

COMMONWEALTH OF PENNSYLVANIA  
HOUSE OF REPRESENTATIVES

HOUSE HEALTH COMMITTEE  
PUBLIC HEARING

STATE CAPITOL  
HARRISBURG, PENNSYLVANIA

MAIN CAPITOL BUILDING  
ROOM 60, EAST WING

WEDNESDAY, FEBRUARY 3, 2021  
8:00 A.M.

PRESENTATION ON  
COVID-19 VACCINE DISTRIBUTION:  
STRENGTHS AND WEAKNESSES IN THE COMMONWEALTH

BEFORE:

HONORABLE KATHY L. RAPP, HOUSE MAJORITY CHAIRMAN  
HONORABLE TIMOTHY R. BONNER  
HONORABLE STEPHANIE BOROWICZ  
HONORABLE VALERIE S. GAYDOS  
HONORABLE JOHNATHAN D. HERSHEY  
HONORABLE AARON D. KAUFER  
HONORABLE DAWN W. KEEFER  
HONORABLE KATE A. KLUNK  
HONORABLE ANDREW LEWIS  
HONORABLE CLINT OWLETT  
HONORABLE BRAD ROAE  
HONORABLE PAUL SCHEMEL  
HONORABLE DAVID H. ZIMMERMAN  
HONORABLE KERRY BENNINGHOFF, HOUSE MAJORITY LEADER  
HONORABLE DAN FRANKEL, HOUSE MINORITY CHAIRMAN  
HONORABLE JESSICA BENHAM  
HONORABLE MORGAN CEPHAS  
HONORABLE ELIZABETH FIEDLER  
HONORABLE SUMMER LEE

HOUSE COMMITTEE STAFF PRESENT:

WHITNEY METZLER  
EXECUTIVE DIRECTOR,  
MAJORITY HOUSE HEALTH COMMITTEE

LORI CLARK  
LEGISLATIVE ADMINISTRATIVE ASSISTANT,  
MAJORITY HOUSE HEALTH COMMITTEE

ERIKA FRICKE  
EXECUTIVE DIRECTOR,  
DEMOCRATIC HOUSE HEALTH COMMITTEE

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*Pennsylvania House Of Representatives  
Commonwealth of Pennsylvania*

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## SUBMITTED WRITTEN TESTIMONY

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(See submitted written testimony and handouts online.)

## P R O C E E D I N G S

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1  
2  
3 MAJORITY CHAIRMAN RAPP: Constituents across  
4 Pennsylvania, if you are listening in or watching today  
5 remotely, we are very happy to have you here today. I want  
6 to thank all of those who are in attendance at this hearing  
7 on the COVID-19 vaccine rollout. Since we've announced  
8 this hearing, we have heard from dozens of individuals and  
9 stakeholder groups asking to be part of this hearing.  
10 However, this hearing is set to be a baseline for our  
11 members to hear what has been happening with the vaccine  
12 rollout. I would appreciate -- I would anticipate, I'm  
13 sorry, that we have another hearing, or maybe several, to  
14 accommodate the numerous individuals who have asked to  
15 provide testimony on their experience with this vaccine  
16 rollout.

17 We have members and testifiers in attendance  
18 virtually as well as a public viewing via livestream. Due  
19 to Sunshine Law requirements, if either of these platforms  
20 experience technical difficulties, we will pause the  
21 hearing in order to correct the issues.

22 For all the members participating virtually,  
23 please mute your microphones. Please know when you speak,  
24 we all hear you. If you want to be recognized for  
25 comments, and you will have a chance to introduce yourself,

1 please use the raise-your-hand function. After being  
2 recognized but prior to speaking, please turn on your  
3 camera and unmute your microphone. After you have  
4 completed your question, please mute your microphone.

5 And at this time, for members, please -- again,  
6 please silence your cell phones. And at this point in  
7 time, we will do introductions.

8 First, to the members who are here, I am State  
9 Representative Kathy Rapp, and I am the Majority Chair of  
10 the House Health Committee.

11 Mr. Chairman?

12 MINORITY CHAIRMAN FRANKEL: Good morning. I'm  
13 Representative Dan Frankel from Allegheny County. I am the  
14 Minority Chair of the Health Committee.

15 REPRESENTATIVE GAYDOS: State Representative  
16 Valerie Gaydos, Allegheny County, 44th District.

17 REPRESENTATIVE SCHEMEL: Representative Paul  
18 Schemel from Franklin County.

19 REPRESENTATIVE OWLETT: Representative Clint  
20 Owlett. I get the privilege to serve Tioga County and  
21 parts of Bradford and Potter County.

22 REPRESENTATIVE ZIMMERMAN: Representative Dave  
23 Zimmerman, Lancaster County.

24 REPRESENTATIVE BENHAM: Representative Jessica  
25 Benham, 36th District (indiscernible - away from

1 microphone)

2 MAJORITY CHAIRMAN RAPP: And Representative  
3 Borowicz, if you'd quickly introduce yourself, we're doing  
4 introductions, so we can please move on.

5 REPRESENTATIVE BOROWICZ: Sure. Representative  
6 Borowicz, 76th District, Clinton and Centre County.

7 MAJORITY CHAIRMAN RAPP: And at this point, those  
8 of you who are joining us virtually, if you would like to  
9 introduce yourselves quickly.

10 REPRESENTATIVE LEWIS: Thank you, Madam Chair.  
11 Representative Andrew Lewis, 105th District here in Dauphin  
12 County.

13 REPRESENTATIVE BONNER: Representative Tim  
14 Bonner, Mercer and Butler County.

15 REPRESENTATIVE KEEFER: Representative Dawn  
16 Keefer, York and Cumberland.

17 REPRESENTATIVE KLUNK: Representative Kate Klunk,  
18 York County.

19 REPRESENTATIVE CEPHAS: Representative Morgan  
20 Cephas, Philadelphia County.

21 REPRESENTATIVE FIEDLER: Representative Elizabeth  
22 Fiedler, Philadelphia.

23 REPRESENTATIVE LEE: Good morning. I'm Summer  
24 Lee. I represent the 34th District in Allegheny County.

25 MAJORITY CHAIRMAN RAPP: Thank you, Members.

1 Just before we start, I do want to say that I've had  
2 several people from my district, and I know all the  
3 legislators have -- why didn't we have this hearing sooner?  
4 This was -- 2020 was an election year, and I just explained  
5 to one of my constituents that after we are elected,  
6 basically from December 1st, the 2020 session is over and  
7 we do no legislative business until we are sworn in on  
8 swearing-in day, and then we are assigned our committees.  
9 And then we reorganize the committee, and at that point in  
10 time, we can start legislative business. So if people  
11 across Pennsylvania were wondering why we didn't have any  
12 hearings in December, that is the explanation.

13 So also, something new that happened this  
14 session: we passed rules in the House of Representatives  
15 that states that all of our testifiers in hearings would  
16 swear an oath. And those two people who are presently here  
17 with us, I think, to testify, is Richard Allen, who is the  
18 CEO of Warren General Hospital in Warren, Pennsylvania,  
19 which happens to be where I am from, and I think he's going  
20 to give us a little bit of perspective on the barriers and  
21 all the accomplishments of a rural community for the  
22 vaccine rollout; and Susan Friedberg Kalson, who is the CEO  
23 from Squirrel Hill Health Center. So we're going to hear a  
24 couple of different perspectives.

25 I believe that both -- if you don't mind me

1 saying -- calling you Rick, Mr. Allen -- or Ms. Kalson, at  
2 this time, if you could raise your right hand, virtually, I  
3 know, and just answer the question.

4 (Parties sworn)

5 MAJORITY CHAIRMAN RAPP: Thank you. And at this  
6 point in time, we will hear from Richard Allen, who is the  
7 CEO of Warren General Hospital, Warren Pennsylvania.

8 And thank you, Rick, for being here. We truly  
9 appreciate it.

10 MR. ALLEN: My pleasure. Thank you, Chairwoman  
11 Rapp. Is everything coming through okay?

12 MAJORITY CHAIRMAN RAPP: We can see you and we  
13 can hear you.

14 MR. ALLEN: Good. Wonderful.

15 MAJORITY CHAIRMAN RAPP: You may proceed.

16 MR. ALLEN: Again, thank you, Chairwoman Rapp,  
17 and good morning, distinguished Committee members and  
18 guests. My pleasure and honor to testify before you today.

19 My name is Rick Allen and I serve as Chief  
20 Executive Officer of Warren General Hospital, Warren,  
21 Pennsylvania. Warren General is an 85-bed, independent,  
22 nonprofit community hospital serving the residents of  
23 Warren County and the surrounding northwest Pennsylvania  
24 region. Warren General is the sole community hospital in  
25 Warren County.

1           Warren County was a latecomer to the COVID-19  
2 pandemic. The County recorded the lowest rate of virus  
3 spread and zero related deaths for an extended period of  
4 time. Collaborative and preemptive efforts to abate the  
5 virus were taken by the hospital, local long-term care  
6 facilities, and area businesses, and throughout the general  
7 community.

8           Regardless of these actions, the virus eventually  
9 won the battle, and the hospital began to see positive  
10 COVID-19 patients in October. Multiple positive inpatients  
11 were admitted, predominantly arriving through the emergency  
12 room from local long-term care facilities. The virus also  
13 spread throughout the community in general. The peak of  
14 inpatient admissions and community spread occurred in  
15 December and early January.

16           We are now down to a very manageable number of  
17 COVID-positive patients and metrics regarding positive  
18 community cases, and our COVID-positive testing have been  
19 halved. This is a very welcome trend.

20           In the fall of 2020, Warren General began  
21 planning for COVID-19 vaccinations with our County  
22 Emergency Management Coalition, led by the County Public  
23 Safety Director. Like many rural community hospitals  
24 across Pennsylvania, Warren County does not have a  
25 dedicated health department. We share a Pennsylvania

1 Department of Health nurse with neighboring Forest County.

2           The coalition does have Pennsylvania government  
3 participation as well as the assigned Department of Health  
4 nurse and all local healthcare and emergency agencies.

5 It's a very good group. But in the face of these uncharted  
6 pandemic waters, there is a void in terms of coordinated  
7 direction, authority, and resources. There is no clear  
8 Commonwealth-wide guidance and information available as to  
9 COVID-19 vaccine mass and public distribution and  
10 communication plans. The group did pick sites available in  
11 Warren County for mass vaccine inoculation; however, there  
12 was little or no discussion regarding how vaccine would be  
13 acquired and who would administer the vaccine.

14           During more recent coalition meetings, discussion  
15 did occur regarding using local pharmacies and other  
16 healthcare agencies as public vaccine administration sites,  
17 and this was a Commonwealth-wide initiative. Local  
18 businesses were contacted and a few agreed to participate.

19           As of yesterday, only one Warren County pharmacy  
20 has received COVID-19 vaccines, approximately 200 doses. I  
21 am told they inoculated approximately 50 to 100  
22 individuals -- eligible individuals yesterday.

23           Through discussion with the Pennsylvania  
24 Department of Health, Warren General chose the Moderna  
25 vaccine. On December 18th, 2020, the federal government

1 approved the EUA for the Moderna vaccine. On December  
2 21st, Warren General received 600 doses to inoculate the  
3 644 employees of the hospital and our employed medical  
4 group. We immediately began inoculating the frontline  
5 staff.

6 In two following weeks, we received additional  
7 deliveries of 600 doses to inoculate those workers and  
8 individuals identified in the then group 1A of the  
9 Pennsylvania Department of Health Interim Guidelines for  
10 Vaccine Distribution. We also began, in earnest, planning  
11 for inoculating group 1B.

12 As our work continued, the rules, or guidance,  
13 began to change. First was segmentation of group 1A into  
14 groups 1A, 1B and 1C. Then on January 19th, 2021, a much  
15 more significant change: moving all individuals in the  
16 Commonwealth age 65 and older into group 1A, previously in  
17 group 1C.

18 I will highlight this following comment. This  
19 change was significant, and once published to the  
20 community, resulted in an immediate rush to the phones, in-  
21 person visits to our hospital, and an overload of emails.  
22 Everyone 65 and over in Warren County wanted their vaccine  
23 and they wanted it immediately.

24 In Warren County, the age cohort of 65-plus  
25 represents approximately 10,000 residents. In some

1 Pennsylvania counties, the local department of health would  
2 handle this population. In communities such as Warren,  
3 where there is no county health department, hospitals such  
4 as ours, Warren General, are apparently responsible and  
5 will have an extremely difficult time, I add nearly  
6 impossible, to administer this number of vaccine. Help is  
7 required.

8 As noted previously, in an effort to help with  
9 distribution, the Pennsylvania Department of Health has  
10 sought support from community pharmacies and other  
11 healthcare-related businesses. As noted, in Warren, a few  
12 pharmacies and one home care agency have signed up with  
13 only one, a pharmacy, receiving a supply of approximately  
14 200 doses.

15 Warren General Hospital will continue to  
16 distribute COVID-19 vaccine as supply and resources allow.  
17 Each week, we will inoculate approximately 600 to 1,000  
18 individuals if we receive a supply.

19 Time is our ally. However, the 65-plus community  
20 wants vaccinated, and as noted, they want it now.  
21 Hospitals such as Warren General are simply not set up or  
22 staffed for mass public inoculation.

23 My testimony today is to provide not only giving  
24 you a knowledge of our COVID-19 experience to date and also  
25 our plans going forward, but also to seek answers to the

1 following questions.

