

14-03

STATEMENT OF POLICY

Pharmacy Partnerships for Emergency Response

Policy

To achieve more efficient, coordinated, and reliable public health emergency response, the National Association of County and City Health Officials (NACCHO) encourages local health departments and pharmacy partners to engage and coordinate in emergency planning, preparedness, and response efforts. NACCHO recommends the following as key components for building and sustaining partnerships with the pharmacy community:

- Local health departments should determine if there are existing partnerships between their state health department and community or retail pharmacies. They should then enhance such relationships, where they exist.
- Local health departments should jointly coordinate with state health departments on outreach to state boards of pharmacy and state pharmacy associations.
- Local health departments should work with the state to recruit those individuals and community entities (e.g., schools of pharmacy) that possess the expertise to serve in preparedness planning. Students and faculty from schools of pharmacy should be invited to participate in local health department preparedness and response activities that leverage their knowledge and skills. Additionally, local health departments should consider pharmacists who serve in the Medical Reserve Corps (MRC) as a volunteer resource.
- Local health departments should work with pharmacy leaders (e.g., state pharmacy associations, divisional leaders of chain pharmacies, drug wholesalers, independent pharmacy managers, pharmacy networks/franchises, etc.) to develop policies that identify pre-established roles, responsibilities, capabilities and expectations in a public health emergency.
- Local health departments, state health departments, state boards of pharmacy, state government and legislative entities, and state pharmacy associations should take action to implement or expand their existing state and local legal frameworks that would allow pharmacists to participate in public health initiatives and emergency response to the full extent of their education and training. Where feasible, local and state health departments and pharmacies are advised to forge broad-based Collaborative Practice Agreements, which authorize pharmacists to administer vaccines, provide medical countermeasures, or provide patient care services for certain patients and populations. State government officials should craft template emergency orders to address scenarios that would optimize the scope of



authorized activities to meet situational needs in the interim until state law can be modified to authorize pharmacists to provide services as part of their scope of practice.

- Local and state health department staff should familiarize themselves with federal resources and legal frameworks that allow pharmacists to participate in public health initiatives and emergency response to the full extent of their education and training. The Emergency Prescription Assistance Program (EPAP), a section of the Stafford Act, is one crucial legal framework that can be used in federally declared disasters to provide prescription medication and durable medical equipment for uninsured individuals within affected areas.¹ Local health departments, in coordination with their state health department, should explore the benefits and processes required to partake in this federal program that was built to leverage the resources of the pharmacies for efficient medication distribution in emergencies. State and local health departments should also have discussions with health plans regarding provision of coverage for the dispensing and administration of medications and vaccines and the submission and tracking of claims submitted by providers.
- State Immunization Information Systems (IIS) should accept data from pharmacies. Local health departments should advocate for pharmacies to have bi-directional access to IIS records during the vaccination process, including activities prior to administering vaccine. Local health departments, in coordination with their state health department, state board of pharmacy, and community and retail pharmacies, should develop protocols for sharing immunization data and other relevant surveillance data. Considerations must be made to reduce administrative burdens on pharmacy providers, especially those that service multiple jurisdictions within a state and regional geography.

Justification

The inclusion of pharmacy into a public health emergency response can increase healthcare system capacity. During an emergency, there may be a surge of patients in hospitals and urgent care sites. Pharmacists can mitigate these impacts at the community level by identifying and counseling high-risk patients, dispensing medical countermeasures, and providing public health information to the worried well. All of these services are compatible with routine pharmacy operations.²

In a public health emergency such as a pandemic, time-to-treatment is a major concern. Pharmacies have a significant presence in almost all communities; approximately 90% of people in the United States live within five miles of a community pharmacy.³ Additionally, many pharmacies are open evenings and weekends, times that clinics and physicians' offices are often closed. This puts pharmacies in the unique position to provide widespread countermeasures coverage.

Pharmacies can also prevent and detect public health emergencies by providing vaccine and participating in disease surveillance and information-sharing. Currently, all 50 states, the District

of Columbia, and Puerto Rico authorize pharmacists to administer vaccines in some capacity.⁴ Pharmacies that conduct immunizations also contribute to the statewide collection of immunization data. An American Immunization Registry Association survey showed that 80% of pharmacists who administer vaccines also report vaccine doses to their state IIS.⁵ Local health departments can use this data to guide actions for improving vaccination rates.

Pharmacies' widespread accessibility and diverse consumer base means they have access to information that can enhance public health surveillance efforts. For instance, pharmacy monitoring of over-the-counter medication sales can be used to identify outbreaks. Expanding on this, pharmacies can also assist with sharing information with the public. During an emergency, all efforts should be made to have consistent messages delivered by trusted individuals. According to a 2016 Gallup poll, pharmacists are the second most trusted group in the healthcare industry after nurses.⁶ This makes pharmacies an excellent channel for pushing out important health messaging during an emergency.

Other pharmacy partners can contribute to an emergency response as well. State boards of pharmacy can help assess the legal barriers to pharmacies dispensing critical vaccines and countermeasures during an emergency; this may require a review and potential expansion of pharmacist scope of practice. Schools of pharmacy are also an excellent volunteer resource. Many of the students have completed certificate training programs in immunizations or participated in community outreach and patient care projects as part of their academic curricula. Likewise, a strong base of pharmacist MRC volunteers offer a wealth of knowledge and expertise and can be utilized during both planning and response.⁷ Finally, state pharmacy associations and boards of pharmacy, which may have a broader reach, can also serve as key points of contact for the development and dissemination of disaster response protocols.

Pharmacists possess the knowledge and training to enhance public health medical countermeasures dispensing and other aspects of a response. NACCHO strongly encourages local health departments to strengthen their emergency preparedness planning by working with their community and retail pharmacy partners.

References

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Record of Action

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