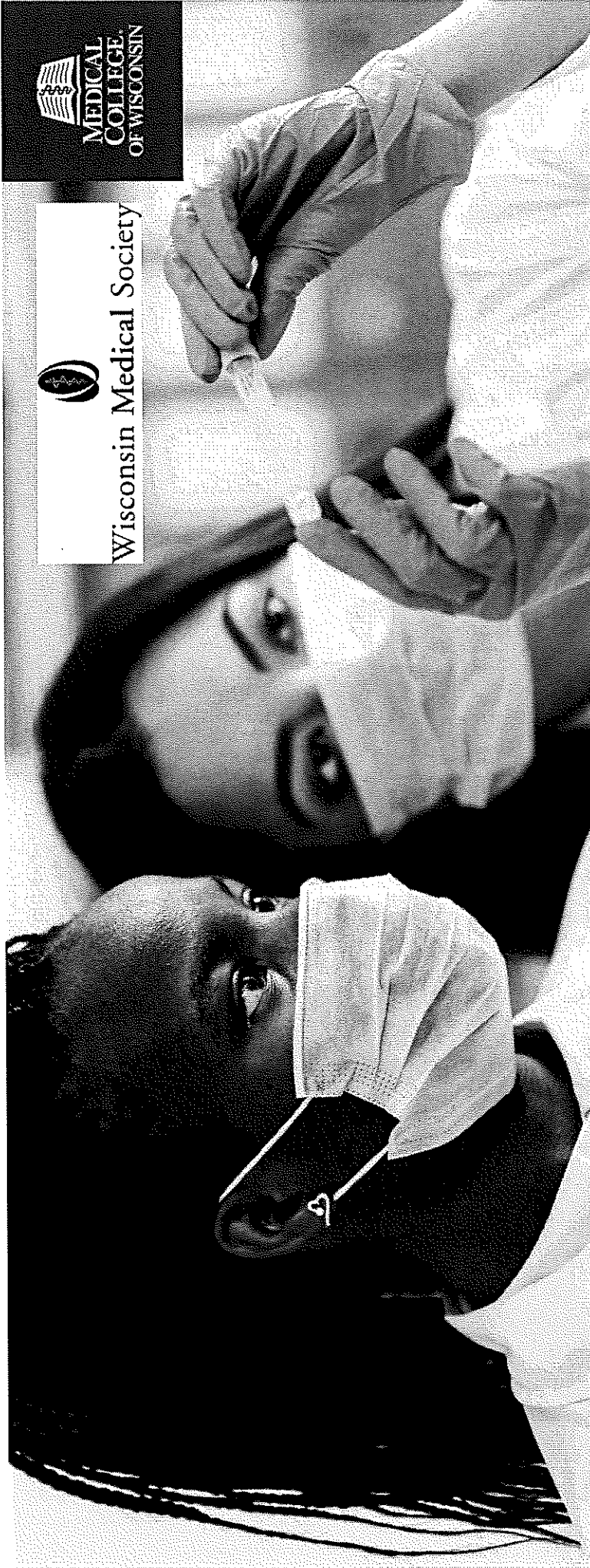
¹⁷ Fortin J. Vaccine Demand Has Health Officials Turning to Eventbrite. The New York Times. <https://www.nytimes.com/2021/01/08/us/covid-vaccine-eventbrite.html>. Published January 8, 2021. Accessed January 13, 2021.



4. *Ensure the effective positioning of second doses throughout the state.*

The state must ensure that Wisconsin receives enough second doses and suitably position the doses throughout the state. All second dose allocation must guarantee that the patients who have already received their first dose receive their second dose on time. It is not enough to only have the vaccine vials in the state; the state must distribute the second doses adequately.

Vaccination is our way out of this pandemic, and pharmacies are here and ready to help. We know that states that have rapidly expanded their vaccine distribution have done so through their pharmacies' complete engagement. We look forward to continuing our collaboration with policymakers to allocate and distribute the SARS-CoV-2 vaccine effectively.



Wisconsin Medical Society



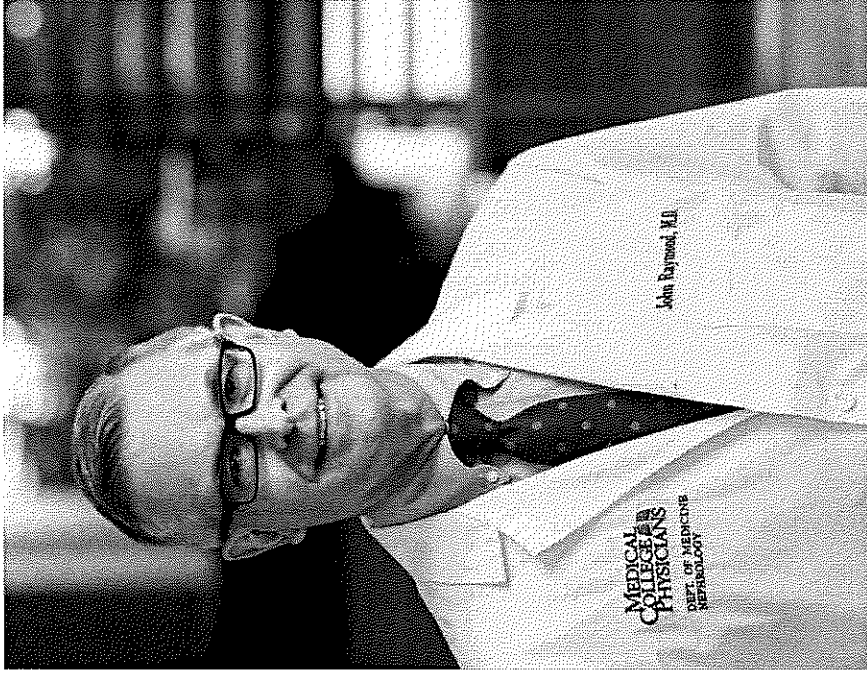
MEDICAL
COLLEGE
OF WISCONSIN

WISCONSIN ASSEMBLY HEALTH COMMITTEE

01.14.2021

Presented by John R. Raymond Sr., MD

Learn more:
[covid19.mcw.edu](https://www.mcw.edu/covid19)

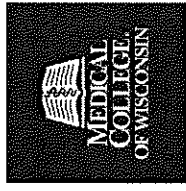


John R. Raymond Sr., MD

President and CEO

Medical College of Wisconsin

Analytics by Ali Nemati
MCW Institute for Health and Equity



Wisconsin Medical Society

WI COVID-19 DIAGNOSTIC TESTING – 01.13.2021

Learn more:
covid19.mcw.edu

CUMULATIVE PEOPLE TESTED REPORTED AS OF YESTERDAY

Total	2,928,143
Negative	2,414,873
Positive	513,270

- # of people tested reported yesterday in WI = **7,427**
- Highest single daily total of people tested was **49,029** on 11.19.2020
- Testing capacity: Stable at **59,245**. 137 laboratories currently testing. 16 planning to test.