2 In communities such -- in communities across  
3 Pennsylvania where there is not a county health department  
4 we ask:

5 Who is in charge and has decision-making  
6 authority regarding mass or public inoculations?

7 What is our role in terms -- as a community  
8 hospital with our limited resources and staff?

9 Who will deliver and how is information to be  
10 communicated to the public?

11 We ask for clear guidance as to vaccine  
12 availability and distribution plan.

13 We ask for guidance as when we can move from  
14 group 1A to group 1B and then on to group 1C.

15 And finally, we ask who is responsible for phase  
16 2, the mass community inoculations of all ages -- in the  
17 Moderna case, it's 18 plus; in Pfizer, 16 plus?

18 And how will plans be developed and information  
19 shared with the community? Again, that is regarding the  
20 phase 2 inoculation.

21 I thank you for the opportunity to present this  
22 information and to address the Committee, and I'm certainly  
23 open to questions. Thank you.

24 MAJORITY CHAIRMAN RAPP: Thank you, Mr. Allen.  
25 And thank you again for your willingness to share what's

1 going on in some of the rural community and community  
2 hospitals.

3           One of the questions I have for you, Rick, is we  
4 have a neighboring county where it appears that there is a  
5 clinic who's received far more doses of the vaccine than  
6 Warren County, and several of our county residents have  
7 flocked to the other county for vaccines. And I was  
8 curious as to whether or not you have talked to that  
9 facility and if they were willing to share with you how  
10 they were able to receive more doses than our county? And  
11 I'm not quite sure how the word got out that constituents  
12 from all other counties could go to that other rural  
13 community to receive vaccines. And do you believe that the  
14 people who did go to the other county, do they have an  
15 understanding that they will have to go back to that same  
16 facility for their second dose?

17           MR. ALLEN: Okay. Where do I begin, Kathy?  
18 Thank you for the question.

19           The answer is, we have not been in communication  
20 with the individuals from that neighboring county. As you  
21 have, I have heard about a vaccine clinic that was held a  
22 couple of weekends ago where approximately 2,000 vaccines  
23 were administered. All in all, my comment would be, good.  
24 We want to get the vaccine out.

25           However, as you can imagine and as you know,

1 Kathy, it does create confusion. It creates a situation  
2 where residents in our catchment area, or I'll consider it  
3 Warren County, are crossing over into another county or  
4 another area in order to get the vaccine.

5 One fear I have is that county residents in their  
6 desire to get vaccinated will put their name on lists in  
7 multiple counties at multiple sites, so therefore, the  
8 county, when we go to order the vaccine, will be double,  
9 triple, quadruple. So I think that's a problem.

10 For me, and when people talk to us and call us  
11 and email us -- and you understand, that's daily, multiple,  
12 multiple calls daily, residents stopping in the  
13 hospital -- what we've been doing is taking their names,  
14 having them fill out a consent form, putting them on the  
15 list, but also saying to them, this is your area in which  
16 you're to get vaccinated. We discourage those individuals  
17 from going to neighboring counties, specifically for the  
18 reason of each area has to have their own count, has to  
19 have their own plan.

20 So I hope I answered your question. We've not  
21 been in contact with that group. They did receive a  
22 significant amount of the vaccine. We, on a weekly basis,  
23 seek as much as we possibly can, and we are allocated, you  
24 know, based on whatever the formula is, but I know a couple  
25 of weeks ago, we ordered 2,000 vaccine and we received 400.

1 So, you know, we do what we can, and we move forward.

2 MAJORITY CHAIRMAN RAPP: Thank you, Rick.

3 At this time, Representative Gaydos has a  
4 question.

5 REPRESENTATIVE GAYDOS: Thank you, Representative  
6 Rapp.

7 So we all know that refrigeration is the key to  
8 keeping this vaccine active. I've received reports from  
9 some folks in my district that they have received doses of  
10 the vaccine without notice. Have -- when you received  
11 those 2,000 doses or however many you got, did you have  
12 adequate notice so that you could prepare for the  
13 distribution?

14 MR. ALLEN: We have. And as noted, we chose the  
15 Moderna vaccine simply because of the ease in handling it.  
16 It still requires refrigeration and freezing, but not at  
17 the extreme temperatures that the Pfizer vaccine requires.  
18 It's basically a freezer with a routine or regular  
19 temperature setting.

20 So Moderna is much, much easier to handle. Now,  
21 it does require thawing and then there's a little bit of  
22 warming up as you inject the dose, but it's much, much more  
23 easier to handle than Pfizer. So we've not been surprised  
24 when we received any of the vaccine.

25 We were surprised on the very first batch that we

1 received. As noted, Moderna received the EUA from the  
2 federal government on the 18th of December, and almost  
3 immediately on the 21st, morning of, we had our supply of  
4 400 in our hands.

5 MAJORITY CHAIRMAN RAPP: Any other members?

6 Chairman Frankel, did you have anything?

7 I believe my executive director would like to ask  
8 a question. Whitney?

9 MS. METZLER: Could you give us -- walk us  
10 through the process of how far out you know how much you're  
11 getting, and then how you create lists with respect to  
12 which patients you're bringing in that -- with each vaccine  
13 shipment you get?

14 MR. ALLEN: Sure. Well, first, let me answer the  
15 latter question. Prior to January 19th when the mandate  
16 came to move the 65-plus population into group 1A, the  
17 direction out of the interim guidelines had a  
18 bit -- although there was some gray area, it was specific  
19 as to who was the 1A group. Certainly, it was hospital  
20 forward-facing, COVID-facing employees, all other hospital  
21 employees. In our case, 70 percent of our employees agreed  
22 to take the vaccine. So right away, we knew we had about  
23 400-and-some employees ready to take the vaccine.

24 Following that, we knew we were -- again, prior  
25 to January 19th, our next step was area first responders,

1 police, fire, EMS. We knew that we had other medical  
2 professionals in the community, other independent doctors,  
3 pharmacists, therapists, et cetera. So those early days,  
4 we were going at it very methodically and in our  
5 community -- here's one advantage of a small community, we  
6 really had this kind of contained and knew where to go to  
7 get the lists of individuals.

8           So each week, we had identified the number ready  
9 to receive the vaccine. Now, we would order that number,  
10 but we had no idea if we would receive that number. Kind  
11 of like opening a gift on Christmas, on Monday morning,  
12 we'd get the delivery and say, we got 400, or we got 800.  
13 Typically, the Moderna vaccine was delivered in lots  
14 of -- I believe it was 400 or 600. I'm sorry. I can't  
15 recall now. The Pfizer was delivered in different lots,  
16 upwards of 800, et cetera. And I don't know why that was,  
17 but that's just how the deliveries were occurring, as I'm  
18 told.

19           So we would create the lists, we would talk with  
20 the Pennsylvania Department of Health folks, they would  
21 allow the shipment to come, and then we would hope we would  
22 get our number. Right before January 19th, we were  
23 preparing to go outside because we had, in our small  
24 community, completed what was then identified as 1A. We  
25 were preparing to move on to group and 1B, which would have

1 been critical and essential workers and all of our teachers  
2 and educators. We had a list of approximately 2,000 that  
3 we were prepared to inoculate over a two-week period. We  
4 ordered 2,000 on that day, and then the 19th came, and  
5 everything stopped. So we did not receive our order of  
6 2,000.

7           The mandate came to now push all individuals 65  
8 and over in. So all of our planning kind of halted, and  
9 we've begun to now create plans to address this massive 65-  
10 plus population in our community. The critical work -- of  
11 course, we had to do second doses, so our planning  
12 continued for second doses for all those front-facing,  
13 COVID-facing employees.

14           MAJORITY CHAIRMAN RAPP: Thank you, Rick. Before  
15 I go to Chairman Frankel who has a question, I'd like to  
16 recognize the presence of Representative Hershey, who has  
17 joined us here in person.

18           Representative Frankel?

19           MINORITY CHAIRMAN FRANKEL: Thank you, Madam  
20 Chair.

21           Mr. Allen, I think in your response to Whitney's  
22 question, you said that 70 percent of your employees have  
23 received the vaccine. Am I to assume that everybody was  
24 offered the vaccine that works at your hospital?

25           MR. ALLEN: That is correct. Seventy percent of

1 the individuals -- we offered one hundred percent of all of  
2 our employees, 644 bodies, and approximately seventy  
3 percent had agreed to take the vaccine.

4 MINORITY CHAIRMAN FRANKEL: So there's obviously  
5 an issue of vaccine hesitancy with a substantial portion of  
6 your employees. How do you address that?

7 MR. ALLEN: Well, we continue to  
8 encourage -- even to this day after we have all received  
9 our second dose, we continue to encourage those who did not  
10 to receive a vaccine. In Warren County, we began an effort  
11 with 70 local business leaders, presidents, executive vice-  
12 presidents, led by myself. We did full-page ads in the  
13 paper about taking the vaccine and encouraging all to take  
14 the vaccine, and that has resulted in a lot of positive  
15 press.

16 But what I'm hearing across the state, 70 percent  
17 is just about right. I've heard some communities as low as  
18 40 percent. I've heard some hospitals as high as 80. But  
19 I've not heard any higher than 80, and again, from 40 to  
20 80, so 70 is doing okay. But we continue to encourage.

21 MINORITY CHAIRMAN FRANKEL: Thank you.

22 MAJORITY CHAIRMAN RAPP: Representative Owlett?

23 REPRESENTATIVE OWLETT: Thank you, Madam  
24 Chairman.

25 Thank you, Mr. Allen, for being here and taking

1 some valuable time from your day to present to our  
2 Committee. I've just got a quick question on -- maybe you  
3 can explain a little bit -- I think it's -- I'm hearing it  
4 all across the state where -- especially in rural  
5 communities where we've put in for a request for a certain  
6 amount of vaccines and then we plan for that and then we  
7 don't get them. Has that been explained to you as to why?  
8 And my fear is, it feels like it could become political and  
9 it shouldn't. This is the opportunity to get them out into  
10 the community.

11 And then my second question is, do you guys hold  
12 any back as far as vaccines for the second dose?

13 MR. ALLEN: So in regard to the first question,  
14 no. I'm unaware that we've been -- we've received any  
15 explanation as to why we're only receiving X versus  
16 ordering Y. So I'm assuming Pennsylvania, whomever is in  
17 charge of distributing that, says, here's an allocation,  
18 and that's all we can do. So no explanation as to why  
19 we're not receiving as much as we requested.

20 Secondly, we have held back vaccines in order to  
21 administer those second doses. As you may know, we are  
22 required to schedule the second dose upon administration of  
23 the first dose. So we have done so. We are now through  
24 our second vaccines of all individuals who have received  
25 the first. So now going forward after this week and next

1 week, if directed, we could make the decision to solely  
2 give one and not hold back any, or we could continue with  
3 our plans. So we've not received any direction as to  
4 further hold back a vaccine.

5 MAJORITY CHAIRMAN RAPP: Thank you, Rick.

6 And our last question will come from  
7 Representative Kate Klunk.

8 REPRESENTATIVE KLUNK: Thank you, Madam Chair.

9 And thank you, Mr. Allen, for joining us today.  
10 My question -- I come from York County. We're not quite,  
11 you know, big city. We're not quite rural. We're kind of  
12 in the middle. And in talking with my hospitals, I know  
13 that, you know, they've had these plans with the rollout,  
14 but with the expansion of the 1A group, it's making things  
15 difficult like you had described for our rural counties.

16 What can we do as a state, as the Department of  
17 Health? What are you asking of us to help you make sure  
18 that when we can get these vaccines, that you have the  
19 delivery methods, the people, the systems to be able to  
20 give those vaccines?

21 And I don't know if you're aware, there's a bill  
22 that my colleague, Representative O'Neal, has floated that  
23 would allow our National Guard to assist with that delivery  
24 of the vaccine. Is that something that could help? And  
25 are there other ways that we at the state can help rural

1 counties and other counties make sure that this vaccine is  
2 being delivered properly?

3 MR. ALLEN: So I don't often use this term  
4 because it can mean such different things to each person,  
5 but communication is critical. The Pennsylvania Department  
6 of Health made the decision through your committee efforts  
7 to support community-wide vaccination absent -- in  
8 communities where there's no health department. So in  
9 Allegheny County, or Beaver County or perhaps Philadelphia,  
10 you -- I see and I read -- in Pittsburgh where the  
11 Allegheny County Health Department is prepping to set up  
12 mass clinics. Well again, here, we don't have that. And  
13 I'm not sure about York County. But clearly in a high  
14 number of counties across Pennsylvania, we can't turn to  
15 the county health department.

16 So our local planning -- emergency planning  
17 committee that does have state representation on it and the  
18 Department of Health nurse is on it -- if they had some  
19 more additional -- if they had clear direction as to what  
20 their role is, they -- in this, you know, looking to head  
21 phase 2 or even now in supporting phase 1, the 65-plus  
22 population -- if they had clear direction, if they had  
23 resources to set up clinics in the community to inoculate,  
24 if they were to receive vaccine, then they could be a  
25 supporting agency like counties with health departments are

1 doing it.

2 Now, in the alternative, if it is going to  
3 fall -- in counties like Warren, if it's going to fall on  
4 us as the hospital serving our county, then clearly, we  
5 need that communication and that direction that it's going  
6 to all fall on us, and if so, I accept that responsibility.  
7 But I will need resources, I will need vaccine, and I will  
8 need the authority to communicate to the public that this  
9 isn't something that's going to occur in a month.

