

Congress of the United States
Washington, DC 20515

February 23, 2021

VIA ELECTRONIC DELIVERY

Mr. Jeffrey Zients
Coordinator of the COVID-19 Response and Counselor to the President
White House COVID-19 Response Team
The White House
1600 Pennsylvania Ave NW
Washington, DC 20500

Dear Mr. Zients:

We appreciate your work to expand access to the COVID-19 vaccine, efforts to quickly increase supply to states, and overall increased federal partnership with states. We write regarding the Federal Retail Pharmacy Program for COVID-19 Vaccination, which has been noted as “a key component of the Administration’s National Strategy to expand equitable access to vaccines for the American public.” However, we are concerned that the program’s pharmacy partners have not integrated into states’ vaccination plans, potentially disrupting equitable distribution of the vaccine to the most vulnerable individuals.

Nearly half of all Virginians are eligible for the vaccine under Phase 1b. In Fairfax County, the wait list exceeds 180,000 people. Fairfax County has the infrastructure and capability to expand their throughput dramatically, but the lack of vaccine supply remains a limiting factor. However, partners like the INOVA health system, with locations throughout Northern Virginia, have the infrastructure to administer 10,000 doses a day.

Northern Virginia stands ready to do its part to stop the spread of COVID-19. Local officials are ready and willing to join forces with the federal government to enhance capacity and capability to distribute and administer vaccine doses. We welcomed the announcement of the Federal Retail Pharmacy Program for COVID-19 Vaccination and the news that 26,000 additional doses weekly would be provided to Virginians through this program. However, local and state officials have all expressed frustration that the federal government’s key partner in this program is either unwilling or unable to integrate their vaccination registration system with the already-existing waitlists maintained by state and local health departments. Constituents who have been waiting for weeks on local health department wait lists feel as if others have now cut the line.

Additionally, we are concerned that the use of a detached, online registration system by pharmacy partners will interfere with efforts to equitably distribute the COVID-19 vaccine and exacerbate the existing racial and ethnic gaps in vaccination rates. In the Commonwealth of Virginia, while the data is not complete, Black and Hispanic people disproportionately account for more infections and deaths yet have been among the least vaccinated. For example, 19 percent of Virginians are Black, but they have accounted for 22 percent of cases and 24 percent of deaths and just 12 percent of vaccinations.

Additionally, 10 percent of Virginians are Hispanic, but they account for 17 percent of cases, 7 percent of deaths, and 6 percent of vaccinations.

There are also reports that pharmacy partners may be using a more burdensome registration process that cannot be reasonably done through the phone and that collects personally identifiable information (PII). This process may discourage or in some cases prevent eligible individuals from signing up. It also raises personal privacy and consumer protection concerns. Pharmacy partners would undoubtedly benefit from collaboration with state and local health departments that have also faced these issues and are constantly working to allay these fears.

In Virginia, local health departments took the lead to initially register eligible individuals for vaccination appointments. To register through a local health department, eligible individuals provide their name, date of birth, race and ethnicity, address, contact information, and they answer a series of questions related to their health history. Registration to schedule an appointment can be done online and through the phone to accommodate individuals without proper access to internet, who may just not be tech savvy, or who need to register in another language. Pharmacy partners use of a detached, online only registration system will inevitably exclude individuals who are already vulnerable due to a number of factors and hard to reach.

Additionally, proof of U.S. citizenship is not required to register for the vaccine or receive the vaccine. Immigrants already face barriers to vaccinations. They are more likely to be uninsured and therefore concerned about costs associated with getting vaccinated or they may be concerned that their immigration status renders them ineligible. The last four years of the Trump administration's inhumane zero tolerance policy and politicization of public health has traumatized communities and damaged trust in the federal government. For example, following implementation of the public charge rule, community health centers reported a decline in enrollment or reenrollment in Medicaid, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and food assistance programs. Immigrants are also more at risk to COVID-19 as they disproportionately comprise the essential work force directly responding to COVID-19. Those that have kept our society functioning during this pandemic must be cared for and are rightfully prioritized in Phase 1b in the Commonwealth of Virginia. Pharmacy partners should clearly communicate how information required to register for an appointment will be used and who it will be shared with, as well as minimize data collection to only that which is absolutely necessary.

As we continue to expand access to the vaccine, it is imperative that we take these factors into account. Ultimately, we must ensure that the vaccine reaches the individuals that are most vulnerable to COVID-19. This is not just the right thing to do—it is in all our interests to ensure that those disproportionately vulnerable to COVID-19 receive the vaccine. The U.S. Centers for Disease Control and Prevention Advisory Committee on Immunization Practices' recognized this in determining their guiding principles for allocation of the initial supplies of the COVID-19 Vaccine: maximizing benefits and minimizing harms, promoting justice, and mitigating health inequities.

In recognition of the disproportionate impact on communities of color, Virginia established the COVID-19 Health Equity Working Group to apply a health equity lens to our COVID-19 response. Virginia and other states have taken great care to address these factors in their response. We ask that the White House

COVID-19 Response Team urge the Federal Retail Pharmacy Program for COVID-19 Vaccination pharmacy partners to properly integrate with state vaccination plans, particularly vaccination wait lists.

We are grateful for your steady leadership and science-based strategy. Additionally, we applaud the administration's plans to allow the Federal Emergency Management Agency to assist states in their vaccination efforts through mass vaccination community sites, as well as the onboarding of community health centers. The Trump administration failed to rise to the challenge and offered little assistance and resources to states in developing their vaccine distribution plans as noted by a recent study from the Government Accountability Office, which found that the Trump administration failed to implement their recommendation from September 2020 to develop and share a national plan for distributing and administering COVID-19 vaccine. States and localities are relieved to finally have a true partner in the federal government and we stand ready to work with the Biden administration to help restore public confidence in a program that the previous administration failed to effectively develop and administer.

Sincerely,



Gerald E. Connolly
Member of Congress



Donald S. Beyer Jr.
Member of Congress



Jennifer Wexton
Member of Congress