Presented on 1/14/2021

DAILY POSITIVE CASES

Total	2,134
% Case Positivity	28.7%
7-day average	31.9% - trending stable

- Daily cases have exceeded 7,000 five times since the beginning of November
- Previous highest daily positive cases: WI: **7,989** on 11.18.2020



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WI HOSPITAL COVID-19 INDICATORS – 01.13.2021

Learn more:
[covid19.mcw.edu](https://www.mcw.edu/covid19)

Cumulative Patients: 22,705
Trending downward
(4.4% of positive cases)

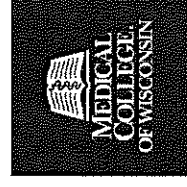
Inpatients: 988
Decreasing: down 140 w/w
(Previous high: 2,277 on 11.17.2020)
(Low: 235 on 7.05.2020)

ICU Patients: 225
Decreasing: down 18 w/w
(Previous high: 456 on 11.16.2020)
(Low: 65 on 7.05.2020)

ICU Capacity: 259
Available ICU Beds
Increasing slowly

Ventilator Capacity: 1,909
Stable

PPE Trends
Stabilizing
Most critical needs:
Gowns, goggles and paper masks



WI VARIOUS COVID-19 INDICATORS – 01.13.2021

Learn more:
[covid19.mcw.edu](https://www.mcw.edu/covid19)

% OF CASES BY RECOVERY STATUS

Recovered
93.6%

Active
5.4%

Died
1.0%

CUMULATIVE DEATHS

5,248

Male: **54.2%**
Female: **45.7%**

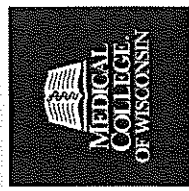
Black/African American*: **7.1%**
White: **84.5%**
Hispanic/Latinx*: **6.0%**

POSITIVE CASES

Doubling time (days): **50.4**
favorable

7-day growth rate: **0.5%**
Decreasing

R number: **1.03**
Stable



VACCINE DISTRIBUTION – A MARATHON NOT A SPRINT

Learn more:
[covid19.mcw.edu](https://www.mcw.edu/covid19)



Presented on 1/14/2021

6



COVID-19 VACCINE PROGRESS

Learn more:
[covid19.mcw.edu](https://www.mcw.edu/covid19)

Several safe and effective COVID-19 vaccines are in development

No single drug company will be able to meet the short-term demand; many 100's of millions of doses needed.

Strategy and framework in place to ramp up vaccinations to all Americans

APPROVED VACCINES



PFIZER VACCINE

received FDA emergency use authorization EUA 12/11



moderna

MODERNA VACCINE

received EUA 12/18



VACCINE IN PROGRESS



MULTIPLE OTHER VACCINES

will likely receive EUA over time

NOVAVAX



JOHNSON+JOHNSON & ASTRAZENECA VACCINES

are likely to be next



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COVID-19 VACCINE ADMINISTRATION

Learn more:
[covid19.mcw.edu](https://www.dhs.wisconsin.gov/covid-19/vaccine-administration)

Vaccine Summary

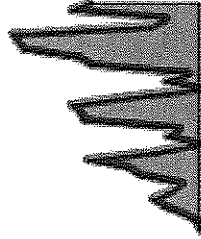
Last updated: 1/13/21

	Allocated		Shipped		Administered
	607,650		373,100		176,165

Pharmacy Partnership Program

Skilled Nursing Facilities Assisted Living Facilities

57,000 **140,000**



Vaccine Administration by Manufacturer

Pfizer	114,261	Moderna	61,902
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Data for "Allocated" and "Shipped" are updated weekly on Tuesdays. "Administered" data is updated daily.

<https://www.dhs.wisconsin.gov/covid-19/vaccine-administration>

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COVID-19 VACCINE SAFETY

Learn more:
[covid19.mcw.edu](https://www.mcw.edu/covid19)



Vaccine to prevent COVID-19 offer the safest and swiftest approach to end the pandemic.



The safety and effectiveness of the COVID-19 vaccines are assessed and approved by scientists, the medical community, governing bodies like the FDA, etc.



The COVID-19 vaccines underwent testing in trials in which no serious safety concerns were reported.



Testing of COVID-19 vaccines shows that they are effective for diverse ethnic groups, every adult age group and those with existing comorbidities; however, there has not yet been comprehensive testing on pregnant women or children.



Nine vaccine manufacturers signed a vaccine pledge committing to maintaining high ethical standards, sound scientific principles, and making safety a top priority.

SAFE & EFFECTIVE

Presented on 1/14/2021



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COVID-19 VACCINE DISTRIBUTION

Learn more:
[covid19.mcw.edu](https://www.mcw.edu/covid19)



CDC defines **“FRONTLINE ESSENTIAL WORKERS”** as first responders, (firefighters and police officers), teachers and others in education, food and agriculture workers (including grocery stores), correctional facility staff, U.S. postal workers, public transit workers, and some manufacturing (49 million people)

*Phase timing is estimated and subject to change based on vaccine availability and distribution 10