10 To do 10,000 inoculations in our small hospital,  
11 even though we're not that small, would take months to do.  
12 As you can imagine, we still run a hospital here. And  
13 although we're doing quite well, and Chairman Rapp knows  
14 that, that's because we have a lean and mean staff. And we  
15 don't have people sitting around waiting to support  
16 vaccinations five days a week. We would have to build  
17 those resources up, we'd have to get the vaccine, and we'd  
18 have to begin rolling it out.

19 I will also note that this is coming even though  
20 the vaccine is free, the materials are free, but we're not  
21 getting paid to do this. So one could consider that part  
22 of the CARES Act funding by the HHS as usually strictly  
23 defined what the money can be used for. But nevertheless,  
24 that's a different topic.

25 Did I answer your question?

1 MAJORITY CHAIRMAN RAPP: Rick, I think you  
2 did --

3 REPRESENTATIVE KLOUS: Yes. Thank you.

4 MAJORITY CHAIRMAN RAPP: Sorry.

5 REPRESENTATIVE KLOUS: Thank you. You did a  
6 great job.

7 MR. ALLEN: Thank you.

8 MAJORITY CHAIRMAN RAPP: Thank you,  
9 Representative.

10 Rick, I so appreciate you taking your time to be  
11 with us today and providing your testimony. We are time  
12 constrained here so we need to move on. You're certainly  
13 welcome to stay on for the rest of the hearing. And  
14 hopefully, I'll be hearing from you, I certainly appreciate  
15 you keeping me informed of what is going on in the county  
16 and I very much appreciate it. And thank you for being  
17 here today.

18 MR. ALLEN: My pleasure. Thank you.

19 MAJORITY CHAIRMAN RAPP: So our next testifier is  
20 Susan Friedberg Karlson -- Kalson. I'm sorry. And she is  
21 the CEO of the Squirrel Hill Health Center.

22 MS. FRIEDBERG KALSON: Good morning. And thank  
23 you so much for giving me the opportunity to be here,  
24 Chairs Rapp and Frankel and members of the Committee. I  
25 really appreciate the chance to join the discussion about

1 Pennsylvania's vaccine rollout.

2 I'm Susan Friedberg Kalson. I'm the CEO of  
3 Squirrel Hill Health Center, an independent, nonprofit,  
4 federally qualified health center in Pittsburgh that is  
5 part of the National Community Health Center Network.

6 Statewide, FQHCs, which are also known as  
7 community health centers, provide care at 350 sites to more  
8 than 917 individuals annually -- and I don't know. I'm  
9 getting a lot of feedback. I'm awfully sorry if it's me?

10 MAJORITY CHAIRMAN RAPP: Just a reminder, members  
11 who are with us virtually, to please turn off your mics.

12 MS. FRIEDBERG KALSON: Thank you so much.

13 Before the pandemic, Squirrel Hill Health Center  
14 was providing comprehensive primary medical, behavioral  
15 health and dental care to nearly 8,000 individuals a year  
16 at our two sites, one within the city of Pittsburgh, and  
17 one in the nearby community of Brentwood, and through a  
18 mobile medical unit that we use to bring primary care all  
19 over Allegheny to really isolated and high-risk area  
20 residents.

21 Since last March, when we reinvented ourselves  
22 over the course of a weekend, we've been continuing to care  
23 for our patients, making use of telehealth, which we had  
24 never used before, and safe in-person visits, and providing  
25 everything from prenatal care to geriatrics and

1 comprehensive behavioral health services that include  
2 Medicaid-assisted treatment for opioid addiction. Our  
3 patients include some of the most underserved residents of  
4 our area: people living with mental illness, refugees and  
5 immigrants, low-income pregnant women, homebound older  
6 adults, the workers who care for all of our elderly parents  
7 and stock all of our grocery shelves. And we've done our  
8 utmost to stay connected to them and meet their needs  
9 throughout the pandemic.

10 But even while we've been providing this high-  
11 quality care, we've also been an active partner with the  
12 Commonwealth and with the Allegheny County Health  
13 Department in our regional COVID-19 response. Since late  
14 May, Squirrel Hill Health Center has provided about 12,000  
15 tests at community sites throughout the county.

16 When the weather was good, we took our mobile  
17 unit all over the place, and now we are using spaces with  
18 community partners around the county to do this. And we're  
19 continuing to do this. And meanwhile, we're also  
20 vaccinating in a similar fashion, reaching out to other  
21 front-line healthcare workers and working our way through  
22 eligible phase 1A patients and community members.

23 So today, even as I'm speaking to you, our small  
24 health center's dedicated staff, we have about 80 staff  
25 members, is juggling all of these critical services,

1 continuing to be our patients' trusted health home, while  
2 also acting as a key player in our region's public health  
3 response to this unprecedented crisis. Like many community  
4 health centers across the country, as well as the  
5 Commonwealth, we've really been the shock absorbers of this  
6 pandemic in many ways, absorbing the needs of some of the  
7 highest risk residents of our area.

8           To date, we have vaccinated over 1,600  
9 individuals, that includes first and second doses, using  
10 the Moderna vaccine.

11           I really want to emphasize how grateful we are to  
12 state government officials and to our local health  
13 department, and we are very fortunate in Allegheny County  
14 to have a health department, for the trust that you're  
15 putting in us. It's a privilege to do this work and  
16 especially to serve those who are most vulnerable and most  
17 likely to fall through the cracks of the healthcare  
18 delivery system, the very people who are also, as we now  
19 know, most likely to die of COVID-19.

20           The pandemic has cast a bright light on the  
21 impact of social, racial, and economic inequity on the  
22 health of individuals. It also highlights how important  
23 community health centers are, not only to our patients, but  
24 to the well-being of everyone in the Commonwealth, to urban  
25 communities like those served by Susquehanna Health Center,

1 and also across rural Pennsylvania, where community health  
2 centers often provide the only healthcare for miles around.  
3 That is why we have a decades-long history of bipartisan  
4 support at both a state and federal level, and why we are  
5 so important to the success of Pennsylvania's vaccination  
6 efforts.

7 And again, I'm so sorry, but it's -- I hope you  
8 can hear me. There's still a lot of feedback. Excuse me.

9 I want to just speak for a moment about some of  
10 the successes and challenges we've encountered since we  
11 started running vaccination clinics on December 24th, and  
12 many of them are going to sound similar to those described  
13 by the previous speaker.

14 In our first -- in the first week, we really made  
15 it up as we went along. We received 200 doses of Moderna  
16 with, I think, actually no advance notice. We had applied  
17 for it and then it just showed up one day. And we began by  
18 vaccinating our own staff. We had about -- originally,  
19 probably 80 percent of our staff agreed to be vaccinated.  
20 Now it's a little more than that. And then also reaching  
21 out to other phase 1A healthcare workers, really through  
22 community contacts, to reach small medical and dental  
23 practices who had no other access to vaccines. Borrowing  
24 from our testing model, where we go to these community  
25 partner sites around the county on a rotating basis, we are

1 now learning to streamline our processes.

2 We developed a schedule originally of morning  
3 vaccination clinics and afternoon testing clinics, and  
4 we're now retooling that in light of some changes that I'll  
5 discuss in a minute. We figured out how to calibrate  
6 overbooking to accommodate people who don't show up, and to  
7 make sure that we use those mysterious and unpredictable  
8 bonus doses.

9 With our own money, because we got no extra  
10 resources with this, we have hired an extra RN and a  
11 retired nurse practitioner to vaccinate and oversee the  
12 sites, and we've put our AmeriCorps members and patient  
13 advocates to work scheduling and responding to phone calls.  
14 We've encountered frustration from the people we vaccinate,  
15 but also gratitude and enormous relief. And for us, the  
16 knowledge that every shot we give is saving lives helps  
17 energize and inspire us.

18 So here are some of the challenges we've  
19 encountered. We've all heard about the enormous  
20 uncertainty in vaccine supply, and we've seen that play out  
21 in real time at Squirrel Hill Health Center. Everything  
22 that happens at a federal level and then at a state level  
23 eventually ends up on our doorstep. We were really on a  
24 roll. We were increasing our vaccine requests from week to  
25 week, and planning ways to increase our efforts even

1 further, when we learned, as Mr. Allen alluded to, that  
2 there was no more vaccine, that the federal stockpile was  
3 drained, and that there was increasing uncertainty about  
4 not only when but whether we could get vaccines.

5           The unfortunate convergence of the shrinking  
6 supplies at the same time that the CDC and then the state  
7 increased eligibility to a much larger segment of the  
8 population added to our burden, as our phone systems and  
9 email inboxes were overwhelmed by increasingly unhappy and  
10 desperate people looking for a vaccine.

11           So I know that that is water under the bridge.  
12 We really can't put that genie back in the bottle. But we  
13 hope that this is a chance to sort of reboot. I've been  
14 telling my staff that we need to take a deep breath here so  
15 that we continue to do this well.

16           We hope that in the weeks ahead, the federal  
17 government will make good on its promise to provide states  
18 with three weeks' advance notice of how many vaccines they  
19 will receive, and that in turn, the state will be able to  
20 give us three weeks' notice. Greater certainty and more  
21 time to plan and to communicate accurately with our  
22 community members, will go a long way toward alleviating  
23 the understandable anxiety that so many are feeling right  
24 now.

25           I would also hope for smoother registration

1 systems. We have had to create our own using our own  
2 limited resources. Trying to regulate access, while also  
3 figuring out ways to register eligible individuals, is an  
4 ongoing headache. Given the uncertainty about supply, we  
5 need to control how many people we register. But without  
6 any centralized system or any coordination, and I think  
7 this is about coordination as much as anything, many people  
8 register at multiple locations, compounding the problem of  
9 no-shows and potential waste, and the general atmosphere of  
10 a competition in which the fittest and most technologically  
11 adept, who, frankly, aren't the people we are really  
12 charged with serving first, get the prize.

13 Last but not least, I have to say that we're  
14 carrying all of the staffing and overhead costs of these  
15 vaccination efforts ourselves. We were very fortunate to  
16 receive CARES Act funding last year. It saved us. But we  
17 will be strapped again without further funds. And that,  
18 for us, includes loosening the restrictions on grants that  
19 we already have that are currently allocated only for  
20 testing in very narrow ways but which we really need to be  
21 able to use to support vaccination as well.

22 The speed with which these vaccines have been  
23 developed and distributed is extraordinary, and it points  
24 to both the ingenuity of all involved and the urgency of  
25 the issue. Nothing matters more than this.

1           As I've frequently reminded our staff, many of  
2 whom are decades younger than I am, this is simply the most  
3 important work of our careers. If we can work together  
4 with greater communication, adequate funding, and shared  
5 purpose, then I am confident that together, we can turn the  
6 tide of this pandemic.

7           Thank you, and I'm happy to respond to questions.

8           MAJORITY CHAIRMAN RAPP: Thank you.

9           Chairman Frankel, did you have questions,  
10 comments?

11           MINORITY CHAIRMAN FRANKEL: Yes. Thank you,  
12 Madam Chair.

13           And thank you, Susan. Susan, the work you do in  
14 our community is extraordinary, and the way you've  
15 responded to this pandemic has been inspiring. And you  
16 know, to look at the uncertainty on the timeline and  
17 creating this kind of crush, the issue of, you know, people  
18 registering in multiple places and, you know, the no-show  
19 issue that you say. Do you think there's a way to manage  
20 people's expectations and uncertainty in a better way?

21           MS. FRIEDBERG KALSON: I do think that  
22 communication is key. There have been mixed messages, and  
23 when we don't know what's happening and when it's  
24 happening, it's very hard for us to communicate with our  
25 community. And we're sort of balancing multiple issues

1 right now, just within the vaccination campaign. We are  
2 trying to reach our own patients now, our highest risk  
3 patients. We are managing community demand and expectation  
4 because we have a pretty high profile in our own community.  
5 And we're dealing with this uncertain supply.

6 So to the extent the Commonwealth can have a  
7 unified message around this, I think it will alleviate some  
8 of the worry. Personally, I think that if people know that  
9 they are in a line to get it, they will calm down. It's  
10 feeling as though they have to try to register every place  
11 they hear, and now there are all these small local  
12 pharmacies that have vaccine as well, and I know that these  
13 rumors sort of fly through communities. Oh, the Rite-Aid  
14 in such-and-such a neighborhood has doses now, go register  
15 there. And that's happened to us as well. And we just  
16 don't have the capacity to manage all of that ourselves.  
17 We need support now from those with bigger soapboxes too.

18 MINORITY CHAIRMAN FRANKEL: All right. Thank  
19 you. Another issue that, you know, I've -- am presented  
20 with is the home healthcare workers and, you know, the  
21 elderly that are not in residential settings. How are  
22 you -- are you addressing that community?

23 MS. FRIEDBERG KALSON: Yes. We are. In fact,  
24 one of the very first resources that we reached out to was  
25 home health aides because we knew that they were falling

1 through the cracks. There's been a great effort to  
2 vaccinate the residents and staff of long-term care  
3 facilities, but that has not extended to the private-duty  
4 aides in those facilities, as well as to home health aides  
5 who go into other settings.

6 So again, through community contacts, we started  
7 reaching out to home health agencies that we already were  
8 aware of. And some of these aides are already our  
9 patients, many are not. And we have made a concerted  
10 effort to vaccinate as many of those folks as possible, as  
11 well as now really reaching out to those older adults who  
12 are not in facilities.

