APhA
American Pharmacists Association

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B. Kaye Hayes,
Deputy Assistant Secretary for Infectious Disease
Director, Office of Infectious Disease and HIV/AIDS Policy
Department of Health and Human Services
Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

RE: Request for Information (RFI): To Inform the Development of the 2026-2030 National HIV/AIDS Strategy and the National Strategic Plans for Sexually Transmitted Infections, Vaccines, and Viral Hepatitis

Dear Director Hayes:

On behalf of the American Pharmacists Association (APhA), we would like to thank the Office of Infectious Disease and HIV/AIDS Policy (OIDP) for the opportunity to provide feedback on the development of the 2026-2030 National HIV/AIDS Strategy and the National Strategic Plans for Sexually Transmitted Infections, Vaccines, and Viral Hepatitis.

APhA is the largest association of pharmacists in the United States advancing the entire pharmacy profession. APhA represents pharmacists and pharmacy personnel in all practice settings, including physician offices, community pharmacies, hospitals, long-term care facilities, specialty pharmacies, community health centers, ambulatory clinics, managed care organizations, hospice settings, and government facilities. Our members strive to improve medication use, advance patient care, and enhance public health.

APhA encourages you to consider the following comments and responses to the questions in your RFI:

General Questions

Addressing Syndemics (200 word limit)

- HIV, STIs, and viral hepatitis often cluster and interact, driven by common social and structural root causes, leading to excess disease, also known as syndemics. In addition, vaccines serve as a key prevention intervention for some infectious diseases and can disrupt syndemics. How can integrated, syndemic approaches be further advanced across the Strategic Plans?

APhA recognizes the critical role pharmacists play in addressing syndemics of human immunodeficiency virus (HIV), sexually transmitted infections (STIs), and viral hepatitis through integrated prevention strategies. As accessible health care professionals, pharmacists are uniquely positioned to deliver vaccines, initiate and manage HIV pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP), test for STIs and viral hepatitis, and provide patient education and care coordination.

Advancing syndemic approaches requires embedding pharmacists into public health frameworks. This includes aligning pharmacists' state scope of practice with their education and training by granting pharmacists prescriptive authority. The Strategic Plans must prioritize enabling state and federal policy changes, such as recognizing pharmacists and pharmacist-provided patient care services as providers by Medicare Part B, state Medicaid programs, and by private payers, and ensuring coverage for their services.

APhA advocates for cross-sector collaboration to include pharmacists in multidisciplinary teams, aligning resources and expertise across public health, primary care, and social services. Leveraging pharmacists' reach and trust within communities strengthens efforts to disrupt syndemics, reduce health disparities, and improve population health outcomes. Such integration aligns with the goals of the Strategic Plans, fostering a holistic approach to preventive care.

Organizational Use (200 word limit)

- How does your organization use the Strategic Plans?
- In what ways can the Strategic Plans be improved to facilitate implementation of the Strategic Plans' goals, objectives, and strategies within organizational activities?

APhA leverages the Strategic Plans to advocate for the essential role pharmacists play in preventing syndemics. These plans inform our communications with members of Congress, Federal agencies, state legislatures, Governors, and State agencies, ensuring our advocacy aligns with national priorities. APhA integrates key elements of the Strategic Plans into presentations, public messaging, and educational materials, emphasizing pharmacists' contributions to prevention, early intervention, and care coordination.

The Strategic Plans also guide our policy development process, shaping APhA's priorities and supporting initiatives that allow pharmacists to practice at the top of their training, improve access to care, and address social determinants of health. By highlighting the alignment between these plans and pharmacists' roles, federal, state and commercial partners can strengthen the case for policy changes that empower pharmacy teams to disrupt syndemics.

To enhance implementation, the Strategic Plans should explicitly acknowledge pharmacists as integral members of multidisciplinary care teams. Providing actionable guidance on integrating pharmacy services, securing sustainable reimbursement models, and addressing regulatory barriers would further facilitate operationalizing the plans' goals. Collaborative tools and resources tailored for pharmacy professionals would also support their involvement in achieving Strategic Plan objectives, fostering a more coordinated and impactful public health response.

Communicating Progress (200 word limit)

- Regular progress reports are one strategy for communicating about activities related to implementation of the Strategic Plans. Understanding preferences for format, contents, and

frequency will be helpful in developing these updates. How can the federal government better communicate activities and progress achieved related to the Strategic Plans?

APhA emphasizes the critical need for transparent data, dashboards, and regularly updated compilations of state and federal policies to advance the goals of the Strategic Plans effectively. These tools provide a clear picture of progress and identify gaps, enabling targeted efforts to address barriers and optimize resources.

Accessible, real-time dashboards allow stakeholders to track key metrics related to syndemic prevention, including vaccination rates, access to HIV PrEP and PEP, and the reach of pharmacy-based interventions. When coupled with comprehensive and regularly updated policy compilations, these resources enable a nuanced understanding of how laws and regulations influence implementation across jurisdictions.