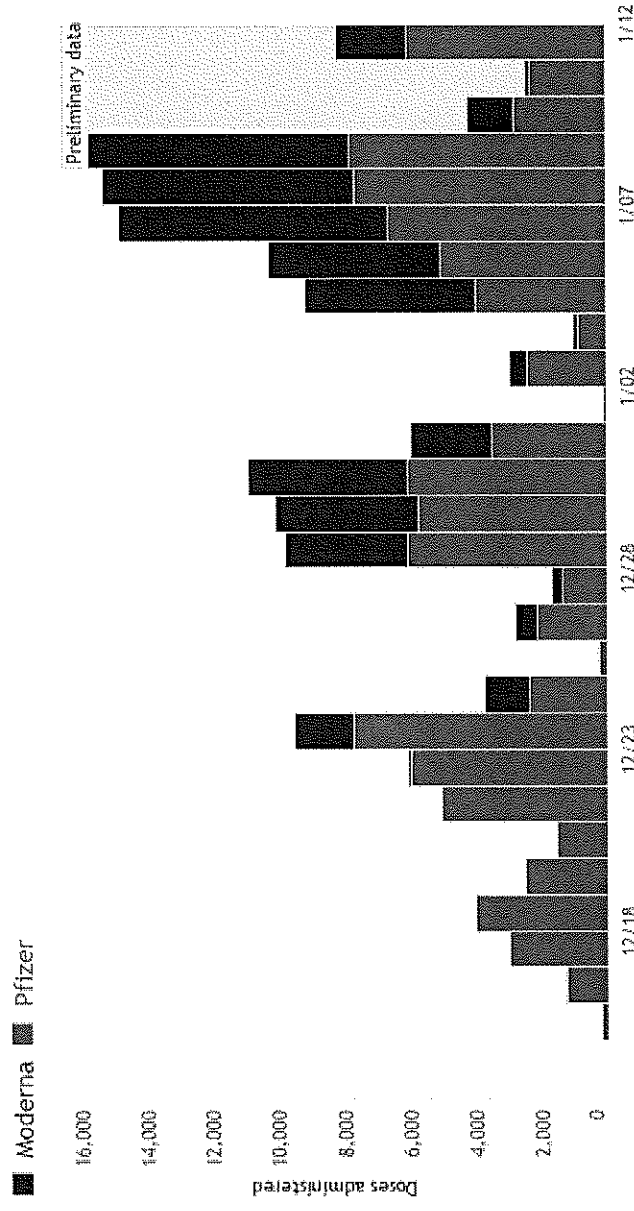
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COVID-19 VACCINE DISTRIBUTION IN WISCONSIN

Learn more:
covid19.mcw.edu

- CDC has implemented a policy for vaccine distribution to states per capita
- As of Jan 13, Wisconsin had vaccinated 2.4% of its population
- National average as of 01.13 was 3.1% (receiving at least first dose)
- 163,371 total vaccine doses administered in WI (as of 1/12/21)

COVID-19 vaccines administered per day
Updated: 1/13/21 (Total: 163,371)



<https://www.dhs.wisconsin.gov/covid-19/vaccine-data.htm#day>

<https://covid.cdc.gov/covid-data-tracker/#vaccinations>

Presented on 1/14/2021



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VACCINE COORDINATION CHALLENGES

Learn more:
[covid19.mcw.edu](https://www.mcw.edu/covid19)

Vaccine Logistics are Different from Testing Logistics

- Need space to observe individuals for 15-30 minutes following vaccination
- Social distancing requirements in vaccination clinic and in observation spaces
- Ultra-cold freezing, refrigeration and storage requirements
- Different requirements for Pfizer vs. Moderna vaccines
- Vaccine compounding areas needed

Matching Vaccinators with Those Needing Vaccine Requires Local Effort

- Vaccine Hub security is important, but should not impede matchmaking
- Lessons from 1A distributions may not carry over into subsequent distribution tiers as the population volume grows by phase
- Local effort critical to quickly make matches

One Size Does Not Fit All

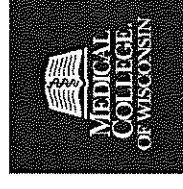
- Scaling from 500,000 eligible in phase 1A to millions of people in areas with maldistribution of health services in 1B and beyond

Presented on 1/14/2021

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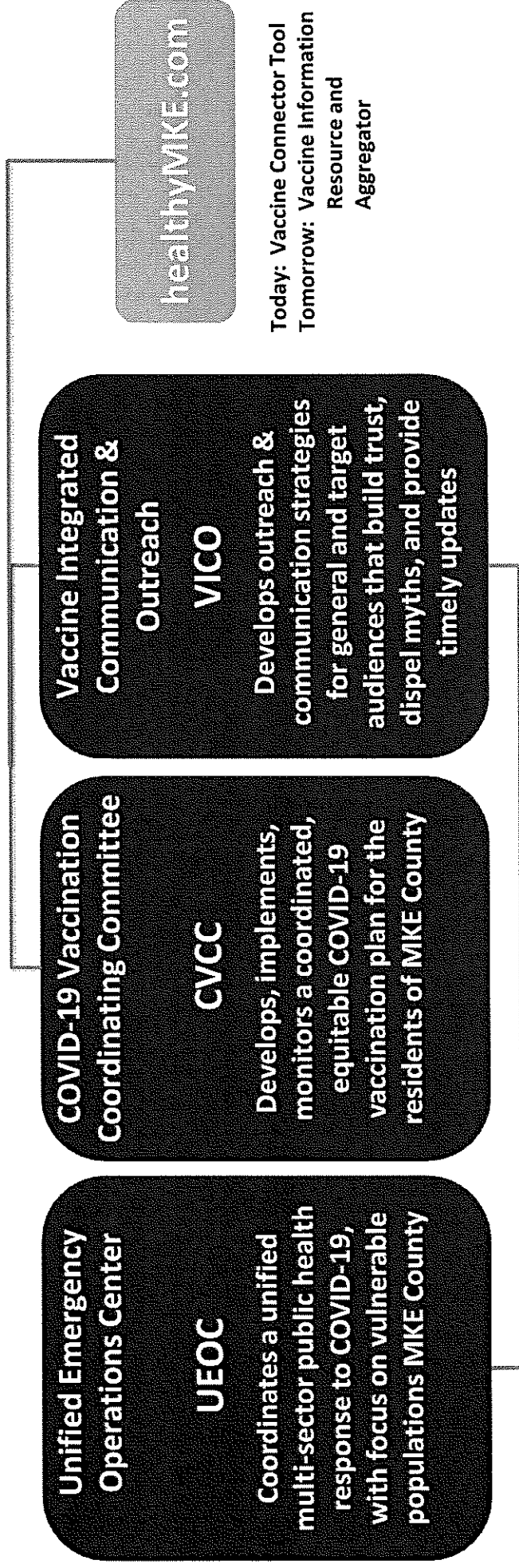


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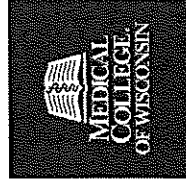