13 As I mentioned, we do have homebound care  
14 practice. That is only with our own patients, but we've  
15 been able to take some vaccine into the homes of those  
16 patients. We would really like to be able to do more of  
17 that. And when people can get their older family members  
18 to us, we can vaccinate them as well.

19 But right now, we really -- because of the  
20 limited supply, we are really trying to focus on those  
21 thousands of people in the community who are already our  
22 patients because we know how high-risk they are.

23 MINORITY CHAIRMAN FRANKEL: Thank you.

24 MAJORITY CHAIRMAN RAPP: Go ahead,  
25 Representative --

1 REPRESENTATIVE BENHAM: Sorry. Benham.

2 MAJORITY CHAIRMAN RAPP: Benham.

3 REPRESENTATIVE BENHAM: Thank you.

4 Susan, I know that my constituents in my district  
5 appreciate the work that you do in Brentwood, and the  
6 testing clinic that you're operating in Overbrook as well.  
7 So thank you for that. We greatly appreciate it.

8 MS. FRIEDBERG KALSON: Thank you.

9 REPRESENTATIVE BENHAM: My question is that, you  
10 know, Chairman Frankel mentioned the issues around  
11 communication. I'm wondering if you can talk a little bit  
12 about some of the problems in terms of organization and  
13 coordination that are happening, and what kinds of  
14 organizational structures would be useful to you. I've  
15 heard you mention a waitlist, for example. So if you could  
16 expound on that?

17 MS. FRIEDBERG KALSON: Thank you. And it's a  
18 pleasure to meet you virtually. I look forward to meeting  
19 you in person.

20 Yes. So as I said, we are very fortunate because  
21 we have a county health department and they do provide  
22 communication resources. But I also know that they don't  
23 necessarily know what's happening with the state on a  
24 faster timeline than we do. So I think we just all need to  
25 be on the same playing field here.

1            Obviously, we depend on the Pennsylvania  
2 Department of Health to be making the decisions. That is  
3 their job. And we want them to be doing that. And greater  
4 lead time is preferable. So as we're moving into this  
5 phase where we should have that, that will be much easier.

6            In terms of how we coordinate it, I have to say,  
7 I'm not a logistics expert. But I know that this isn't  
8 working well. We keep reinventing what we're doing in our  
9 own staff, so now we have a dedicated team and we're trying  
10 to streamline our own processes, but for -- and I want to  
11 talk about registration for a second because there is some  
12 disagreement even within my own health center about what  
13 would work best. But there's no -- what we have now isn't  
14 working.

15            So there's no coordination of registration  
16 processes. The registration process that we are able to  
17 stand up has some real holes in it. And if there was a  
18 system where there could be opportunities for people to  
19 register through a centralized system, but we at the same  
20 time could control the number of spots we were allocating  
21 to that system so that we could hold back the vaccine we  
22 need for -- our own patients are not going to have the  
23 wherewithal to, you know, get online and do that. That  
24 would be really helpful.

25            The testing registration system we're currently

1 using in Allegheny County gives us that capacity. And so I  
2 have to believe there are ways to do that so that we're not  
3 ceding all of the control, which would mean that we're just  
4 vaccinating the people who can get online fastest, but  
5 we're able to take care of some of those needs, and people  
6 know where to go and how to do it.

7 REPRESENTATIVE BENHAM: Thank you.

8 MAJORITY CHAIRMAN RAPP: Thank you,  
9 Representative.

10 Do we have -- Representative Gaydos?

11 REPRESENTATIVE GAYDOS: The Department of Health  
12 has a website that lists places that people can register to  
13 get the vaccine. Is your hospital listed? Because I know  
14 that there are hospitals in my district that aren't listed,  
15 and then there are, like, Heritage Valley Health System, or  
16 Gateway Health, and then there's places in, you know, Giant  
17 Eagles that are all listed, and when people are calling,  
18 they're saying, we have no idea. So are you listed on the  
19 website?

20 MS. FRIEDBERG KALSON: So first of all, we're not  
21 a hospital, we're a federally qualified health center, so  
22 we're a small community health center. We are listed on  
23 that site, and we're actually listed in a couple different  
24 locations. There is a phone number. We have a dedicated  
25 phone line that is listed for people to use, but

1 unfortunately, what ends up happening is that people end up  
2 calling our main number. And our main number is the only  
3 way our patients can get hold of us. So my very sparse  
4 front office staff is completely inundated with these phone  
5 calls. And people -- sometimes people are really nice, and  
6 I have to say sometimes they're not.

7           So we've been trying to post messages, basically  
8 saying we can't answer your phone calls, keep checking our  
9 website where we will post information as we have it, but  
10 it's not an adequate answer. And I totally sympathize with  
11 people's desperation. In some ways, it's the opposite of  
12 the problem I think is occurring in some communities  
13 and -- where people don't want to get the vaccine. We are  
14 seeing people who are desperate to get the vaccine, or  
15 they're desperate to get their 90-year-old mother  
16 vaccinated, and I completely understand that. We just  
17 can't handle all of the demand and the expectations that  
18 everyone over 65 or with a chronic condition now can get  
19 vaccinated.

20           MAJORITY CHAIRMAN RAPP: Thank you,  
21 Representative.

22           Representative Zimmerman?

23           REPRESENTATIVE ZIMMERMAN: Thank you, Madam  
24 Chair.

25           And thanks Ms. Kalson for your testimony. So it

1 sounds like there's limited communication with the health  
2 department from Allegheny County. I think there's at  
3 least -- just only several -- maybe six health departments  
4 throughout the state. So what about the state itself?  
5 Have you had any communication with the state? And the  
6 other question would be --

7 MS. FRIEDBERG KALSON: Yes. I'm sorry.

8 REPRESENTATIVE ZIMMERMAN: -- when -- when's your  
9 next shipment of vaccines; do you know?

10 MS. FRIEDBERG KALSON: So thank you. Let me  
11 clarify. We actually do have a lot of communication with  
12 the state. I participate in weekly phone calls. We do  
13 have email communication usually telling us about -- the  
14 night before, telling us to expect a shipment of varying  
15 numbers the next morning, and we have a lot of  
16 communication with the county health department. We have a  
17 very close working relationship with Dr. Bogen.

18 So we're all, I would say, doing our best here,  
19 but I think this has snowballed very rapidly, and it  
20 is -- and each of those departments is as overwhelmed as we  
21 are. And I know that the county health department is  
22 underfunded, and that public health is feeling the results  
23 of being neglected for so long. So I really want to  
24 clarify that. I think we're all trying here, but it needs  
25 to get better.

1           My -- I'm sorry. Your other question was about  
2 when we know. So we are able to put in a request a week  
3 ahead of time. We do not know what we are getting until  
4 the night before, and sometimes we have gotten shipments  
5 with no notification. And it has varied from -- in a week  
6 when we had requested, I believe, 600 doses, and we got  
7 nothing, and we had to start our second doses that week,  
8 and we were able to get hold of the Health Department and  
9 they shipped us 200 doses, so we were able to get going on  
10 the second doses, to just unexpected shipments of 3-, 400  
11 doses. And I can only assume that the irregularity is a  
12 direct result of the state not knowing either.

13           So like I said, I think the problems that really  
14 started back at the federal level months ago end up on our  
15 doorstep, and this has to be a concerted effort. If we can  
16 know weeks ahead of time or even two -- a week ahead of  
17 time really what we're getting, then we can do much better  
18 planning and we can communicate and we can temper  
19 expectations more appropriately. And then when we get it,  
20 we feel an urgency about using it immediately, which also  
21 is very stressful because we don't want it sitting.

22           MAJORITY CHAIRMAN RAPP: Thank you, ma'am, for  
23 your testimony, and thank you for being so candid, you  
24 know, with the situation. It's very interesting to hear  
25 about the notifications, whether you receive them or you

1 don't, and I can understand that would be very hard to  
2 prepare. But we truly appreciate you being here today and  
3 being willing to testify in front of the Committee.

4 I know Representative Frankel, I believe -- is  
5 she your constituent? Would like to say any closing  
6 remarks?

7 MINORITY CHAIRMAN FRANKEL: Constituent and close  
8 friend.

9 MAJORITY CHAIRMAN RAPP: Okay.

10 MINORITY CHAIRMAN FRANKEL: Thank you, Susan.

11 MS. FRIEDBERG KALSON: Thank you, Representative.  
12 I really appreciate this. And like I said, I think  
13 everybody is doing their best here, but I think there are  
14 ways to streamline and improve communications that will  
15 really help.

16 MAJORITY CHAIRMAN RAPP: Thank you.

17 We are ready to move on to our testifiers from  
18 the Pennsylvania Department of Health.

19 MS. BEAM: Hi. This is Alison Beam. Can you all  
20 hear me okay?

21 MAJORITY CHAIRMAN RAPP: Okay. We are looking  
22 for Secretary Beam; Keara Klinepeter, Executive Deputy  
23 Director -- Deputy Secretary, sorry; Dr. Wendy Braund,  
24 Acting Interim Physician General; Cindy Findley, the Deputy  
25 Secretary for Health Promotion and Disease Prevention. And

1 if all of you -- are all of you here virtually with us now?

2 MS. BEAM: Hi. This is Alison Beam. Can you  
3 guys hear us okay?

4 MAJORITY CHAIRMAN RAPP: Yes. So at this point  
5 in time, Secretary Beam, if you could please -- and all of  
6 you who are there to testify, with our House rules now, we  
7 request that everybody in sworn in for testimony. If you  
8 could just please raise your right hand.

9 (Parties sworn)

10 MAJORITY CHAIRMAN RAPP: Thank you so much for  
11 taking time. This was a real effort on the part of the  
12 Committee, both majority and minority. As you know, we had  
13 to reschedule from Monday, and so we truly appreciate you  
14 fitting us into the schedule. And a lot of changes had to  
15 be made, and we did all that. And I do want to acknowledge  
16 the staff, IT, the Minority Chairman, and all of the  
17 testifiers because they all had to rearrange their  
18 schedules from Monday to today. And everybody made it  
19 work, and I want to thank all of you.

20 And so Secretary Beam, if you're ready to present  
21 to us, please proceed.

22 MS. BEAM: Good morning. Can everyone hear me  
23 okay?

24 MAJORITY CHAIRMAN RAPP: I think we can hear you,  
25 and oh, before you start, I do want to say congratulations.

1 MS. BEAM: Thank you. I appreciate the  
2 opportunity to be with you today.

3 So good morning Chairwoman Rapp, Chairman  
4 Frankel, and members of the House Health Committee. Thank  
5 you for the opportunity to be before you today and discuss  
6 the challenges presented by one of the biggest public  
7 health crises that's facing this country in the last  
8 century, the COVID-19 pandemic. With me today, as you  
9 mentioned, is Interim Acting Physician General, Dr. Wendy  
10 Braund; Executive Deputy Secretary Keara Klinepeter; and  
11 Deputy Secretary Cindy Findley.

12 We're happy to join you today to discuss the  
13 COVID-19 vaccine distribution efforts in Pennsylvania. We  
14 submitted written testimony, as you know, and so our  
15 intentions were to highlight some of the key points of that  
16 written testimony, and then allow ample time for question  
17 and answer, if that works for you, Chairwoman Rapp.

18 MAJORITY CHAIRMAN RAPP: Oh, Madam Secretary,  
19 just to let you know, we do not have your written  
20 testimony. It was not received, but please proceed.

21 MS. BEAM: Okay. Our team will follow up  
22 immediately to send that over.

23 So the introduction of safe and effective COVID-  
24 19 vaccines adds a critical tool to the mitigation  
25 strategies and the containment strategies that we have

1 already deployed. However, you all know well that the  
2 COVID-19 vaccine administration is a herculean effort and  
3 one that our nation has never experienced.

4           Currently, we're working with two vaccines  
5 approved under emergency use authorization from the U.S.  
6 FDA. One of which is the Pfizer-BioNTech vaccine, which  
7 requires ultra-cold storage capacity and ships in  
8 quantities of 975 doses that cannot be broken down into  
9 smaller allotments. The second product is from Moderna.  
10 Moderna does not have the same logistical constraints, but  
11 it does ship still in quantities of 100 doses and can be  
12 stored more like other vaccines but operates on a different  
13 time frame than that Pfizer vaccine.

14           It's also important to note that we're operating  
15 two immunization programs in Pennsylvania. One is  
16 administered by the Department of Health, which covers 66  
17 of our 67 counties. The other is administered by the  
18 Philadelphia Department of Public (indiscernible - audio  
19 interference). Philadelphia is one of only a handful of  
20 large cities that are administering (indiscernible - audio  
21 interference) immunization program. And while  
22 functionally, we are staying (indiscernible - audio  
23 interference), Philadelphia has (indiscernible - audio  
24 interference) federal government, we have separate plans  
25 for prioritization, and have separately enrolled providers

1 all on separate (indiscernible - audio interference).

2 I want to pause there. I'm getting a little bit  
3 of feedback. (Indiscernible - audio interference ) if I  
4 continue, or would you want me to try and fix it?

5 MAJORITY CHAIRMAN RAPP: We are hearing you, but  
6 I think it's probably because of your mask that you are a  
7 little muffled.

8 MS. BEAM: Okay.

9 MAJORITY CHAIRMAN RAPP: So it -- I think  
10 it's -- unfortunately, the mask that is causing us -- I can  
11 only speak to myself, but I see the other members  
12 signifying that it is a little difficult to hear you. I'm  
13 going to attribute to the mask muffling your voice, unless  
14 our IT person -- I think everything -- yes.