For example, tracking state-level policies on pharmacist practice and reimbursement for preventive services can highlight opportunities for advocacy and expansion. Federal-level insights can guide efforts to align national frameworks with local communities. By ensuring this data is transparent and user-friendly, policymakers, public health officials, and pharmacy organizations can make informed decisions that align with the Strategic Plans.

APhA supports these tools as vital to fostering collaboration, enhancing accountability, and driving progress toward meeting the Strategic Plans' goals. Regular updates ensure responsiveness to changing public health needs, facilitating sustained and meaningful action.

Additional Comments (200 word limit)

- Respondents are also invited to share comments not addressed by the questions listed above.

APhA emphasizes the need to address the broader spectrum of syndemic conditions, including harm reduction for opioid use disorder (OUD) and mental illness, which often intersect with infectious diseases. Pharmacists play a vital role in harm reduction by prescribing and educating on the use of opioid antagonists, such as naloxone, and providing access to drug testing strips to prevent overdoses. In a growing number of states, pharmacists are also authorized to prescribe medications for opioid use disorder (MOUD).

Pharmacists are equally crucial in addressing mental health conditions. They frequently screen for symptoms of depression, anxiety, and other mental health disorders, provide counseling services, and ensure appropriate referrals to mental health professionals when further care is needed. Their accessibility and trusted relationships with patients uniquely position them to identify and address these co-occurring health issues early.

APhA strongly urges the development of additional National Strategic Plans to address the full spectrum of syndemic conditions and disease states associated with infectious diseases. This holistic approach would enhance prevention, improve patient outcomes, and promote health equity by tackling the interconnected challenges that fuel syndemics.

National HIV/AIDS Strategy Questions

Please answer the following if responding specifically to the NHAS.

NHAS Priorities (1000 word limit)

- Based on advances or changes in policy, program, science, or practice, what components of the NHAS do you think should be maintained and highlighted?
- What changes should be made to the NHAS? This may include changes to the structure, goals, objectives, strategies, indicators, and/or priority populations. This may also include areas of the current NHAS that should be scaled back or areas of the current NHAS that should be expanded or scaled up.

Despite the availability of HIV pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), and other harm reduction and prevention strategies, there continues to be over 30,000 new HIV diagnosis per year[1] and an unoptimized number of patients being prescribed HIV PrEP.[2] Unless there is a significant investment in policies that expand these prevention strategies, the goal of a 90% reduction in new HIV infections by 2030 will not be realized.[3] As highlighted throughout the 2022-2025 NHAS,[4] pharmacists can play an essential role in increasing access to these key prevention strategies and decreasing transmission of HIV because nearly 90% of the U.S. population lives within five miles of a community pharmacy.[5] However, the establishment and success of such programs is dependent on overcoming two primary policy barriers, pharmacists' state authority, and coverage for pharmacists' patient care services by Medicare Part B, Medicaid, and commercial health plans. By removing these policy barriers, patients will have a new highly accessible pathway to receive HIV preventative care and be referred for longitudinal treatment, if necessary.

Pharmacists' scope of practice to furnish HIV PrEP/PEP

Pharmacists' scope of practice has grown substantially across the country over the last 25 years, unlocking an array of new opportunities for pharmacists to provide added services and value to patients while working as an equal member of an interprofessional and the collaborative healthcare team.

Pharmacists have traditionally been limited to making medication therapy recommendations that require prescriber approval to make medication changes. Through expanded authorities, pharmacists can use their medication expertise to autonomously prescribe medications through various mechanisms.

Pharmacists' prescriptive authority is variable from state-to-state and falls on a spectrum of how independently they may prescribe. This is often completed through collaborative arrangements with physicians, nurse practitioners, physician assistants, or other prescribing practitioners. In recent years, there has been an expansion in pharmacists' ability to provide services in response to public health needs and disease states (examples include HIV PrEP/PEP, hormonal contraceptives, tobacco cessation, and naloxone). Many of these services are provided by pharmacists under statewide protocols or standing orders. Currently, pharmacists in 18 states have expanded authority to provide HIV PrEP and/or PEP through independent prescriptive authority, protocols, standing orders, or other means.[6]

Payment for pharmacists' services associated with the prescribing of HIV PrEP/PEP

As stated in the National Academies of Sciences, Engineering, and Medicine (NASEM) report, "[t]he greatest challenge to integrating the role of the pharmacist in primary care relates to financing barriers…"[7] Pharmacists and their services are not currently recognized in Medicare Part B, and coverage is variable in state Medicaid and private sector plans indicating inequitable access to coverage of pharmacist-provided patient care services. Lack of payment to cover the pharmacist's time to deliver professional services is a significant barrier that must be addressed to fully utilize pharmacists as medication experts. Another barrier related to sustainable models for pharmacists' services is in value-based payment models. While APhA supports these models, many are still dependent on fee-for-service

(FFS) payment as a component, and the lack of FFS payment for pharmacists further complicates their involvement.