VACCINE COORDINATION – MILWAUKEE AREA

Learn more:
covid19.mcw.edu



All include representation from government, public health, healthcare, education, and diverse communities



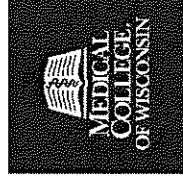
VACCINE COORDINATION – MCW

Learn more:
[covid19.mcw.edu](https://www.mcw.edu/covid19)

- MCW is a vaccine Hub for southeast Wisconsin
- MCW's School of Pharmacy is hosting a Vaccination Clinic for 1A unaffiliated health care providers
- MCW physicians, scientists, pharmacists and leaders continue to serve in thought leadership roles with:
 - Department of Health Services (DHS)
 - State Disaster Medical Advisory Committee (SDMAC)
 - Wisconsin Assoc of Independent Colleges and Universities
 - HERC 7
 - Milwaukee County and all associated municipalities
 - City of Milwaukee Health Department
 - Metropolitan Milwaukee Association of Commerce
 - Dozens of organizations in Wisconsin seeking guidance throughout the pandemic



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RECOMMENDATIONS FOR POLICY MAKERS

Learn more:
covid19.mcw.edu

Empower Local Health

Allow Flexibility

Urge Federal Action

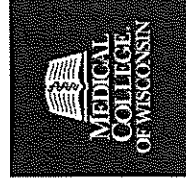
Communicate clearly and consistently

Presented on 1/14/2021

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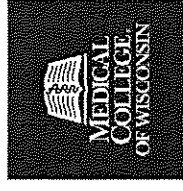
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DATA SOURCES

Learn more:
[covid19.mcw.edu](https://www.mcw.edu/covid19)

- We use multiple external data sources for these presentations
 - Wisconsin Hospital Association: [wha.org/COVID-19Update](https://www.wisconsin.gov/covid-19/index.htm)
 - Wisconsin Department of Health Services: <https://www.dhs.wisconsin.gov/covid-19/index.htm>
 - Milwaukee County: <https://county.milwaukee.gov/EN/COVID-19>
 - Reproductive number calculator: [Rt.live](https://www.nytimes.com/interactive/2020/science/coronavirus-vaccine-tracker.html)
 - *New York Times*: <https://www.nytimes.com/interactive/2020/us/coronavirus-us-cases.html> and <https://www.nytimes.com/interactive/2020/science/coronavirus-vaccine-tracker.html>
 - Wisconsin Electronic Disease Surveillance System (secure access required)
 - Milwaukee County Unified Emergency Operations Center (secure access required)
 - Centers for Disease Control and Prevention: <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html>
 - Worldometers: <https://www.worldometers.info/coronavirus/>
 - Johns Hopkins: <https://coronavirus.jhu.edu/vaccines>
- Medical College of Wisconsin analytics
 - Institute for Health and Equity
 - Division of Epidemiology
 - Epidemiology Data Resource Center and Geographic Information System





Wisconsin Assembly Committee on Health:

A Discussion on Wisconsin's COVID-19 Vaccine Distribution

Testimony Submitted by:
John Sauer, President/CEO
LeadingAge Wisconsin
January 14, 2021

Good morning Chairman Sanfelippo, Ranking Member Subek and members of the Assembly Committee on Health. My name is John Sauer and I have the privilege of serving as the President/CEO of the LeadingAge Wisconsin, a statewide Association representing mission-driven nursing homes, assisted living facilities and other community-based providers in Wisconsin. In total, the Association represents over 550 nursing home, assisted living, senior housing, and other community-based providers serving older adults and individuals with a disability throughout the State.

We appreciate this opportunity to testify and share our experiences with the rollout of the COVID-19 vaccines to our long-term care provider community.

Please allow me to first offer a brief reflection on our members' journey since March. As you have read and some have experienced firsthand, our providers have been on the frontlines of this battle from day one of the pandemic. Over the past 10+ months, providers have courageously battled the virus while working 24/7 to protect residents and their caregivers from a virus that has proven to be especially harmful to older adults. And this mission continues. Providers are struggling to overcome staffing challenges further exacerbated by COVID-19 exposures; fighting to obtain the necessary personal protective equipment (PPE: masks, gowns, gloves, and facial shields) for our caregivers; regularly administering COVID-19 tests for all workers, often twice a week per federal regulations; and attempting to overcome budget shortfalls driven by sharply increasing COVID-19 related expenses and revenue losses caused by declining admissions. Sadly, the pandemic has imposed severe hardship on our members' residents and their families as facilities are required to limit resident group activities and outings, curtail communal dining and, most significantly, limit in-person visitation opportunities except under certain limited circumstances.

The arrival of the vaccines is truly a celebratory event. In our caregiving world often overcome by COVID-induced despair and anguish, the vaccine offers hope to tens of thousands of individuals residing and working in our State's long-term care facilities.

Today's hearing seeks to learn more about Wisconsin's COVID-19 vaccination distribution process. As you know, there are broadly speaking two ways the vaccine is distributed in our State: The federal Pharmacy Partnership for Long-Term Care program and the public distribution process that includes the "hub and spoke" system. My comments and observations offer below are intended to solely address the federal Pharmacy Partnership program which generally is how nearly 5,000 long-term care facilities are receiving the vaccine.