15 MS. BEAM: So why don't I --

16 MAJORITY CHAIRMAN RAPP: Maybe if you get a  
17 little closer.

18 MS. BEAM: Yeah. That's what I --

19 MAJORITY CHAIRMAN RAPP: That may be helpful.

20 MS. BEAM: Perfect. That works for me too.

21 Thanks for your patience.

22 MAJORITY CHAIRMAN RAPP: Yes. I think that's  
23 better.

24 MS. BEAM: Wonderful. That's great. So  
25 Pennsylvania developed a COVID-19 interim vaccine plan to

1 offer a road map to our vaccine distribution and our  
2 population cases. As you all know well, the plan  
3 prioritizes phase 1, has sub-priorities of A, B, and C, and  
4 also has phase 2 populations in that priority. This  
5 closely aligns with the federal government's ACIP, the  
6 Advisory Committee on Immunization Practices, guidance.

7           So stepping back from our immunization plan and  
8 discussing the transportation and logistics a bit, the  
9 process of vaccine transportation, its arrival in  
10 Pennsylvania until it's administered, is a complex process.  
11 First, we receive notice of the amount of vaccines to be to  
12 allocated to the Commonwealth from the federal government  
13 each week. Our current allocation this week for first  
14 doses is 166,175. We were just informed yesterday that for  
15 next week, our allocation is 175,175 first doses.

16           Once we receive the allocation information, the  
17 Department allocates the vaccine to two primary missions.  
18 First, the long-term care mission carried out by the  
19 Federal Pharmacy Partnership, and our community mission,  
20 which is carried through the Retail Pharmacy Partnership.  
21 We also, then, distribute to hospitals, pharmacies,  
22 federally qualified health centers, as well as the county  
23 municipal health departments. Because we are in a position  
24 where we have more requests for vaccine doses than we have  
25 available doses, our allocations to providers are not felt

1 to be fully filled at this time.

2 To ensure that we have an equitable distribution  
3 across those 66 counties, we apply a formula (indiscernible  
4 - audio interference) allocation to counties based on four  
5 factors: first, county population; second, county  
6 population over 65 years of age; third, total COVID-19  
7 cases to date; and fourth, COVID-19 deaths to date. We  
8 also review the providers' vaccine stock and their  
9 throughput to understand better the providers that should  
10 be receiving more vaccines.

11 Rounding out our community strategy, we also are  
12 working through targeted vaccine administration with retail  
13 pharmacy chains Rite Aid and Topco to allow there to be  
14 more convenience with getting the vaccine in Pennsylvania.  
15 As the mission in the community occurs, we are also  
16 (indiscernible - recording malfunction) which is the  
17 collaboration between the CDC, Operation Warp Speed, CVS,  
18 and Walgreens. This is where they -- the federal  
19 government is coordinating the logistics of vaccinating our  
20 long-term care facility residents and staff.

21 Pennsylvania has invested a significant amount of  
22 our vaccine in this mission, and we are looking at CVS and  
23 Walgreen completing that mission as expeditiously as  
24 possible. All nursing homes, totaling about 650 sites,  
25 that are enrolled in the Federal Pharmacy Partnership have

1 completed their first clinics. The remaining second and  
2 third clinics are on course to finish by early March. The  
3 Federal Pharmacy Partnership mission will continue to  
4 vaccinate over 2,000 other long-term care facilities. Many  
5 of these facilities have clinics scheduled thus far, and we  
6 will work to have this mission completed by mid-April.

7           As we move into later phases of the vaccine  
8 distribution, we plan to hold additional community  
9 vaccination clinics in close partnership with the  
10 Pennsylvania Emergency Management Agency. PEMA will  
11 coordinate logistics with our local county partners and  
12 communities across the Commonwealth to make vaccine  
13 available to all who demand to be immunized. Pennsylvania  
14 specifically focused our COVID-19 interim vaccine plan with  
15 the deliberate intent to reach individuals in rural areas  
16 and those historically marginalized. These efforts are  
17 executed upon with advisement from our Office of Health  
18 Equity and understanding existing community partners  
19 through our COVID-19 testing initiatives.

20           While we know that there have been challenges  
21 thus far, we know that many more await us in the future.  
22 Vaccine hesitancy is an issue that we are dealing with real  
23 time, as folks are watching how data emerges with even  
24 healthcare personnel not necessarily availing themselves of  
25 the vaccine when they are able to.

1 I'm proud of the immense amount of public health  
2 work that has brought us to this point, and we look forward  
3 to partnering with all of you as trusted community  
4 messengers on the hard work needed to bring the pandemic to  
5 an end.

6 Thank you for the opportunity to offer remarks.  
7 And now, I and the team are happy to take questions that  
8 you may have.

9 MAJORITY CHAIRMAN RAPP: I'm going to open the  
10 questions up to committee members because I know that many  
11 members have other meetings to attend.

12 Chairman Frankel, did you want to have comments?  
13 Did you want to start the questioning?

14 MINORITY CHAIRMAN FRANKEL: Yeah. Thank you. Do  
15 we still have the Secretary here? Okay. All right.

16 MS. BEAM: Yes. I'm here.

17 MINORITY CHAIRMAN FRANKEL: Yes. Secretary Beam,  
18 again, congratulations. What a time to be taking on this  
19 responsibility. And I know this has been a moving target  
20 and a learning thing -- learning process for everybody.

21 But one of the issues that we have heard  
22 expressed here today and I've heard from my constituents,  
23 and I think may have addressed this to you earlier, is the  
24 enormous sense of anxiety of not knowing, you know,  
25 when -- or you know, the lack of centralized registration

1 system. You know, we heard today, and I think you're aware  
2 as well, we've heard from other parts of the country where  
3 people, you know, are -- go out and register at all kinds  
4 of different facilities. So we've got, you know, spots  
5 that go for no-shows.

6           So the issue of having a pre-registration system  
7 that's centralized that would -- I mean, I think  
8 people -- even if they knew they were a month out or six  
9 weeks out but were on the list in a timely way to get a  
10 vaccine would be something that would go a long way to  
11 giving folks some confidence. We had providers here asking  
12 for a centralized system that would allow them to offer  
13 vaccine to community members while also assuring they  
14 complete their mission of reaching less tech-savvy  
15 patients.

16           I know this is something that you've been talking  
17 about. I mean, where are we with this? What do you see as  
18 maybe improving this system to give more certainty to  
19 people and alleviating their anxiety?

20           MS. BEAM: Sure. So I'll start, but others on  
21 the team, feel free to chime in.

22           So the predictability that you referenced is what  
23 we are also seeking. I think that the federal government  
24 heard states when they understood that one week's  
25 visibility into what's coming down the line is not enough

1 for us to plan. And the limiting visibility that we had,  
2 unfortunately, was then also transfer to the provider  
3 community, who are our partners throughout this.

4 And so we understand that the provider community  
5 is setting up significant logistics, which means everything  
6 from the actual space to the staff dedication to the  
7 resources for the scheduling system and the like. And when  
8 we were only able to give them one week's visibility into  
9 what the next week's doses would look like, that was an  
10 incredibly limiting factor in what they could do by way of  
11 efficiency. It also meant that for our team, we were  
12 always reacting to what the federal government was advising  
13 us.

14 The federal government has indicated that in the  
15 incoming future -- the near-coming future, we are able to  
16 have three weeks' visibility into what's coming down the  
17 pike. That will be a tremendous shift in what we've  
18 experienced to date. Every single week, we have found out  
19 the week before what's coming down for the following week,  
20 which is not enough ability to plan at all.

21 Likewise, I hope that the federal government is  
22 also understanding that just as in yesterday's decision  
23 when they decided to take an allocation of the vaccine and  
24 invest it in retail pharmacies directly without it coming  
25 out of the state's portion, we welcome the vaccine, but

1 that also is a factor that then plays into our strategy,  
2 right? And so it's not only three weeks' heads up to give  
3 us predictability, it's also understanding what their  
4 strategy is going to be by way of any of these partnership  
5 programs, whether it be Federal Pharmacy Partnership, the  
6 Retail Partnership, or now going directly into pharmacies.  
7 All of that really -- that runway allows us to be more  
8 efficiently using vaccine broadly.

9           Specific to your question about a centralized  
10 registration system, right now, we talk pretty often to our  
11 counterparts in other states to try and understand what's  
12 working and what's not working. For the states that have  
13 had centralized registration systems, they've faced their  
14 own set of challenges.

15           I think that it's inarguable that our healthcare  
16 system does not have smooth interoperability between its  
17 systems. And so when you have partners that vary from the  
18 pharmacies to our hospitals to our FQHC to our county  
19 municipal health department, all of their underlying IT  
20 systems would have to feed into this centralized  
21 registration system. States have failed to be successful,  
22 and actually, we're learning right now that many states are  
23 falling back and switching to PrepMod, which was the system  
24 that we have invested in for purposes of our community  
25 clinics and the county municipal health departments and our

1 community clinics that PEMA will be running.

2 And so with that in mind, I think that there's  
3 really a shared understanding that there's not enough  
4 vaccine with or without a registration system, and a  
5 registration system won't fix that limiting factor. And so  
6 that will be what we can give constituents to afford them  
7 peace of mind and predictability.

8 MINORITY CHAIRMAN FRANKEL: Thank you.

9 MAJORITY CHAIRMAN RAPP: Thank you,  
10 Representative.

11 Representative Roae?

12 REPRESENTATIVE ROAE: Thank you. Excuse me.  
13 Thank you, Madam Chair, and thank you for your testimony.

14 I've been getting some communications from  
15 different organizations, you know, locally, Intermediate  
16 Unit number 5, which consists of the school districts in  
17 Erie, Crawford, and Warren County. They contacted me that  
18 some of their school districts are having trouble getting  
19 their staffs the vaccination. And I was wondering if you  
20 have any advice for, you know, what they could do.

21 Now, some districts -- like the Fairview School  
22 District in Erie County, in my district, they haven't had  
23 real school for months and months and months. Other school  
24 districts have pretty much had regular school. Does the  
25 Department give any guidance that school districts that are

1 actually open where kids actually come to school and the  
2 teachers are actually at school, are they supposed to get a  
3 higher priority than school districts where everyone is  
4 working from home and all the kids are at home?

5 MS. BEAM: So school districts right now, and  
6 teachers, I should say specifically, are within our 1B  
7 phase of the plan. We are so greatly appreciative of  
8 educators and all that they have endured over the last year  
9 with needing to be nimble and changing to the ever-changing  
10 demands of this pandemic. But with that being said, we are  
11 focusing right now on phase 1A, but we want to plan for  
12 phase 1B, and when that implicates educators, we want to  
13 make sure that they're able to avail themselves of the  
14 vaccine as quickly as possible.

15 And so we have spoken to some of the intermediate  
16 units and some of the school districts about potential  
17 plans to allow that to happen as efficiently as possible  
18 when we transition to 1B, but at this stage, we're still  
19 focused on phase 1A. To the extent, though, that those  
20 teachers actually have a higher risk of contracting COVID-  
21 19, they would actually fall within that 1A population. So  
22 we added not only those over 65, but we added those with  
23 underlying comorbidities.

24 So separate and apart from their profession being  
25 what makes them avail themselves of the vaccine, if they

1 are an individual of a higher level of risk, they can  
2 actually go avail themselves of the vaccine as part of  
3 phase 1A, which we would encourage them to do to allow them  
4 to be more protected when going back into the classroom,  
5 versus, I think, necessarily waiting until they're actually  
6 able to avail themselves of the vaccine because of their  
7 profession being a teacher.

8 MINORITY CHAIRMAN ROAE: Are colleges -- the  
9 staff of colleges -- like Allegheny College in Meadville.  
10 There's an article in The Meadville Tribune today that  
11 their staff got vaccinated. Are they in 1A, or are they in  
12 1B -- colleges?

13 MS. BEAM: So colleges would be into the broader  
14 education category, which would still be 1B, but I don't  
15 want to lose sight to the extent that their staff actually  
16 qualified because of their underlying age or any of their  
17 underlying comorbidities. They would still be able to get  
18 vaccinated.

19 But I don't know, Keara or Dr. Braund, if you  
20 have any thoughts on that.

21 MS. KLINEPETER: (No audible response)

22 DR. BRAUND: (No audible response)

23 MS. BEAM: Okay.

24 MINORITY CHAIRMAN ROAE: Okay. One  
25 final -- are -- the Allegheny College told their employees

1 not to tell anybody if they got vaccinated. They're trying  
2 to keep it confidential because they know that there's a  
3 shortage of vaccinations, and employers that can't seem to  
4 make arrangements to get vaccinations, they know they're  
5 going to be, you know, concerned that one group got  
6 preferred over another group.

7 But I guess my question is, is it public  
8 record -- not individual names, but is it public record if  
9 an employer makes arrangements to get vaccinations of how  
10 many -- you know, Company A, if they were successful in  
11 getting their employees vaccinated in a setting just for  
12 the employees of that employer, is that public record?  
13 Like, for example, how many vaccinations went to Allegheny  
14 College employees, or how many would go to XYZ  
15 Manufacturing, is that public record or not?

16 MS. BEAM: So at this stage, I don't believe we  
17 would actually have the public record, which is -- I think  
18 what you're referencing is kind of the link to the vaccine.  
19 So if they got it for all of their employees, that would  
20 not be public record.