APhA recommends that Goal 1 from the 2022-2025 NHAS should be maintained and highlighted. APhA urges the expansion of the 2026-2030 NHAS to include the pharmacists' role and need to address key policy barriers into the following sub-goals from the 2022-2025 NHAS:

- Goal 1.2 Increase knowledge of HIV status.
- Goal 1.3.1 Engage people who experience risk for HIV in traditional public health and health care delivery systems, as well as in nontraditional community settings.
- Goal 1.3.3 Make HIV prevention services, including condoms, PrEP, PEP, and SSPs, easier to access and support continued use.
- Goal 1.3.5 Support research into the development and evaluation of new HIV prevention modalities and interventions for preventing HIV transmissions in priority populations.
- Goal 1.3.6 Expand implementation research to successfully adapt evidence-based interventions to local environments to maximize potential for uptake and sustainability.
- Goal 1.4 Increase the diversity and capacity of health care delivery systems, community health, public health, and the health workforce to prevent and diagnose HIV.

APhA urges OIDP to include in these goals the need to overcome state scope of practice policy barriers as a means to optimize pharmacist provided HIV preventative services. By allowing pharmacists full independent prescriptive authority per their state scope of practice, pharmacists will be able to most efficiently provide HIV preventative services. Additionally, APhA urges OIDP to include in these goals the need to recognize pharmacists as a medical provider type by Medicare Part B, state Medicaid programs, and by private payers in order to cover the services they provide. This will facilitate the ability for patients to use their health insurance to receive HIV preventative services provided by their pharmacist, instead of having to pay out-of-pocket.

APhA believes that by continuing to highlight the importance of HIV prevention in the above goals in the 2026-2030 NHAS and expanding upon the role of the pharmacist and specific policy barriers that need to be addressed, there will be clear direction that needs to be taken by decisionmakers to facilitate the formation and implementation of pharmacist provided HIV preventative care programs.

Sources

[1] U.S. Statistics. *HIV.gov*. https://www.hiv.gov/hiv-basics/overview/data-and-trends/statistics. Updated August 15, 2024. Accessed December 3, 2024.
[2] Dear Colleagues. *CDC*. https://www.cdc.gov/hiv/policies/dear-colleague/dcl/20231017.html. Published October 17, 2023. Accessed December 3, 2024.
[3] EHE Overview. *HIV.gov*. https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview. Updated December 4, 2023. Accessed December 3, 2024.
[4] The White House. 2021. National HIV/AIDS Strategy for the United States 2022–2025. Washington, DC.
[5] Berenbrok LA, Tang S, Gabriel N, Guo J, Sharareh N, Patel N, Dickson S, Hernandez I, Access to Community Pharmacies: A Nation-Wide Geographic Information Systems Cross-sectional Analysis, Journal of the American Pharmacists Association (2022), doi: https:// doi.org/10.1016/j.japh.2022.07.003.
[6] Arkansas, California, Colorado, Connecticut, Idaho, Illinois, Louisiana, Maine, Maryland, Montana, Nevada, New Mexico, North Carolina, Oregon, Rhode Island, Tennessee, Utah, Virginia

[7] National Academies of Sciences, Engineering, and Medicine. 2021. Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care. Washington, DC: The National Academies Press. https://doi.org/10.17226/25983.

NHAS Strategies and Objectives (200 word limit)

- Recognizing limited resources and the need to direct resources to settings and populations disproportionately impacted, which objectives and strategies of the NHAS should be prioritized over those that may be less effective?

APhA recommends prioritizing NHAS objectives that leverage the high accessibility of pharmacists, particularly in rural and underserved communities disproportionately at risk of HIV. Expanding investment in HIV prevention services delivered through community pharmacies is a key strategy to promote equitable access to care, especially in racial and ethnic minority neighborhoods and medically underserved areas.

Pharmacists are among the most accessible healthcare providers, often serving as the first point of contact for individuals who face barriers to traditional healthcare settings. Prioritizing objectives that increase access to pharmacist-led services, such as HIV testing, PrEP and PEP initiation, and medication adherence counseling, can help reduce health disparities and address the social determinants of health driving the epidemic. These strategies align with the goals of increasing access to comprehensive, person-centered care and expanding prevention efforts where they are needed most.

By focusing resources on integrating pharmacists into multidisciplinary teams, ensuring sustainable reimbursement models, and addressing key policy barriers, the NHAS can maximize its impact in underserved communities. This approach not only enhances healthcare equity but also builds trust and fosters long-term engagement with communities historically marginalized by the healthcare system.

HIV-Related Health Equity (200 word limit)

- What innovative approaches or partnerships could be integrated into the National HIV/AIDS Strategy to accelerate HIV-related health equity in prevention and care, particularly for populations historically underserved?