- The Department of Health Services (DHS) estimates that just under 200,000 long-term care residents and staff need to be vaccinated, including 140,000 in our assisted living and federal HUD housing facilities.
- For apparent logistical considerations (storage, delivery, etc.), the Moderna vaccine has been designated by DHS as the sole vaccine for use by the Pharmacy Partnership program. The Moderna vaccine first received FDA Emergency Use Authorization on December 18, 2020. Ten days later, on December 28th, Walgreens and CVS began putting shots in the arms of nursing home residents and staff (Part A of the rollout). These institutional pharmacies indicate all 358 Wisconsin nursing homes will receive the first-of-three vaccine clinic visits no later than January 25, 2021, or less than thirty days from the initial rollout date. For the most part, our member nursing facilities have been pleased with how Walgreens and CVS have administered the vaccines to residents and staff. Providers report their staff have been professional and respectful in explaining the process and administering the vaccine. Issues that have arisen are related to ensuring quick access to staff and residents' insurance information and documentation and data entries. Our providers estimate over 90% of nursing home residents and 60-65% of their staff are being vaccinated (Note: Some facilities report staff vaccination rates of over 80%. Nearly all facilities suggest more staff will choose to be vaccinated at the next available opportunity. Staff under the age of 18 are not eligible to receive the Moderna vaccine).
- DHS has announced it will begin Part B of the Pharmacy Partnership program on January 25, 2021. Under Part B, assisted living residents and staff will begin to receive the vaccine primarily from Walgreens and CVS. We understand the initial clinic visit to each of the approximately 4,600 assisted living and HUD facilities will take at least 6 weeks, with up to two additional visits to follow (the second visit to administer the second dose will occur 28 days after the facility's initial visit). This means delivering the second Moderna vaccine to all facilities under Part B likely will not be completed until the Spring.
- Is the vaccine rollout happening as quickly as providers had hoped? Given the heretofore unfathomable experience our long-term care residents and staff have endured since March of last year, it is safe to say most of us advocated for the vaccine's arrival to come sooner than was perhaps realistic. DHS tells us that before Wisconsin could initiate Part A or Part B of the federal Pharmacy Partnership program, the State was required to have banked at least 50% of the estimated number of vaccines required for residents and staff. Thus, the Part B rollout to assisted living and HUD housing facilities was delayed until an inventory of 70,000 Moderna vaccines was banked.

- With DHS' activating Part B of the Pharmacy Partnership program coupled with this week's announcement that the federal government will increase the number of vaccines shipped to the States, it would appear that many of the restraints imposed on the vaccine rollout have been lifted, particularly for nursing homes and assisted living facilities. It is important that the State of Wisconsin continuously monitor this program and assess if changes need to be made to accelerate the pace by which older adults are vaccinated.
- As noted above, apparently due to lack of available vaccine inventory and other issues, the rollout of the vaccines to nursing homes, assisted living facilities and independent/senior housing did not happen at the same time. This was unfortunate because many of these facility-types are often co-located on the same campus. So, in the early days of the vaccine rollout under the Pharmacy Partnership program, the vaccinators arrived at campus-based organizations that included a nursing home, assisted living facility and an independent living facility but were only authorized to vaccinate the nursing home residents and staff (including shared staff). As a result, it is expected the vaccinators will have to return to the campus more times than otherwise would have been necessary, if they had been initially authorized to vaccinate all residents and staff on the campus. In addition to being inefficient, residents and their families were frustrated by the missed opportunity to be vaccinated. With the increase vaccine availability, DHS announced yesterday that vaccinators will be authorized to vaccinate all staff and residents on such campuses, meaning these independent residents and staff are now covered under the Pharmacy Partnership program. We are thankful for this change.
- Because older adults with multiple co-morbidities living in congregate settings are highly susceptible to COVID-19, our request is for the vaccines to reach these residents as soon as possible. In addition, as we advance further into the State's vaccine rollout timeline, we should be aware the Pharmacy Program for Long-Term Care is time limited. The federal program authorizes Walgreens and CVS to visit each of the long-term care facilities up to three times. Once this is accomplished, we understand the Pharmacy Partnership program will be terminated and these facilities will have to access the vaccine through the general distribution system. Providers are particularly interested in plans to ensure vaccines remain available to their residents and staff. Our hope is that DHS and the federal government view the current vaccine rollout process as being both flexible and fluid. If there is a way to accelerate the process of delivering the vaccine to our residents and staff, those options should be continuously considered and evaluated. Once the Pharmacy Partnership programs ends, if not before, our State's community pharmacies, the institutional pharmacies and appropriate health care providers could assume a more direct role in vaccinating the high-risk long-term care population and their caregivers.

Again, thank you for the opportunity to share my remarks today. I am happy to address any questions you may have or provide additional information to the Committee as requested.

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Good morning Chairman Sanfelippo, ranking member Subeck, and members of the Assembly Committee on Health. My name is Chris Borgerding and I am the Director of Government Services for the Wisconsin Dental Association.

I want to thank you for affording me time today to brief you on how the vaccine rollout is impacting unaffiliated health care providers like dentists and their clinical staff.

The WDA over the last few months has been actively working to ensure that unaffiliated health care providers are prioritized in vaccine distribution. Early on in the process, recognizing the extreme transmission risks in a dental office, dentists and their clinical staff were designated as Phase-1A health care providers. In March, The New York Times listed dentistry as one of the professions at the highest risk of COVID-19 infection.

Since day one, the consistent message that has been conveyed to us is to work with our local public health departments. Immediately upon receiving that message, we contacted every local public health department in the state letting them know that we could connect them to WDA member dentists and their clinical staff in a moment's notice. Of the 80 or so public health departments, roughly half have gotten back to us requesting our assistance.

The WDA is very appreciative of the efforts being taken by local public health departments. The logistical undertaking they are now managing is nothing short of impressive. Because of the passion and ingenuity of many of these local public health departments, dentists and their clinical staff are receiving the vaccine in various counties around the state. With that said, we are still hearing from counties about the lack of direction and communication they are receiving from the state. We are hoping that the flow of information will increase.

The WDA would also like to commend and recognize the health systems that are now stepping up to fill obvious voids around the state. Every day, I am in contact with various health systems connecting them to my members to help facilitate vaccines. These health systems have gone through the wringer over the last year but are now stepping up and assisting the community in heroic ways.

It is our hope that unaffiliated phase-1A health providers remain a priority for the administration and legislature and are not forgotten about. There is still a large population in phase-1A that remains unaccounted for, or unvaccinated. These are providers, like dentists and dental teams, who are providing care on the front line every day to unmasked individuals.

Finally, I want to close by thanking the Assembly for their support of allowing dentists to assist in vaccination efforts in AB 1. As the vaccine rollout in Wisconsin trudges along, we are hearing more and more about the lack of vaccinators in Wisconsin, which ultimately impacts the efficiency of the process. States that are reducing barriers for health care providers will be able to vaccinate willing populations more expeditiously, getting their states back to normal quicker.

I want to thank you for allowing me the opportunity to testify today. At this time I can answer any questions you may have.