21 But Deputy Secretary Findley, feel free to chime  
22 in if there's something else that would be helpful there.

23 MS. FINDLEY: Hi. Good morning. We do not  
24 collect occupation when we're collecting the data, so it  
25 would be -- we collect the doses that are administered, but

1 they're not tied to an occupation.

2           MINORITY CHAIRMAN ROAE: But this was a clinic  
3 just for the employees of Allegheny College, so they know  
4 how many people got vaccinations that day. Would that be  
5 public record? That number is available, but it's not  
6 being disclosed.

7           MS. KLINEPETER: This is Keara Klinepeter. So I  
8 think we may need to look into that a little bit further.  
9 Can we circle back with you?

10           MINORITY CHAIRMAN ROAE: Yeah. That would be  
11 fine because I'm getting a lot of questions from my  
12 constituents -- you know, teachers are saying, how come we  
13 can't get vaccinations but other schools seem to get  
14 vaccinations and some colleges? So yeah, I really would  
15 appreciate that. And I think the public should -- they  
16 don't need to know the exact names; that's confidential.  
17 But if some employer or some school got all their employees  
18 vaccinated and other similar entities cannot get the  
19 vaccination, I just think the public should have that  
20 information. Thank you.

21           MAJORITY CHAIRMAN RAPP: Thank you,  
22 Representative Roae.

23           Representative Hershey?

24           REPRESENTATIVE HERSHEY: Sure. Thank you for  
25 being here, guys.

1           My question is related to suppliers who can  
2 administrate the vaccine. We've heard of -- we heard from  
3 health providers earlier who are getting inundated with  
4 requests, so much so that they aren't able to answer all  
5 the phone calls that they're getting, and that's happening  
6 in my own community as well. So I have a three-part  
7 question here.

8           I'm curious -- you know, we have pharmacies that  
9 could do this well. So how can we get more supply to our  
10 rural pharmacies who can vaccinate effectively? And are  
11 there independent pharmacies or community pharmacies in  
12 rural areas that have requested to administrate the vaccine  
13 that haven't received it? And what exactly is the criteria  
14 for who can administrate the vaccine?

15           MS. BEAM: Sure. I will take each one of those  
16 in turn, and if others feel there's more depth on any of  
17 them, feel free to chime in.

18           REPRESENTATIVE HERSHEY: Yes. Thank you.

19           MS. BEAM: Oh, of course. Of course. So when  
20 you were talking about pharmacies in the rural area  
21 being -- having the ability to demonstrate the efficacy of  
22 their operations and allowing them to get more vaccine  
23 because of that, it's a true representation of where we're  
24 currently thinking.

25           So I mentioned in the testimony that when we take

1 away -- so we have our allocation, we do our dedication to  
2 our Federal Pharmacy Partnership, we do our dedication to  
3 our Retail Partnership, and then we have the vaccines that  
4 are in the balance, and those are going to go to providers  
5 directly. So that includes your pharmacists, and it also  
6 includes hospitals, FQHCs, county municipal health  
7 departments.

8 To understand how we're going to have the 66-  
9 county coverage, we first look at a four-factor analysis,  
10 which is: the county population, those over 65, the COVID  
11 deaths, and the COVID cases. The reason that we're doing  
12 that is to understand better the level of risk within the  
13 communities and within the counties. But once we break  
14 that down, to your point, it's still a question of what  
15 providers within the county receive that vaccine.

16 What we've been able to do to date is analyze the  
17 existing inventory that we're able to see through the  
18 federal software that they have provided, but then also  
19 understand better the throughput and making sure that we  
20 understand how quickly they're getting the vaccine into  
21 arms. We're working very actively to make sure that those  
22 factors are going to be of higher consideration when we're  
23 looking at providers because at this stage of the game, we  
24 have an immense interest of the provider community, which  
25 is fantastic. We want that many providers being interested

1 in being the ones that administer the vaccine.

2 But right now, we have close to 1,500 providers  
3 enrolled and a little over 600 of them are receiving the  
4 vaccine. As you can imagine, that's still very thinly  
5 slicing up what is left over of that vaccine pie. And so  
6 we want to make sure that we're giving the vaccine to the  
7 providers, whether they be hospitals, whether they be  
8 pharmacies, whether they be FQHCs that are administering  
9 the vaccine most efficiently at this time because we have  
10 such high demand.

11 As you mentioned with the folks calling and  
12 calling, right now, we have to capitalize on the fact that  
13 there is significant interest in seeking the vaccine. This  
14 is when we can get a concentration of Pennsylvanians  
15 vaccinated, and so to do that, we're working on really  
16 making sure we have the vaccine allocated to providers with  
17 the best throughput.

18 You also mentioned the criteria by which each of  
19 these providers is analyzed. So a provider, to be  
20 enrolled, actually goes through a federal process with the  
21 CDC. There's documentation that they have to attest to to  
22 become an enrolled provider, but after that, they can  
23 become enrolled in Pennsylvania, and we work closely with  
24 them to get through that process. And that's why we have  
25 almost over 1,500 of those providers available.

1 I believe that's the extent of your question.  
2 Did I miss anything, Representative?

3 REPRESENTATIVE HERSHEY: No. I don't think so.  
4 I just want to reiterate that I have rural providers who  
5 are interested, and I was curious about that process. So  
6 thank you. That answered my question.

7 MS. BEAM: Sure.

8 MAJORITY CHAIRMAN RAPP: Representative Owlett?

9 REPRESENTATIVE OWLETT: Thank you, Madam  
10 Chairman.

11 And thank you for being here today. A couple of  
12 questions. I hope I can get through a couple of them, if  
13 it's okay, Madam Chair.

14 Just really quick, you talked a little bit about  
15 how you make decisions on who gets vaccines. One of the  
16 things -- were you able to listen to the testimony prior to  
17 you joining us today?

18 MS. BEAM: I apologize. We actually had a  
19 discussion with the Governor on some of our vaccine  
20 strategies, so I wasn't --

21 REPRESENTATIVE OWLETT: Well, that's good that  
22 you were talking to the Governor about it, but I would  
23 suggest going back and having a -- taking a chance to  
24 listen to it. Because one of the things that came up was,  
25 they'll put in an order, they won't get that allotment, but

1 they don't know how many they're getting until it shows up.  
2 To me, that seems very unfortunate, at best, for them to be  
3 able to plan because they're actually making these plans.  
4 What are we doing to fix that problem so that logistically,  
5 they can be prepared? We also heard testimony that  
6 sometimes they're getting vaccine and they didn't even know  
7 it was coming. So I want to know how that happens and how  
8 are we going to fix it.

9 MS. BEAM: I'll go high level, and then Deputy  
10 Secretary Findley, if you want to speak any more about the  
11 provider communications, I welcome that.

12 So as the provider community articulated already,  
13 they are able to request an amount of vaccine based on what  
14 they believe they have the infrastructure to actually  
15 administer within the following week. And so they put in a  
16 weekly requested amount. Then our team digests that, uses  
17 all the factors that we just discussed, and understands  
18 better how to allocate across all of those providers,  
19 reflective of their requested amount because that is  
20 indicative of what they believe they are able to actually  
21 secure as vaccinations that week. But we are able to take  
22 that information and do an allocation more specifically.

23 The concerning piece we just mentioned, too, is  
24 that anyone would have the vaccine delivered and not  
25 actually be understanding that it's coming their way. If

1 there are specifics around that, I think Deputy Secretary  
2 Findley and I would be quick to follow up on that because  
3 throughout the request and the allocation process, we  
4 really have a lot of hand-to-hand communication. We are  
5 directly in contact. This is something that takes our team  
6 a lot of time and investment in making sure that providers  
7 understand what they requested is different than maybe what  
8 they're going to be allocated and when it's going to be  
9 coming.

10 But Deputy Secretary, do you want to offer any  
11 other detail on that?

12 MS. FINDLEY: Sure, Secretary. Thank you. Yes.  
13 Definitely would be interested to hear the concerns that  
14 are happening with that because as Secretary said, we are  
15 doing a one-on-one relationship with all of our providers,  
16 particularly since the type of vaccine and the training  
17 that they must undergo. But we have team members that are  
18 matched up to each provider that talk with them, give them  
19 a heads up of what orders they'll be expecting. And then  
20 if there's a situation that their vaccine is delayed, the  
21 manufacturer typically will be contacting that  
22 provider -- that provider's site because the vaccine is  
23 coming directly from the manufacturer or the vaccine  
24 distributor. The Department doesn't have the vaccine here.  
25 We're not pushing it out. It's all done through the

1 federal arm of that, so that would be another notification.

2 But yes, would be interested if someone is not  
3 receiving notification about their vaccine. I mean, even  
4 with regards to the snowstorm earlier this week, we were  
5 informed that on Monday, vaccines would not be delivered,  
6 and those messages went to those providers expecting  
7 vaccines.

8 REPRESENTATIVE OWLETT: Okay. I mean, that -- if  
9 we can just go back and watch that testimony, I think that  
10 would be great. But I think my specific question was, so  
11 if -- how are we letting them know how many they're  
12 actually getting? So I get it that they put in the  
13 request, but then they don't know how many they're getting  
14 until it shows up. What are we doing to fix that problem?

15 MS. FINDLEY: So I know we're doing daily  
16 messaging with our providers. We can continue to tighten  
17 that up with regards to how we're responding to them. They  
18 do ask for a certain amount, and then we are giving the  
19 indication of how much they'll be receiving. But we'll  
20 certainly look into that to see how we can make that a  
21 better system.

22 REPRESENTATIVE OWLETT: That would be really  
23 important. And Madam Chair, if I may, one more question.

24 Just really quick -- I did some quick research.  
25 There's a lot of talk about continuing to have the

1 conversation of how we can utilize the National Guard.  
2 That's kind of something that we're talking about this  
3 week. I'm curious -- I mean, I did some really quick  
4 research this morning.

5 Twenty to twenty-six states are currently using  
6 it. I looked at it. We're ranked 44 in the country as far  
7 as distribution. Sixteen of the eighteen that I found are  
8 currently -- that are ahead of us are utilizing the  
9 National Guard in some way, shape, or form. Is  
10 Pennsylvania currently actively using the National Guard in  
11 any way, shape, or form to help with the distribution of  
12 vaccines here in the Commonwealth?

13 MS. BEAM: Sure. So my colleague that oversees  
14 the Pennsylvania Emergency Management Agency will be  
15 probably best situated to speak to this, but I'll offer  
16 what we can.

17 So we have been planning our dedication of our  
18 vaccine to those existing channels that we discussed. We  
19 wanted to make sure our long-term care facilities first  
20 were able to actually have the vaccine come to them. And  
21 then also, that we were dedicating it to that retail  
22 partnership, so that when we are opening it up to folks  
23 over 65 and those with the underlying comorbidities, they  
24 could access it through those channels.

25 With that being said, our plan has always had a

1 forecast for making sure that community vaccination clinics  
2 were contemplated. These are clinics that will likely rely  
3 and involve the National Guard to some extent, but we also  
4 want to make sure that there's an opportunity to discuss  
5 where the National Guard is currently focused, which is in  
6 our long-term care facilities.

7           So we have been using the National Guard, and  
8 specifically, their clinical units, in a lot of our  
9 responses to any of the outbreaks in our long-term care  
10 facilities. They've been a tremendous partner with us  
11 throughout this entire time, and I think that was indicated  
12 through a lot of our advocacy at the end of 2020 to get the  
13 extension to continue using them because they are an  
14 unbelievable resource in responding to those outbreaks.

15           And so we want to make sure that in thinking  
16 through the limited clinical National Guard staff that we  
17 have, we're utilizing them in the greatest, most purposeful  
18 way. And so if they're working on some of our long-term  
19 care response strategies, the rest of the National Guard  
20 can actually be helpful in other ways in making sure our  
21 vaccine clinic operations are going as smoothly as  
22 possible, and PEMA has included them in preparations for  
23 that. But we want to make sure not to lose sight that our  
24 National Guard is currently helping in our COVID-19  
25 response broadly and then will only help more as we plan

1 more of those vaccination clinics.

2 REPRESENTATIVE OWLETT: So would you say they  
3 don't have the bandwidth right now to help out in a  
4 significant way -- or the past three weeks, they haven't  
5 had the bandwidth -- or month?

6 MS. BEAM: And I welcome -- Keara actually has a  
7 lot of expertise in working with the National Guard. But I  
8 just would put out there, the factor of limiting National  
9 Guard assistance was purely on their clinical staff. There  
10 is a deep bench of National Guard otherwise that can help  
11 out in different ways. So it's logistics planning; it's  
12 much of the reconnaissance that's necessary to set up a  
13 site and the like.

14 But Keara, do you have any more detail on that?

15 MS. KLINEPETER: No. That's perfect, Secretary.  
16 I mean, the (indiscernible) with these, which are the  
17 medical individuals who are part of the Pennsylvania  
18 National Guard, do have a limited number of individuals.  
19 And so I think it's important that we continue to invest in  
20 our long-term care mission. But as Secretary Beam said,  
21 continue to partner with PEMA to look at how to most  
22 optimally deploy our troops across those two mission paths.