APhA highlights the collaborative efforts of the White House Office of National AIDS Policy (ONAP) and OIDP as a successful model for advancing HIV-related health equity. By partnering with patient advocacy organizations, pharmacy associations, and pharmacy businesses, ONAP and OIDP identified barriers to pharmacist-provided HIV preventive services and developed actionable solutions. This work led to several summits[1] addressing these issues and the creation of the RxEACH Initiative, a national coalition committed to expanding and sustaining access to HIV prevention and care services in community pharmacies.[2]

Future partnerships could replicate the ONAP and OIDP model, bringing together public and private stakeholders to scale successful initiatives like RxEACH. Collaborations with state and local health departments, community-based organizations, and technology providers could further enhance outreach and care coordination. By leveraging these innovative approaches, the NHAS can accelerate progress toward equitable HIV prevention and care.

<u>Sources</u>

[1] Phillips HJ. Pharmacies Take Action to Address HIV. *HIV.gov*. https://www.hiv.gov/blog/pharmacies-take-action-to-address-hiv. Published July 31, 2023.
[2] RxEACH: Pharmacies Expanding Access to Community HIV Services. https://rxeach.org/. Accessed December 3, 2024.

STI National Strategic Plans Questions
Please answer the following if responding specifically to the STI Plan.

STI Plan Priorities (1000 word limit)

- Based on advances or changes in policy, program, science, or practice, what components of the STI National Strategic Plan do you think should be maintained and highlighted?
- What changes should be made to the STI National Strategic Plan? This may include changes to the structure, goals, objectives, strategies, indicators, and/or priority populations. This may also include areas of the current STI Plan that should be scaled back or areas of the current Plan that should be expanded or scaled up.

APhA recommends maintaining and highlighting the components of the STI National Strategic Plan that emphasize expanding access to preventive services, early detection, and treatment, particularly in underserved and high-risk populations. The role of pharmacists as accessible healthcare providers should be underscored, given their ability to provide testing, counseling, and treatment in community settings. Prioritizing sustainable reimbursement models for pharmacist-led services and leveraging their unique position within communities aligns with the plan's goals of improving health equity and reducing STI rates.

Key updates to the STI Plan should include an enhanced focus on integrating pharmacists into multidisciplinary care teams to expand reach and efficiency in combating STIs. Objectives and strategies should address regulatory barriers that limit pharmacists' ability to offer STI-related services, such as expedited partner therapy or point-of-care testing.

Additionally, the plan should incorporate more robust indicators to measure the impact of pharmacy-based interventions on STI prevention and treatment outcomes. Expanding efforts to address the social determinants of health that contribute to STI disparities is also critical, with an emphasis on culturally competent care and outreach.

Scaling up the inclusion of pharmacy teams and innovative care delivery models will amplify the Plan's impact, fostering broader access to care and advancing health equity in STI prevention and treatment.

STI Plan Strategies and Objectives (200 word limit)

- Recognizing limited resources and the need to direct resources to settings and populations disproportionately impacted, which objectives and strategies of the STI National Strategic Plan should be prioritized over those that may be less effective?

APhA recommends prioritizing objectives and strategies of the STI National Strategic Plan that focus on expanding access to testing, treatment, and prevention services in settings and populations disproportionately impacted by STIs. Emphasizing community-based care, particularly through community pharmacies, can significantly enhance access for underserved and high-risk populations, including rural communities, racial and ethnic minority communities, and uninsured individuals.

Strategies to increase the availability of point-of-care testing and treatment for STIs in community settings and underserved areas, including pharmacies, should be prioritized. Pharmacists are uniquely positioned to address barriers to care due to their accessibility and ability to provide patient-centered services without the need for appointments.

Additionally, the Plan should focus on sustainable reimbursement models for pharmacy-based STI services and address key policy barriers to enable pharmacists to provide expedited partner therapy, counseling, and prevention education. Enhancing cultural competency training and addressing social determinants of health are critical to reaching populations disproportionately affected by STIs.

By directing resources to these impactful strategies, the Plan can amplify the reach and effectiveness of STI prevention efforts, ensuring equitable care and significantly reducing the burden of STIs in the most vulnerable populations.

Syphilis and Health Equity (200 word limit)

- Regarding the STI National Strategic Plan, which objectives and strategies should be prioritized to reduce incidence of syphilis (primary and secondary; congenital), to reduce incidence of STIs among youth and young adults aged 15-24, and to promote STI and sexual health equity overall?

To reduce syphilis incidence (primary, secondary, and congenital) and STIs among youth and young adults aged 15–24, the STI National Strategic Plan should prioritize strategies that enhance early detection, treatment access, and education. Expanding point-of-care testing and treatment in community pharmacies, clinics, and schools can improve timely diagnosis and reduce transmission rates. Pharmacists' accessibility and expertise make them ideal partners for providing testing, expedited partner therapy, and prevention education, especially in underserved areas.