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**Assembly Committee on Health
PUBLIC HEARING**

Thursday, January 14, 2021
10:00 AM
411 South

A Discussion on Wisconsin's COVID-19 Vaccine Distribution

- Thank you for the invitation. My name is Darren Rausch, Health Officer/Director of the City of Greenfield Health Department serving a community of 37,000 residents in suburban Milwaukee County
 - I am pleased to join the public hearing today
 - I hope to lend the local public health department perspective to this important discussion
- The perspective I bring today is as a local public health official and public health scholar
 - Professionally, my full-time role is as local health officer at the City of Greenfield Health Department in suburban Milwaukee County
 - During the COVID-19 pandemic, I have worked with colleagues in health departments across Milwaukee County – as well as with other county partners – to create the Milwaukee County Unified Emergency Operations Center (UEOC)
 - Within the UEOC we've been working collectively to tackle the COVID-19 pandemic by strengthening our collective power across the county and across sectors; similar efforts are occurring in other parts of the state, both in local counties and regions
 - Additionally, I am an adjunct faculty member of the UW-Milwaukee Zilber School of public health in addition to being a current PhD candidate at UW-Milwaukee as well.
 - Formally, I am here to represent the Wisconsin Association of Local Health Departments and Boards (WALHDAB)
 - WALHDAB is the statewide leader and voice for local governmental public health
 - Within the organization, I am active as
 - A member of the COVID Committee
 - President-elect
- The role of local health departments in the COVID-19 pandemic is multi-faceted, including several key roles in management of the pandemic, disease investigation, and vaccination.
 - In the early months, our focus was primarily disease investigation and contact tracing
 - This included the management of the public health emergency in our respective jurisdictions
 - Also included assisting with coordinating testing and response within the community
 - This important work continues today, and will throughout the pandemic, because disease investigation, contact tracing, and testing remain effective tools to contain COVID-19
 - In summer, we needed to also begin planning for a COVID-19 vaccination campaign
 - Our effort builds on prior planning and exercising occurring over the past 18+ years

- Draws from previous similar experiences (H1N1 is most recent in 2009-2010), but our annual influenza vaccination clinics are mini-clinics that keep our plans fresh and current.
 - Our primary focus is on coordinating vaccine distribution plans in community in a way that is safe, quick and efficient
- The formal process for local health departments to obtain vaccine began in October
 - First, we needed to complete an application to become an approved vaccinator
 - Worked to identify populations in our communities that met anticipated priority groupings
 - Additionally, preparing and organizing for local vaccination included the ordering of vaccine supplies
 - Not only medical supplies, but also
 - Other supplies and equipment to support vaccination efforts
- The weekly ordering process for local public health opened the first week of January, after a focus the first few weeks on hospitals and healthcare systems
 - Process begins each Monday with a weekly survey sent to the Department of Health Services (DHS)
 - DHS is the gatekeeper since vaccine is allocated to the State by the federal government to the State
 - The survey collects key information on the site and the number of vaccines needed for the following week
 - This focus emphasizes completing vaccinations (“shots in arms”) rather than having vaccine sit in a freezer
 - Vaccine allocations are typically approved very late in the week – typically Friday – and arrives at local health departments early the following week
 - This permits the scheduling of clinics for the week with an assured amount of doses available
 - Mondays become an opportunity to reach out to the prioritized residents and/or employees in the jurisdiction who are eligible for vaccination; for Greenfield, this has meant scheduling clinics on Wednesdays and Thursdays weekly
 - It is important to recognize community partners helping in vaccination planning efforts
 - In Milwaukee County, we’re using a cross-sector partnership between health departments, human services, health care and others
 - Volunteers are important for our vaccination clinics, and include persons from other city departments, community volunteers, retired healthcare workers, students, and others
 - While local health departments are a large part of our state’s vaccination efforts, we are not the only. Many of those partners are also here with use today and we look forward to our continued work with all of them.
 - hospitals and health care systems (who are very active in Phase 1A)
 - pharmacies, healthcare clinics, federally qualified health centers, and others
 - And certainly all of the individual community volunteers who help staff our clinics
 - No one department can “do it all” in their community
- Each week, we’re also actively planning for future phases

- Most immediately, this week's announcement of expansion to police and fire
- Other populations in the SDMAC Phase 1B priorities: over 70 years, public-facing essential workers, school personnel)
 - 1B would include well over 450,000 persons statewide
 - Larger clinic operations will be required to vaccinate the larger anticipate volumes
- Lastly, let me focus on the needs (both short and long-term) for local public health in COVID-19 vaccination efforts
 - Vaccine supply has been the most limiting factor thus far; I repeat, vaccine supply from the federal government has been the limitation in getting "shots into arms"
 - Clearer communication to/for the public is VERY important
 - Currently, each health department is receiving dozens to hundreds of calls per day from residents
 - We need strong, clear and coordinated statewide messaging to inform residents
 - Support more points of access to vaccine (e.g., the pharmacies (was they are present) as a partner that is willing and able to help in the community, healthcare system, others)
 - Local public health was never anticipated to be the only vaccinators in the community
 - Significant vaccinations occur regularly for seasonal influenza through local healthcare systems and pharmacies; these organizations must be provided vaccine ASAP and definitely as Phase 1B begins
 - Human resources (including volunteers) (some departments have used retired physicians and nurses from WEAVR, others are using EMS personnel, nursing students, and others)
 - Funding
 - Local public health has been long underfunded nationally and statewide throughout my career
 - Local health departments are heavily reliant on federal allocations to combat the COVID-19 pandemic
 - Additional allocations were announced publically by Governor Evers yesterday - \$86M for local public health
 - These funds are dedicated to off-setting COVID-19 related expenses, such as vaccine administration
 - Also continue to support testing, disease investigation, and contact tracing
 - For Greenfield, this amounts to an allocation of \$439,000 through October 2022
 - Is this sufficient? I cannot say with absolute certainty.
 - So much depends on factors that are a bit unknown as we expand into the next phases
 - Do I need to rent commercial real estate?
 - Do I need to procure additional supplies?
 - Do I need to hire additional staff?
 - Public Health has been preparing for a pandemic
 - We're well positioned for success with COVID-19 vaccination efforts if provided the tools and resources I mentioned above
 - This work is not easy, and will continue to be challenging going forward, but we can recognize how much has been accomplished so far

- Over the years, we've worked annually with community partners – including hospitals, healthcare systems, pharmacies, and others – to plan for our current reality
- The participants on this public hearing are committed to COVID-19 in our communities, regions, and statewide
 - This commitment underscores how partners have stepped up and have working together for months
 - We're months in, and vaccination provides a glimpse of the light in controlling the COVID-19 pandemic in Wisconsin
- Thank you for the opportunity to speak today.
 - I'm happy to take any questions or comments from the Committee



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Testimony Before the Assembly Committee on Health Public Hearing: Discussion on Wisconsin's COVID-19 Vaccine Distribution

**Eric Borgerding, President/CEO
Ann Zenk, Senior Vice President Workforce & Clinical Practice
Wisconsin Hospital Association**

January 14, 2021

Chairman Sanfelippo, Ranking Member Subeck and members of the Assembly Committee on Health. My name is Eric Borgerding and I am the President/CEO of the Wisconsin Hospital Association. I also have with me Ann Zenk, who is first and foremost a nurse and nurse leader and also serves as WHA's SVP for Workforce and Clinical Practice and is playing a key role in our vaccine engagement. We appreciate this opportunity to testify.