23 REPRESENTATIVE OWLETT: I think that's all I've  
24 got. Just really quick comment. It feels like -- and I  
25 believe the Department of Health is really taking a lead,

1 it seems like, in everything. The communication that came  
2 in the testimony today was the challenge of logistics and  
3 communication. In my, you know, Tioga County, you know,  
4 rural opinion, I would say that PEMA and the National Guard  
5 are phenomenal at logistics and communications. And so I  
6 would hope that we can continue to lean on them in a  
7 meaningful way so that we're not sending vaccines without  
8 people knowing, that people know how many they're getting,  
9 that we can lean on our providers even better so that we  
10 can get vaccines into the arms of those folks that want  
11 them.

12 I think that we need to do better. Ranking 44 is  
13 unacceptable to me, so I would just challenge us -- I know  
14 it's a challenging situation, but I think that we need to  
15 all work together to pull in the same direction and make  
16 sure that we are delivering these vaccines as quickly as  
17 possible because I know we can do better.

18 Thank you for your time.

19 And thank you, Madam Chair.

20 MS. BEAM: Thank you.

21 MAJORITY CHAIRMAN RAPP: Thank you,  
22 Representative.

23 Our next representative with a question is  
24 Representative Lewis. I believe he is with us virtually.

25 Representative, if you want to turn on your mic

1 and your camera.

2 REPRESENTATIVE LEWIS: Thank you, Madam Chair.

3 And thank you, Secretary Beam, for being here  
4 with us and for your testimony and for your service to the  
5 Commonwealth. My question is about challenges outside of  
6 the control of the Department of the Health that you may be  
7 facing. I think a big part of this hearing -- hold on.  
8 I'm going to mute my speakers because I'm hearing some  
9 feedback. Okay.

10 I think a big part of this hearing is to learn  
11 more about obstacles that are being faced and then  
12 potentially develop legislative solutions to be a resource  
13 and an ally and to help resolve any obstacles because we  
14 all have the shared goal of getting as many people  
15 vaccinated as quickly as possible.

16 And so my question for you, Secretary, is, can  
17 you speak a little bit about some of the challenges outside  
18 of your control, whether it be some of the logistical or  
19 communication challenges coming, whether it's the federal  
20 government, whatever it may be that we could maybe unify  
21 and amplify those times whether we go to the congressional  
22 delegation? How can we be a resource? And can you speak  
23 just briefly to the challenges that are outside of your  
24 control that you're facing?

25 MS. BEAM: Sure. So I'll start with one that we

1 already hit on so I won't belabor it, and that's  
2 predictability. We know well -- and I think this is  
3 actually just to the previous representative's point -- we  
4 can get logistics in, we can get planning in, and we can do  
5 this better if we have visibility into what's coming down  
6 the pike.

7           We're on week 8. We have had acted upon us the  
8 Federal Pharmacy Partnership program, which we are trying  
9 to be diligently responsive to the needs of so that our  
10 long-term care facilities can actually be vaccinated; the  
11 Retail Partnership program, which we worked to select two  
12 of the most prominent entities that we're going to be able  
13 to reach communities that are harder to reach in  
14 Pennsylvania, but still, there's been some fluctuations on  
15 how that's gotten off the ground; and then, I think, most  
16 evident is yesterday's change, that the federal government  
17 is now going to invest directly in some of those retail  
18 partners that we won't know where that's actually going  
19 until, I believe, later this week.

20           And that's all (indiscernible - audio  
21 interference) our strategy, right? When you have such a  
22 limited commodity, you want to be as thoughtful as possible  
23 with where you're investing it because you need to get  
24 that -- the quickest vaccinations out as efficiently as  
25 possible, right? And so predictability has been a struggle

1 this entire way through.

2           To their credit, I think the federal government  
3 has heard us, I really do, and I think that they'll be able  
4 to actually show how they're going to plan better, how  
5 they're going to communicate better with us, and we're  
6 going to find ourselves in a situation where we can  
7 probably be forecasting out at least three weeks of  
8 vaccine. That sounds short, but that is a game changer for  
9 us to know what's coming down the pike for the next three  
10 weeks. And so that's the first challenge that's somewhat  
11 outside of our control.

12           The second is miscommunication and  
13 misinformation. We know well that right now, our  
14 challenge, and you're hearing from your constituents, is  
15 that we have this incredible level of demand, and we have  
16 this really limited supply. What we know is going to be  
17 possibly an even more insurmountable challenge is three,  
18 four, five months down the line when we can't get  
19 Pennsylvanians to want the vaccine, right?

20           We have a state with historically low uptake on  
21 vaccinations, and so we need to be building that trust and  
22 cutting through the misinformation now so that folks aren't  
23 just thinking about getting vaccinated (indiscernible -  
24 audio interference) able to avail to themselves. They  
25 should be planning now. They should be hearing that their

1 friends and family members got the vaccine, didn't have any  
2 adverse effects, felt that the protection was worth it, and  
3 that's how we move Pennsylvania back to that sense of  
4 somewhat normalcy in society, right? We have to have that  
5 (indiscernible - audio interference) to be able to be  
6 conducting ourselves in a way that feels more reminiscent  
7 of 2019 than 2020.

8           And so I -- there's a -- probably a laundry list  
9 that this team could come up with, but I think if there's  
10 two key challenges that feel a little bit outside of our  
11 control, if not a lot a bit outside our control, it really  
12 is that predictability factor, and it really is any  
13 assistance we can get with cutting through the  
14 misinformation, because Governor and the administration are  
15 one piece, but that's not going to be the one that solely  
16 resonates with folks.

17           We need it to be you all as their local  
18 leadership. We need it to be religious leaders. We need  
19 it to be our provider community. That, I think, being the  
20 force of voices is how we're going to succeed in cutting  
21 through what is the unbelievably prevalent misinformation  
22 out there that really creates a lot of that skepticism  
23 which breeds vaccine hesitancy. But that's the two top  
24 things that I think we find as challenges.

25           Team, did I miss anything?

1 MS. KLINEPETER: (No audible response)

2 DR. BRAUND: (No audible response)

3 MS. FINDLEY: (No audible response)

4 REPRESENTATIVE LEWIS: Thank you, Secretary. I  
5 appreciate it. That does help us. Thank you.

6 MAJORITY CHAIRMAN RAPP: Thank you,  
7 Representative.

8 Next is Representative Fiedler, who is also  
9 joining us virtually.

10 Representative Fiedler, if you'd want to turn on  
11 your mic and video.

12 REPRESENTATIVE FIEDLER: Thank you, Chairwoman.  
13 Here in Philadelphia, we're facing tremendous challenges  
14 related to our vaccine administration which is, obviously,  
15 in many ways, separate from the rest of the state's. We  
16 face serious issues around vetting of providers,  
17 transparency, accountability, serious concerns about  
18 equity, and some of the decisions that have been made here  
19 in Philadelphia around the distribution of this lifesaving  
20 vaccine are honestly truly horrifying when you think about  
21 the potential to save lives.

22 Our city health department here in Philadelphia  
23 has made some choices that are different than the statewide  
24 program, including maintaining 75-plus as an early group  
25 for vaccination and -- along with a few other differences.

1 Our public schools are preparing to open, and we're  
2 hearing, here in Philadelphia, a lot of concerns from  
3 educators that I know some of my colleagues across the  
4 state share about when they'll be able to get the vaccine.

5 I wanted to ask you as the state's lead person on  
6 this, do you have advice as the City of Philadelphia moves  
7 forward in trying to build a more clear, transparent, and  
8 equitable vaccination program here as to what your  
9 recommendations would be for how we can best do that and  
10 serve our constituents?

11 I do want to add, too, one huge challenge we have  
12 here is simply access to information. A lot of my  
13 constituents have called our office because they don't  
14 have -- they don't use the internet or they don't have  
15 access to internet here and are really struggling to even  
16 get information and certainly to register for this program.

17 So thank you again for being with us and  
18 appreciate your feedback on this important issue.

19 MS. BEAM: Absolutely. So the relationship that  
20 we currently have with Philadelphia as outlined in the  
21 testimony is that we are still in close communication with  
22 them, though so many of those decisions and even the  
23 federal allocation that we discussed is separately  
24 delegated to them. So I think abundantly more than  
25 anything that we can commiserate around is that limited

1 supply, right?

2           When we are talking to Philadelphia, as  
3 Pennsylvania, we feel very strapped with our supply, but  
4 Philadelphia is in the exact same boat. And I think that  
5 there's a very -- there's harmony between our primary  
6 concerns because when, as Representative Lewis was asking  
7 what's out of our control, it's that limited supply and  
8 it's also that predictability. I think Philadelphia's  
9 experiencing a lot of the same challenges in that they're  
10 not able to necessarily have any predictability into what's  
11 coming down the pike by way of their distribution.

12           And so in that, I think we also find ourselves  
13 called upon to communicate better. And we ourselves have  
14 already said that. Here at the Department, we know that we  
15 have been reacting to so many things that have come at us  
16 in the last eight weeks, right? Just going through the  
17 different program iterations, going through different  
18 investments in IT, and how to set up the right guide. All  
19 of those things, we are responding to.

20           But what we can't lose sight of is the fact that  
21 we need to be communicating it better. And we've talked  
22 about being much more intentional, because when folks are  
23 getting caught flat-footed, that creates that distrust of  
24 the vaccine process, and they probably have consternation  
25 about the competency of it more broadly. And so I hope

1 that it's been indicative already in this first week that  
2 we've been on the job.

3 But more than that, that we're able to stick to  
4 that demonstrable increase in communication moving forward  
5 because that is, I think, what's going to help bridge a lot  
6 the miscommunication and the frustration, not just in  
7 Philadelphia but at the statewide level, if we can be more  
8 intentional with our -- and frequent with our  
9 communications with you all, same for our individuals who  
10 are patients that can avail themselves to the vaccine.

11 We're working on improving our website right now  
12 to make the tools a little bit more of a higher utility and  
13 make the maps more user friendly. All of those pieces, I  
14 think, are going to allow us to have folks that feel more  
15 bought-in on the vaccine strategy, which is ultimately  
16 going to help us with that hesitancy that we just discussed  
17 as well.

18 And so I think in working with Philadelphia, we  
19 face a lot of the same struggles, and I think we're  
20 probably looking at the same solutions. We can be more  
21 explicit with making sure that they're on the same page as  
22 us, but I think communication is going to be a key tool to  
23 addressing a lot of those struggles that we've talked about  
24 to the extent that we do have control over communication.

25 REPRESENTATIVE FIEDLER: Thank you very much. If

1 I may ask just a very brief follow-up?

2 MAJORITY CHAIRMAN RAPP: Go ahead,  
3 Representative.

4 REPRESENTATIVE FIEDLER: Thank you.

5 How do you feel right now -- how would you  
6 characterize your working relationship with the City of  
7 Philadelphia's Health Department? If you could just, like,  
8 tell us how you feel about that, if you think that  
9 additional communication is sufficient or if there's a more  
10 collaborative working relationship that would be useful.  
11 And you know, I think that could go in a lot of directions.

12 I do greatly appreciate your comments about  
13 increased communication because I do think a lot of us in  
14 Philadelphia have hoped to see that, and that would be  
15 helpful. But if you could just say in this moment how you  
16 feel about your communication with the City of  
17 Philadelphia's Health Department around the vaccine program  
18 as we look to revamp things here, I would appreciate it.  
19 And with that, I will be finished. Thank you.

20 MS. BEAM: Sure. So from a leadership level, I  
21 will offer, again, we are pretty fresh in these positions,  
22 but we have had outreach with both Philadelphia and  
23 Allegheny County to make sure that we're staying lockstep  
24 to the extent that we can coordinate in our communications  
25 and the like, and that is a longstanding relationship that

1 throughout the pandemic response, the previous Secretary  
2 and the Executive Deputy had established, and they have  
3 bestowed onto us.

4 And so we have intentions of continuing that, and  
5 we hope that there's fruitfulness from that coordination as  
6 we continue to dedicate a significant, I think, channel of  
7 communication with them to make sure that we're getting one  
8 consistent message to the extent that there's alignment  
9 between the state and the local jurisdictions.

10 MAJORITY CHAIRMAN RAPP: Thank you, Secretary.

11 Thank you, Representative Fiedler.

12 Next questioner is Representative Schemel.

13 REPRESENTATIVE SCHEMEL: Thank you, Madam Chair.

14 And Madam Secretary, congratulations from your  
15 home county of Franklin. We're all quite proud of your  
16 appointment.

17 Three quick questions. First, communication  
18 seems to be an underlying issue that we've heard from  
19 nearly everyone today, so what exactly is the Department's  
20 plan to improve communications? Do you have a working  
21 group? Do you have a deadline that you're going to come up  
22 with a new plan? You know, what concretely, other than  
23 we're going to improve -- I mean, what concretely are you  
24 doing and what is the deadline that we can expect that to  
25 be -- something new to be rolled out?

1 MS. BEAM: Sure. And thank you for being the  
2 representative of my hometown, as always. There's some  
3 precious constituents that still live there, so always  
4 happy to engage.

5 The communications plan that we have really laid  
6 out thus far, and hopefully, actually, this week is  
7 indicative with the legislature specifically, is really  
8 making sure that to the extent that we can have routine  
9 communication and expected cycle of it, I think would be  
10 tremendously helpful. And so right now in the queue are  
11 routine weekly communications to our legislators, to our  
12 stakeholder partners, and to patients. And making sure  
13 that they have an understanding of not just the progress  
14 made in the past week but what's coming down the pike for  
15 the following week.