For youth and young adults, targeted education on sexual health, including consent and STI prevention, should be integrated into school and community programs. Strategies should also focus on reducing stigma around STI testing and treatment to encourage earlier and more frequent care-seeking behaviors in these populations.

To advance STI and sexual health equity, addressing social determinants of health is crucial. This includes expanding access to care in underserved areas, supporting culturally competent care delivery, and ensuring affordability of STI prevention and treatment services. Policies that enable reimbursement for pharmacist-provided services and multidisciplinary approaches to care can further promote equity and access.

By prioritizing these objectives and strategies, the Plan can meaningfully reduce STI incidence, improve health outcomes, and foster equity across all populations.

Vaccines National Strategic Plan Questions

Please answer the following if responding specifically to the Vaccines National Strategic Plan.

Vaccine Plan Priorities (1000 word limit)

- Based on advances or changes in policy, program, science, or practice, what components of the Vaccines National Strategic Plan do you think should be maintained and highlighted?
- What changes should be made to the Vaccines National Strategic Plan? This may include changes to the structure, goals, objectives, strategies, indicators, and/or priority populations. This may

also include areas of the current Vaccines Plan that should be scaled back or areas of the current Plan that should be expanded or scaled up.

APhA appreciates the representation of pharmacists within the previous version of the VNSP as a trained member of the health care team who can educate, identify, recommend, and administer vaccines across the patient's lifespan. APhA encourages continued engagement of pharmacists and pharmacy personnel in the provision of vaccines as pharmacies are many times the only health care location in medically underserved areas across the country. Pharmacists provide comprehensive patient care services to their patients, which includes the identification of recommended vaccines for both pediatric and adult patients based upon their age and conditions. In addition, pharmacists screen patients for contraindications and precautions to vaccine products to assure patient-specific recommendations and administration. Pharmacists and pharmacy personnel adhere to recommended safety practices when storing and administering vaccines, deeming a pharmacy an accessible and safe health care destination for vaccine-preventable disease protection. APhA encourages including additional highlights of pharmacists and pharmacy personnel as safe, accurate, and accessible individuals for provision of vaccine services including education, counseling, recommendation, and administration. APhA also recommends the VNSP make specific reference to the value of any willing provider administering the vaccine and sharing that information back to the patient's medical home via an interoperable immunization information system (IIS) (i.e., not requiring that a patient receive all of their vaccines by the same health care professional or in the same place of service.).

A key component in accurate patient vaccine records for all health care practitioners (HCPs) is through the regular sharing of vaccine administration details through system interoperability and data exchange. The states' IIS are essential to improving vaccine rates through reminders for subsequent doses or age-based vaccines, assuring a comprehensive record to identify gaps and meeting quality measures through data validation, and expediting information transfer between the variety of locations where a patient can receive a vaccine. Despite the innumerable reasons for IIS registries, state programs do not have the legal authority to share information between jurisdictions. In addition, states and jurisdictions have adopted "opt in" models making many patient profiles nonexistent or incomplete leading to inaccurate records. Another issue with IIS registries is around the lack of seamless interoperability of data exchange between the different electronic health record systems and pharmacy systems. In line with Objective 4.3, APhA highly encourages additional consideration and focus to improving IIS data exchange and interoperability in the next VNSP iteration.

The cost of vaccines can also be prohibitive for some patients. While many patients receive vaccines for no copay or coinsurance through their commercial, Medicare, or Medicaid plan or the Vaccines for Children (VFC) program, there are un- and underinsured patients who cannot afford the cost. Additionally, the time spent to assess a patient for needed vaccines and vaccine precautions and contraindications, is not a covered benefit (i.e., not billable nor reimbursable) by pharmacists. APhA encourages additional consideration within the VNSP for coverage of vaccine screening and counseling services by pharmacists as well as options for patients who are un-/underinsured. While the Vaccines for Adults program has been proposed, APhA cautions against modeling it after the existing VFC program given the administrative challenges and barriers with this program for pharmacists and pharmacy participation,[1] in line with Objectives 4.4 and 4.5.

APhA appreciates the team-based care model across different health care professional types and recognizes the value of vaccine recommendation and administration education and training for those different HCPs. While medicine and nursing curricula includes components of vaccine development and

immune response through immunology and other coursework, the number of course hours plus focused training and education on vaccine recommendations, administration technique, and vaccine storage and handling are far fewer than in the pharmacy curricula**.** There is no standardized immunization training for those professionals – only for pharmacists and pharmacy personnel. APhA encourages consideration of the training and expertise possessed by pharmacists for vaccine identification, recommendation, and administration throughout the VNSP, in line with Strategy 3.2.1.