Wisconsin hospitals and health systems have now spent nearly a year entrenched in all aspects of the COVID-19 pandemic, the enormity and impact of which are hard to overstate. We should all be very proud of Wisconsin's hospitals and all the dedicated nurses, doctors, technicians, custodians, administrators, aids, food service workers and many others working to keep us healthy and safe. They have daily seen and deeply felt the impacts of this pandemic and have stood witness to the thousands of their fellow Wisconsinites it has taken.

As hospitals and health systems have been on the front lines of caring for those afflicted with this virus, so too are they again on the front lines of preventing this virus through vaccine administration. As they have with all aspects of COVID, our members are leaning-in to their role, especially during these initial stages of vaccine deployment, and as the State of Wisconsin ramps up, creates and aligns the assets around its broader, multi-faceted vaccination strategy.

Depending on various assumptions, we calculate that Wisconsin will need to administer between 28,000 and 38,000 doses per day to successfully vaccinate 2.5 million people with two doses of vaccine by June 30. This is an immense, but achievable, challenge if we move forward in a pragmatic, coordinated and adequately resourced manner.

During a recent COVID briefing, DHS Deputy Secretary Julie Willems Van Dijk said "A shot in an arm is protecting a life." WHA could not agree more. To do so, we support implementing a vaccine strategy that:

- Has as its primary goal vaccinating as many people as quickly and safely possible
- That is flexible and acknowledges the prudence of variation and phase overlap

- Develops and leverages all vaccinator assets to the fullest extent.
- And is driven by the principle that each day additional people in a community are vaccinated, that community is safer than the day before.

On January 8, Governor Evers and eight other governors sent a letter to HHS Secretary Azar and Operation WarpSpeed's General Gustave Perna asking for immediate release of additional supplies of the life-saving vaccine. The letter quotes General Perna saying "a vaccine sitting on a shelf is not effective."

Soon after this letter, in fact in his announcement Tuesday, HHS Secretary Azar stated, "We need doses going to where they'll be administered quickly and where they'll protect the most vulnerable." WHA agrees and this is the primary reason we believe the state's vaccine allocation strategy should be flexible, allowing areas of the state that are ready to move ahead to do so by vaccinating the elderly and other key populations who can quickly and efficiently be vaccinated.

The often-cited national Advisory Committee on Immunization Practices, or ACIP, determined in its guidelines to states that it is not necessary to vaccinate all individuals in one phase before transitioning to the next. Secretary Azar reinforced this expectation earlier this week when he urged states not to overly manage the process but to allow people in lower-prioritized groups to be vaccinated rather than delaying vaccination. "Faster administration could save lives right now, which means we cannot let the perfect be the enemy of the good," Azar said. We agree.

Further substantiating this point of view, also on Tuesday HHS announced that in two weeks states will have their vaccine allotment rebased using two factors: the state's 65+ and older population and the pace at which vaccines are being administered. For Wisconsin, we believe this means carefully leveraging, our existing hospital and health system capacity, but also underscores the need for the state to bring its new, frequently mentioned, vaccinator partners and assets on-line and deployed very quickly.

Looking not much further down the road, the capacity and infrastructure to achieve a more rapid and larger scale of vaccination is a critical consideration. No single entity or sector has done more to respond to all aspects of COVID in Wisconsin than our hospitals and health systems. And now they have been and will continue to play a critical role in ramping up vaccination, especially for those that have or will fall within their immediate, known and expanding spheres. And as they have done with testing, they will again be called upon, and will again take on, a key role in vaccinating larger population segments within their communities. Many are anxious to move forward, to do so they need either vaccines, resources, ready-to-go community vaccinator partners, regulatory clarity or all of the above to assure the capacity meets the demand.

To that point, it will also be absolutely critical that the state continue quickly standing up, resourcing, coordinating and rigorously engaging an all hands-on the so-called deck. Over 1200 entities have now been enrolled by the state as vaccinators, including hospitals, pharmacies, clinics, FQHCs and local public health departments. Many (like the PSW) are chomping at the bit to be a larger part of the state's vaccine strategy and we commend them for stepping up and embracing this role, with many of those saying "give us more to do!".

We noted with great interest the announcement yesterday of \$86 million in funding the Evers Administration is allocating to local and tribal public health departments. The local public health

infrastructure, working closely with community vaccinators, must play a key role in coordinating community vaccination strategies as well as administering actual vaccine. The \$86 million investment, earmarked for COVID-related expenses, including vaccine administration, is an indication of the key role public health will play in greatly expanding the capacity to give vaccinations and as the state moves forward with broader, community-wide vaccination.

We also know that many are coming forward to offer additional assistance, such as the Alternative Care Facility in West Allis and the University of Wisconsin System (which is partnering with one of our members right now). We commend the state's plans to contract for mobile vaccination and mass vaccination clinics, and eagerly await the details and deployment.

There is a light at the end of the tunnel. We will get there, and WHA and our members remain unfalteringly committed to working with the many partners, and moving parts, to make it happen.

We appreciate the hard work of all those, both inside and outside government, who are engaged in creating and executing Wisconsin's COVID strategy. Carrying out a plan for a vaccine that requires two doses, has inherently transportation, storage and other logistical challenges, involves multiple levels of government and shifting guidance and variables is a massive undertaking. We know everyone is working hard and at the end of the day, all want Wisconsin to emerge from this awful pandemic as soon as possible.

We want to thank the people of Wisconsin who continue to endure all of this and take the steps needed to slow the spread of COVID. We still need to stay vigilant, and it is appreciated.