Sources
[1] Increase pharmacy engagement in Vaccines for Children (VFC): recommendations for consideration. Available from: https://naspa.us/wp-content/uploads/2024/07/VFC-Recommendations-for-Consideration.pdf. Accessed December 3, 2024.
[2] American Pharmacists Association, **https://pharmacist.com**; American Association of Colleges of Pharmacy, **https://www.aacp.org**, American College of Clinical Pharmacy, **https://www.accp.com**.
[3] Accreditation standards and key elements for the professional program in pharmacy leading to the Doctor of Pharmacy degree "Standards 2016". Accreditation Council for Pharmacy Education. 2015. Available from: **https://www.acpe-accredit.org/pdf/Standards2016FINAL.pdf**. Accessed March 13, 2024.
[4] Prescott WA, Bernhardi C. Immunization education in US pharmacy colleges and schools. Am J Pharm Educ. 2019 Jun;83(5):6765. doi: 10.5688/ajpe6765
[5] APhA Pharmacy-Based Immunization Delivery certificate training program. Available from: **https://www.pharmacist.com/Education/Certificate-Training-Programs/Immunization**. Accessed March 12, 2024.

Vaccine Plan Strategies and Objectives (200 word limit)

- Recognizing limited resources and the need to direct resources to settings and populations disproportionately impacted, which objectives and strategies of the Vaccines National Strategic Plan should be prioritized over those that may be less effective?

With rampant inaccurate information about vaccine research, APhA recommends HHS prioritize objectives and strategies which more rapidly address mis- and disinformation about vaccine safety and efficacy. Given the expansion of medically underserved areas, HHS should prioritize objectives and strategies which increase access to any willing vaccine provider. To assure accurate patient vaccine records and decrease administrative burden, APhA recommends HHS prioritize objectives and strategies which increase interoperability and data exchange seamlessly through IIS registries across states/jurisdictions and between vaccine delivery locations/HCPs.

Lessons Learned from COVID-19 (200 word limit)

- Leveraging lessons learned from the Covid-19 pandemic, what new or existing goals, objectives, or strategies should be prioritized in the next iteration of the National Vaccine Strategic Plan to increase United States preparedness and response to future pandemics? Please provide data and justification.

Over the course of the COVID-19 pandemic, pharmacists and pharmacy personnel administered over half of the COVID-19 vaccines across the United States, equating to more than 300 million COVID-19 vaccines administered, more than 1 million lives saved, and $450 billion in health care dollars saved.[1] To assure continued access to vaccines at the patient's local pharmacy, APhA requests that the provisions of the amendments to declaration under the Public Readiness and Emergency Preparedness (PREP) Act enacted during the COVID-19 public health emergency be made permanent across the country to increase access to vaccines by pharmacists and pharmacy personnel (technicians, interns, postgraduate trainees).

These provisions included lowering age limits, removing requirements for protocols/prescriptions for vaccines, and making vaccine authority consistent between states by pharmacists and trained pharmacy personnel. Having these authorities in place and consistent now will increase United States preparedness and response to future pandemics.

Sources

[1] Grabenstein JD. Essential services: Quantifying the contributions of America's pharmacists in COVID-19 clinical interventions. J Am Pharm Assoc (2003). 2022 Nov-Dec;62(6):1929-1945.e1. doi: 10.1016/j.japh.2022.08.010. Epub 2022 Aug 18. PMID: 36202712; PMCID: PMC9387064.

Viral Hepatitis National Strategic Plan Questions

Please answer the following if responding specifically to the Viral Hepatitis Plan.

Viral Hepatitis Plan Priorities (1000 word limit)

- Based on advances or changes in policy, program, science, or practice, what components of the Viral Hepatitis National Strategic Plan do you think should be maintained and highlighted?
- What changes should be made to the Viral Hepatitis National Strategic Plan? This may include changes to the structure, goals, objectives, strategies, indicators, and/or priority populations. This may also include areas of the current Viral Hepatitis Plan that should be scaled back or areas of the current Plan that should be expanded or scaled up.

The inclusion of pharmacists and pharmacies into the Viral Hepatitis National Strategic Plan (VHNSP) is essential to ensuring that its corresponding goals and priorities are met. In the United States, nearly ninety percent of Americans live within five miles of a community pharmacy, making the community pharmacy an instrumental part of the nation's health care infrastructure, especially in minority and underserved communities. As such, APhA strongly recommends HHS emphasize the utilization of pharmacist-provided services and pharmacies in the VHNSP to prevent new viral hepatitis infections, improve health outcomes of people with viral hepatitis, and reduce viral hepatitis-related health inequalities.