I can't let any opportunity go by without thanking the health care heroes of Wisconsin who at every level have endured challenges and hardships over the past 10 months as never seen before, and hopefully soon, will never see again. Hospitals and health systems, and those who keep them open and providing care, continue providing exceptional patient care under incredibly challenging circumstances and uncertain, changing rules. They will again be there for Wisconsin as an essential and critical element of the next phase of the state's response to this public health crisis.



20 January 2021

Assembly Bill 4

Good afternoon and thank you for this opportunity to provide written testimony to the legislature in support of 2021 LRB-1574/1. My name is Melissa Theesfeld. I am a licensed pharmacist in Wisconsin and am the current president of the Pharmacy Society of Wisconsin. I work full-time at Concordia University Wisconsin School of Pharmacy as an Associate Professor of Pharmacy Practice and the Director of Experiential Education. In this role, I collaborate closely with pharmacies and health systems throughout Wisconsin to place students in their clinical rotations and ensure that students have the necessary skills to care for patients.

I am writing today in support of efforts to allow any health care provider whose scope of practice includes vaccinations to supervise pharmacy students. Even before the COVID-19 pandemic, pharmacists and pharmacy students have worked closely with other health care providers to positively impact patient care. As COVID-19 vaccines have become available, our students have stepped up to prepare doses and administer these life-saving vaccines at clinical rotation sites, places of employment, public health departments, and other locations.

An “all hands on deck” approach is imperative to ensure that the COVID-19 vaccine can reach patients as quickly as possible. Allowing other trained health care providers, such as physicians and nurses, to supervise trained pharmacy students will allow for more vaccines to be administered and more lives saved. Pharmacy students are appropriately trained and are ready to serve! This legislation will undoubtedly save lives during the current pandemic, but has the potential to increase future vaccination rates for other preventable diseases like influenza and pneumonia.

I would also like to advocate for including another positive change to our vaccination effort that was included in the previous Assembly Bill 1. Current state law [Section 450.03 (1) (f)] only allows student pharmacists who have completed their second year of pharmacy school to administer vaccines (i.e. students in their 3rd or 4th academic year of a 4-year program). By expanding this authorization to 1st and 2nd year students, we can nearly double the number of student pharmacists who can vaccinate in Wisconsin. As I stated previously, we must have as many vaccinators in place as possible to effectively and efficiently administer the COVID-19 vaccine.

First- and second-year student pharmacists will receive high-quality training to administer vaccinations. They are trained on the role of vaccinations in public health, basics of immunology and vaccines, the diseases the vaccines are intended to prevent, use of the CDC immunization schedules to make patient care decisions, administration/injection of the vaccines, and recognizing and responding to any side effects.

In summary, allowing more health care providers to supervise our trained pharmacy students during vaccine administration will be a positive step in stopping the spread of COVID-19 and improving the health of Wisconsin residents. I am thankful for the opportunity to provide my support today and appreciate the legislature’s consideration of these measures. Please feel free to contact me with any additional questions.

Melissa L. Theesfeld, PharmD
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TO: Members, Assembly Committee on Health
FROM: Daniel Cichy, Pharm.D., BCPS
Director of Pharmacy
Evergreen Pharmacy

DATE: Wednesday, January 20, 2021
SUBJECT: Support of AB 4

Chairman Sanfelippo and members of the Assembly Committee on Health. Thank you for allowing me to provide testimony today on Assembly Bill 4. I believe this legislation will increase access to care and help our community fight this pandemic and future diseases that continue to affect our community, such as influenza, shingles, and pneumonia.

Several local rheumatology clinics have asked us to assist in vaccinating their high-risk patients. My pharmacy students are specifically trained in working with this population. Under the current law, my pharmacy students are not allowed to provide vaccines to these patients at the clinics without a pharmacist being present. With our current staffing needs we do not have the ability to help these offices scale their efforts to help patients as quickly as we would all like.

I support the notion that immunizing is a technical skill set and is not unique to one's profession. Our pharmacists believe in a team approach to healthcare and often interact with MD's, PA's, NP, RN's, MA's etc. We learn skills from them, and they learn skills from us. We have even been trained to administer Non-vaccine medication directly from nurse educators in the past. My point is, if there is a licensed medical professional willing to precept a pharmacy student, that student should be allowed to use all their training under the supervision of that health professional. This would include the ability to administer vaccinations to their patients.

I am partnered with many pharmacy schools in the area that give students a great base of learning. With the added training and skills they learn from practical experiences, these students are highly trained and are capable of helping our patients. We need help in this fight.

Thank you for your consideration of Assembly Bill 4. I am happy to answer questions by email or by phone at dcichy@egprx.com or 847-208-2362.

To Whom it May Concern:

My name is Nikki Batterman and I am a Student pharmacist at the University of Wisconsin-Madison School of Pharmacy. I am one of the co-chairs of Operation Immunization, a student-led effort to promote immunization to the public. We work with the Wisconsin Society of Pharmacy Students and the American Pharmacists Association

I urge you to support the Immunization Bill 21-1574, which allows pharmacy students to administer vaccines under the supervision of a qualified healthcare provider. Pharmacy students are well trained to provide immunization services and have the ability to do so under the supervision of any qualified healthcare provider. This change allows pharmacy students to administer vaccines with fewer restrictions and therefore allows more pharmacy student involvement in COVID-19 vaccine administration, as many public health mass clinics will be organized and supervised by nurses. We all administer vaccines the same way. There is not a vaccine administration technique that is specific to pharmacists, so the supervision of any qualified healthcare provider will be sufficient for us as students.

As a student, I want to be part of this important public health effort to immunize the people of Wisconsin. I am a qualified pharmacy student and will be certified to administer vaccines in the first week of March when I complete the immunization course that is part of our curriculum. We learn about vaccine preventable diseases and management of adverse reactions. Our course includes topics on appropriate timing of vaccines, populations with specific vaccine needs, recordkeeping, managing protocols, vaccine storage, vaccines for bioterrorism, and travel medicine. We also have a vaccine administration laboratory.

Please support this bill that will expand the role of pharmacy students in the COVID-19 vaccine administration effort. We are ready and willing to do our part.

Sincerely,

Nikki Batterman

Doctor of Pharmacy Candidate – 2023

University of Wisconsin – Madison School of Pharmacy