Regarding Goal 1, Prevent New Viral Hepatitis Infections, pharmacists can take active roles in educating, screening, testing, and vaccinating patients to help HHS achieve this goal. As educators, pharmacists can educate the public and their patients to minimize risky behaviors and increase preventive actions. The accessibility of pharmacies puts pharmacists in a unique position to disseminate information to the public, especially those in minority and underserved communities. As for preventive actions, immunizing eligible patients, following appropriate screening, is fundamental to preventing new infections and pharmacists are key immunizers. In 2022, the majority of COVID-19 and shingles vaccines and flu vaccines during flu season were administered in pharmacies.[1] As pharmacists continue to provide more vaccinations each year, the pharmacy and the role of the pharmacist are engrained in the patient's overall vaccination experience where going to the pharmacy to get vaccinated is routine. Additionally, as one of the most accessible health care providers, pharmacists can help eliminate barriers associated with patients not receiving all the required doses of the hepatitis A or hepatitis B vaccine series. Accordingly, APhA supports Objective 1.5., Strategy 1.5.2, which asks HHS to develop "training, technical assistance, and clinical decision support tools for providers in traditional and nontraditional settings, such as primary care, *pharmacies [emphasis added]*, and SUD [substance use disorder] and correctional facilities, to support them in implementing viral hepatitis prevention, testing, and treatment recommendations."

Pharmacists can also provide care and services that improve the health outcomes of people with viral hepatitis, furthering the desired results of Goal 2, Improve Viral Hepatitis–Related Health Outcomes of People with Viral Hepatitis. As noted in the VHNSP, early diagnosis and treatment are essential in reducing the risk for severe liver disease. APhA supports the expansion and implementation of testing recommendations in various "clinical and nontraditional community-based settings," including pharmacies, to increase patients' access to testing before further complications develop. A number of pharmacists and pharmacies have been a part of pilot studies providing point-of-care testing for viral hepatitis, which allowed patients to get rapid results and be linked to follow-up care and treatment.[2] Goal 2 also emphasizes ensuring patients receive appropriate follow-up assessments and treatments. A recent meta-analysis found that attendance rates following an initial positive hepatitis test were significantly higher in pharmacies when compared to referral to non-pharmacy settings.[3] The success of collaborations between pharmacies and health departments highlight the impact pharmacies and pharmacists can have on those in need of hepatitis screening, testing, and eventual treatment.[2] As such, APhA supports Strategy 2.3.2, which directs HHS to "[e]xpand hepatitis C screening and treatment capacity among public health, primary care and other health care providers, including pharmacists, to support the implementation of viral hepatitis testing, counseling, and treatment recommendations." Additionally, as part of the increased utilization of pharmacies and pharmacist-provided services, HHS should outline steps to establish and recognize direct payment pathways under all federal programs for pharmacist-provided services and ensure pharmacies are integrated into electronic health record systems (EHRs) to prevent information-blocking under federal law and guarantee more Americans can utilize these services.

Regarding Goal 3 to "reduce viral hepatitis-related disparities and health inequities," given the accessibility of pharmacies, pharmacists can disseminate information to communities that might not regularly visit other health care providers. In addition to nearly ninety percent of Americans living within five miles of a community pharmacy, many minority and underserved populations visit pharmacies for routine care more than any other health care provider.[4] Because of the numerous contact points throughout the year, pharmacists earn the trust of their patients. This trust can be used to facilitate conversation about viral hepatitis leading to increased screening, earlier diagnoses, and better treatment outcomes for those with viral hepatitis. For that reason, APhA encourages HHS to utilize pharmacies and pharmacists to reach communities experiencing health disparities.

Regarding Goal 4, the VHNSP aims to "improve viral hepatitis surveillance and data usage." APhA agrees with HHS's assertion that "[i]mproved interoperability of health will improve viral hepatitis data overall." As such, APhA supports Strategy 4.2.1, which recommends the "[u]se interoperable health information technology including electronic health records, electronic case reporting, and health information exchange networks to enable effective data and information sharing." APhA recommends HHS ensure pharmacists are integrated into the EHR systems to avoid information blocking under the law and ensure health information can be safely exchanged between patients, providers, and payors.

Health care teams, the federal government, advocacy organizations, and others should continue and expand upon leveraging the expertise of pharmacists and pharmacies that are a permanent part of our nation's health care infrastructure. Proven collaborations between pharmacists can result in coordinated efforts that improve patients' health outcomes and the communities pharmacists serve. As such, APhA supports Goal 5, which seeks to "[a]chieve integrated, coordinated efforts that address the viral hepatitis epidemics among all partners and stakeholders," including our nation's trusted, community pharmacists.

Sources

[1] *Trends in Vaccine Administration in the United States*, IQVIA (Jan. 13, 2023), https://www.iqvia.com/insights/the-iqvia-institute/reports-and-publications/reports/trends-in-vaccine-administration-in-the-united-states.
[2] Klepser DG, Klepser ME, Peters PJ, Hoover KW, Weidle PJ. Implementation and Evaluation of a Collaborative, Pharmacy-Based Hepatitis C and HIV Screening Program. *Preventing Chronic Disease*. 2022;19. doi:10.5888/pcd19.220129.
[3] Hayes MJ, Beavon E, Traeger MW, et al. Viral Hepatitis Testing and Treatment in Community Pharmacies: A Systematic Review and Meta-Analysis. *eClinicalMedicine*. 2024;69:102489. doi:10.1016/j.eclinm.2024.102489.
[4] Valliant SN, Burbage SC, Pathak S, Urick BY. Pharmacists as Accessible Health Care Providers: Quantifying the Opportunity. *Journal of Managed Care & Specialty Pharmacy*. 2022;28(1):85-90. doi:10.18553/jmcp.2022.28.1.85.

Viral Hepatitis Strategies and Objectives (200 word limit)

- Recognizing limited resources and the need to direct resources to settings and populations disproportionately impacted, which objectives and strategies of the Viral Hepatitis National Strategic Plan should be prioritized over those that may be less effective?

APhA recommends HHS leverage the accessibility of pharmacies and the expertise of pharmacists when creating strategies to meet the goals of the VHNSP. Pharmacists are trained to accurately screen patients to determine eligibility for the Hepatitis A and/or Hepatitis B vaccine(s). The VHNSP recommends utilizing "a broad range of clinical and nonclinical community-based settings" to tackle the low vaccination rates among adults. Community pharmacies are in the prime position to take the lead on this initiative, especially in minority and underserved communities, as nearly ninety percent of Americans live within five miles of a pharmacy. APhA also encourages HHS to utilize pharmacies and pharmacists as part of the initiatives focused on screening, testing, and treating those with viral hepatitis. Pilot studies have shown that pharmacists and pharmacies can provide point-of-care testing for viral hepatitis, allowing patients to receive rapid results and be linked to follow-up care.[1] As such, HHS should prioritize the expansion of clinical training and referral networks that include pharmacies and pharmacists.

Sources

[1] Klepser DG, Klepser ME, Peters PJ, Hoover KW, Weidle PJ. Implementation and Evaluation of a Collaborative, Pharmacy-Based Hepatitis C and HIV Screening Program. *Preventing Chronic Disease*. 2022;19. doi:10.5888/pcd19.220129.

Acute Hepatitis C and Hepatitis B-Related Deaths (200 word limit)

- Regarding the Viral Hepatitis National Strategic Plan, which objectives and strategies should be prioritized to reduce acute hepatitis C infections and reduce hepatitis B-related deaths?

Vaccination, early detection, and adherence to treatment are effective strategies in preventing viral hepatitis infections and reducing further complications of infection. The VHNSP notes adult hepatitis B vaccination rates are "low," and suggests "implementing adult vaccinations in settings where people with risk factors receive other services." Pharmacies are the ideal location for all patients, not just at-risk adults, to receive the hepatitis B vaccine. As such, APhA recommends HHS consider utilizing pharmacies and pharmacists for these services. Early detection through effective screening and point-of-care testing can result in early diagnoses and treatment, which can reduce infections and hepatitis-related deaths. In pilot studies, pharmacists have provided point-of-care testing for viral hepatitis that have allowed patients to get rapid results and be linked to follow-up care and treatment.[1] Pharmacists can also play an

active role in follow-up and ensuring treatment adherence. APhA supports the expansion of implementation of testing recommendations in "clinical and nontraditional community-based settings," including pharmacies to increase access to care and improve health outcomes.

[1] Klepser DG, Klepser ME, Peters PJ, Hoover KW, Weidle PJ. Implementation and Evaluation of a Collaborative, Pharmacy-Based Hepatitis C and HIV Screening Program. *Preventing Chronic Disease*. 2022;19. doi:10.5888/pcd19.220129.

Additional Comments (Viral Hepatitis) (200 word limit)

- Respondents are also invited to share comments not addressed by the questions listed above.

APhA acknowledges the many challenges mentioned within the VHNSP to eliminate viral hepatitis, including "missed opportunities for prevention through vaccination; lack of awareness of infection; testing and diagnostic limitations; barriers to treatment; limited data; and the intertwined nature of hepatitis and other co-existing morbidities such as STIs, HIV, and SUDs [substance use disorders]." APhA encourages HHS to utilize pharmacies and pharmacists to overcome these challenges. Pharmacists have the expertise and skills to vaccinate, screen, test, and treat. As such, HHS should utilize the skillset of pharmacists and the accessibility of pharmacies to help achieve the goals of the VHNSP.

APhA appreciates your consideration of our comments and the work of OIDP to develop the 2026-2030 National HIV/AIDS Strategy and the National Strategic Plans for Sexually Transmitted Infections, Vaccines, and Viral Hepatitis. By leveraging the expertise and accessibility of pharmacists, APhA believes we can reach the goals of the strategic plans. If we can be of further assistance, please contact me at mbaxter@aphanet.org with any additional questions or to arrange a meeting with us.

Sincerely,

Michael Baxter

Michael Baxter
Vice President, Government Affairs