16 So what are the three key things that you need to  
17 know about the vaccine strategy moving forward? I think  
18 that will help alleviate a lot of that feeling of being  
19 acted upon, which is what I think we all have felt  
20 throughout the vaccine rollout to date. And so to the  
21 extent that we do have some control over maybe what's  
22 coming down the pike, with the caveat that we all have to  
23 be nimble with what the Feds also decide, I think that  
24 would be a really helpful tool. And so we have that in the  
25 queue right now. As our Legislative Affairs Director can

1 also speak to, we have more frequent discussions with the  
2 legislature planned on a routine basis rather than  
3 necessarily having hearings or ad hoc meetings or the like.

4           Again, I think the routine communication cycle  
5 and staying disciplined and dedicated to that is going to  
6 help us allow for more expectation as far as communication,  
7 but then we're probably going to be more prepared with  
8 what's coming down the pike as quickly as it's coming down  
9 at us. And I think that in conjunction with the  
10 constituent outreach, right? So we're calling it patient  
11 outreach. It's constituent outreach, as well, making sure  
12 that folks understand on a routine basis what's going on  
13 and aren't just finding out when caught in a press  
14 conference or something like that is, again, this key  
15 aspect of using our current tool and making it more user  
16 friendly, adding more information to that website. I think  
17 those are the two keys that we've been trying to execute  
18 upon, even this week.

19           REPRESENTATIVE SCHEMEL: Okay. Second question  
20 has to do with wasted vaccines, especially as we've heard  
21 testimony about people that might be registering multiple  
22 locations. Then, presumably, they wouldn't show up to some  
23 of the locations if they're already received one of their  
24 vaccines. I would be concerned about increasing number of  
25 wasted vaccine.

1           So number 1, you know, are we tracking how many  
2           wasted vaccines we currently have? And number 2, you know,  
3           is there -- what plans are we making or how can we prepare  
4           to -- for that eventuality of individuals that just aren't  
5           showing up for vaccination deadlines because they've  
6           already been vaccinated with regard to wasted vaccines?

7           MS. BEAM: Sure. So the simple answer is yes, we  
8           are keeping track of wasted vaccine. And Deputy Secretary  
9           Findley can probably go into some detail there if you want  
10          to learn more about what our process is by way of the  
11          reporting and the follow-up when -- to understand the  
12          reason behind any sort of waste with the vaccine.

13          With that being said, I think that we're always  
14          trying to control against any sort of dose being lost,  
15          right? And so when you have folks that have booked these  
16          multiple appointments and were not able to be as responsive  
17          when they don't show to their appointments, we have  
18          advocated that providers are thinking through in ways of  
19          making sure that they don't have those wasted vials at the  
20          end of the day. Because there's open vials. There's  
21          clogged vials. All of those have different timelines to  
22          them. And so providers are actually doing some very  
23          thoughtful, I think, proactive outreach to make sure that  
24          folks are not doing the whole, I will book six  
25          appointments, show to one of them and never cancel that

1 remaining five, and really try and control against that.

2 But Deputy Secretary, do you want to offer any  
3 detail on, specifically, the waste?

4 MS. FINDLEY: Sure. So we do collect wastage  
5 information. Some of it is because a vial would end up  
6 broken. Some may be that, you know, they've drawn up too  
7 much vaccine and not have enough to vaccinate. And so  
8 right now, that statistic is very low. It's about .05  
9 percent of the total vaccines that we received.

10 We do also constantly have a training with our  
11 providers -- consistently rather, to keep them up to date  
12 on proper storage and handling and any pieces that we  
13 receive from the manufacturers with regards to how many  
14 doses we can draw up. You may have heard that there are  
15 some vaccines that we can get extra doses out of and how to  
16 properly do that, so we continue to keep those trainings  
17 going.

18 REPRESENTATIVE SCHEMEL: So what's the number on  
19 wasted vaccines you have right now?

20 MS. FINDLEY: It's about .05 percent to our total  
21 vaccines that we've received.

22 REPRESENTATIVE SCHEMEL: Okay. I'm slow at math  
23 so you'll have to help me with -- I don't remember how many  
24 vaccines we've received so far.

25 MS. FINDLEY: We have about 1.9 million vaccines

1 that we've received.

2 REPRESENTATIVE SCHEMEL: Okay. Good. Thanks.

3 My last question, Secretary, has to do with  
4 communication of data. The Department of Health has been  
5 great about getting a lot of data out, but the school  
6 districts that I have in my county, they range from totally  
7 virtual to totally in-person, and everything in between.  
8 And they've been asking for data from the Department  
9 of -- asking me to get data from the Department of Health  
10 in regard to COVID rates among school-age children. We've  
11 asked multiple times and received nothing. We don't even  
12 receive information saying, we're not going to give you the  
13 information.

14 So I think especially -- particularly as we move  
15 into, or when you prepare to move into phase 1B, when  
16 educators begin to be vaccinated, is there going to be  
17 better -- is there a way for us to get the data that the  
18 Department is already collecting, particularly a school  
19 district's struggle to ascertain whether they should be  
20 open or not and don't have the data about what the  
21 infection rates are amongst school-age children within  
22 their own counties?

23 MS. BEAM: Sure. And actually, Executive Deputy  
24 Klinepeter, I don't know if you have any detail on the data  
25 that we're sharing with schools at this stage of the game.

1           But we're also happy to field that request and  
2 take it back to the team to understand specifically the  
3 data elements that folks feel would be the most helpful to  
4 actually allowing them to make some of those educated  
5 decisions.

6           REPRESENTATIVE SCHEMEL: That would be great.  
7 Just a contact who would actually respond to us in the  
8 legislature would be wonderful. Thank you.

9           MS. BEAM: Sure.

10          MS. KLINEPETER: I'm happy to --

11          MS. BEAM: That'd be great.

12          MS. KLINEPETER: -- along with our (indiscernible  
13 - voice lowered).

14          MAJORITY CHAIRMAN RAPP: Thank you,  
15 Representative.

16          Representative Gaydos?

17          REPRESENTATIVE GAYDOS: Thank you, Madam Chair.

18          And thank you, Secretary Beam, and your whole  
19 team for being here. I really do appreciate your candid  
20 answers and your willingness to take a look at some of the  
21 things that we brought here today. I also implore upon you  
22 to listen to the testimony of the two healthcare providers.  
23 I think there was some valuable information in there that  
24 reflects some of the issues that were brought up to me from  
25 my constituents.

1           You know, you talk about hesitancy, focusing on  
2 changing the people's hesitancy to get the vaccine.  
3 However yet, we can't distribute what we already have. So  
4 I do appreciate you focusing on the ability -- to add the  
5 ability to allocate the vaccine to those who are able to  
6 allocate most efficiently. I think that that's a really  
7 needed metric because if we can't get it out to the people  
8 who might actually need it, then let's focus on getting it  
9 out to as many people as possible who are actually aware  
10 and aren't hesitant to get the vaccine.

11           The other question I have is talking about the  
12 communications, and thank you again for answering  
13 Representative Schemel's question about coming up with a  
14 plan. I think that's absolutely essential. And one of the  
15 largest complaints I've had is that seniors are showing up  
16 to get the vaccine, yet they're being told once they get  
17 there that nope, they can't get it. I know that's some  
18 part of a local issue that they want to -- they should be  
19 able to communicate to their patients or their -- the  
20 people getting the vaccine prior to them showing up. But  
21 that also is important for the Department of Health to let  
22 them know how many vaccines that they are getting, so I  
23 think that's important.

24           The third question that has come up in my  
25 district is that Pennsylvania, we have a lot of people who

1 live out of state part-time and they spend their winters  
2 elsewhere, Florida, et cetera. And I've been asked that if  
3 they get the first vaccine in another location and they  
4 come back to Pennsylvania, will they be able to get just  
5 the second shot, and are there any efforts to coordinate  
6 that kind of information to be able to accommodate the  
7 seniors?

8 MS. BEAM: Absolutely. So on your final  
9 question, honestly, I don't know that we have contemplated  
10 really focusing in on the population that is traveling  
11 somewhere right now and is going to be traveling back. We  
12 have not put geographic restrictions on being able to  
13 access the vaccine.

14 And so my initial contemplation is that we would  
15 be able to secure them that second-dose appointment because  
16 we want to make sure -- second doses are so important to  
17 this vaccine strategy happening effectively. I know  
18 there's folks that feel that we might be able to get away  
19 with one dose, but we've talked to the scientists. We  
20 looked at the data. We need to actually have the full  
21 vaccination, which means both parts of it.

22 And so given that the security of the vaccine is  
23 really best done by securing that second dose, I think we  
24 can probably take this back to the team to think about a  
25 more concerted effort for folks that have secured their

1 first dose out of state, and because of travel schedules or  
2 the like, need to secure their second one in-state.

3 REPRESENTATIVE GAYDOS: And I have a second  
4 question that's more general to your administration. Over  
5 the last year that I've asked the Secretary of Health to  
6 provide more information on list of consultants and  
7 advisors, and I even did a Right to Know and received a  
8 response back that said that the Secretary and  
9 Administration at large have consulted -- and this is a  
10 quote from the Right to Know -- have consulted with or  
11 received advice, both solicited and unsolicited, from  
12 innumerable individuals over the course of this pandemic.  
13 The Department does not maintain a list of such people and  
14 sources.

15 I find that pretty disturbing that that's not  
16 more transparent to the general public; that we're relying  
17 on a Secretary of Health to make decisions based on seeking  
18 the advice of others. And if that's not transparent to the  
19 general public, I'm not surprised why people -- there are  
20 some people who are expressing some concerns how decisions  
21 are being made. Will you commit to making that  
22 transparency on who your advisors are and who these  
23 consultants, which advise you in your decision-making?

24 MS. BEAM: So I want to first offer that Interim  
25 Physician General, Dr. Braund, has been incredibly helpful

1 on a lot of the clinical expertise. As you know all know  
2 well, that is not my background; it's more in healthcare  
3 broadly. And I think being able to have the deep bench of  
4 experts internally here, not only through Dr. Braund but  
5 also our team of epidemiologists and others, are really a  
6 key aspect of informing, especially, clinically-based  
7 decisions. And so I would be remiss if I didn't also offer  
8 the gratitude to the team for all that they offer every  
9 day.

10 I think that more broadly speaking, the response  
11 from the Department of Health is right in that there's a  
12 lot of unsolicited advice that comes our way pretty often.  
13 And so we'll talk to the team about how to narrow in on  
14 being transparent about folks that are able to, I think,  
15 probably be more relied upon rather than just offering a  
16 list of the unsolicited, which I don't think would be  
17 fruitful for us. So I'll talk to others about how to  
18 handle it best.

19 REPRESENTATIVE GAYDOS: Well, and I guess I  
20 understand you can't document everything, but if decisions  
21 are being made, it'd be nice to have that information on  
22 where those inputs are coming from.

23 MAJORITY CHAIRMAN RAPP: Thank you,  
24 Representative.

25 MS. BEAM: (Indiscernible - simultaneous speech).

1 MAJORITY CHAIRMAN RAPP: I'm sorry. I  
2 interrupted here. Madam Secretary, I just wanted to  
3 acknowledge that the Leader of the Majority is here with  
4 us.

5 And Leader Benninghoff, did you have anything to  
6 weigh in on? Thank you for coming to the meeting. I know  
7 this is very important to you, as well, and I did want to  
8 acknowledge you.

9 MAJORITY LEADER BENNINGHOFF: Thank you, Madam  
10 Chairman.

11 Well, I actually have one quick question. As a  
12 former member of the Health Care Committee, I appreciate  
13 your allowing me to intervene.

14 There's been a lot of talk, and I apologize for  
15 missing some of the earlier part of this meeting, but  
16 throughout Pennsylvania of whether or not part of the  
17 sluggishness in the rollout is because some institutions  
18 that have the vaccine are actually holding on to some doses  
19 to ensure the ability to give the second dose. And while  
20 medically that makes sense to me, it's hard for our  
21 constituents, many of whom who have challenges and/or  
22 underlying conditions, to not be able to get to the access  
23 to the first dose. I'm just curious if you think that is  
24 an issue, and how we overcome that?

25 Thank you, Madam Chair.

1 MS. BEAM: Leader Benninghoff, this was the -- as  
2 soon as we came in, this is one of the issues that we  
3 really hit the ground running, of trying to understand that  
4 delta between what has been allocated and what has been  
5 administered. There is a theory, and I think that we've  
6 found that in certain instances, it's absolutely true what  
7 you're saying; that insecurity in the second dose, whether  
8 that's generated because of the federal government's  
9 promise that second doses were going to come all at once or  
10 whether it is just a general mistrust of the second dose  
11 arriving, that there are providers that we know that are  
12 stockpiling one vaccine in the freezer for everyone that  
13 they've put into an arm.

14 And what we're trying to push out abundantly in  
15 our provider messaging and also in our broad communications  
16 this week is the second doses in Pennsylvania are secure.  
17 Other states have made different decisions. They might be  
18 using second doses as first doses. We don't advise that.

19 Back to the discussion point about how important  
20 that second dose is to actually get an effective vaccine,  
21 we want to make sure that folks understand that you need  
22 two doses to be as protected as you can be. And so in  
23 that, we think second-dose security is something that we  
24 can't emphasize enough. That's to the individual.

25 To the provider community, we're also

1 telegraphing that, but we're also engaging in more discrete  
2 outreach, meaning that when we see in Tiberius that there's  
3 a provider that is sitting on a certain amount of  
4 inventory, we're just directly reaching out to them. And  
5 we're saying we have theories; we think it might be that  
6 you're holding back a second dose or you might be preparing  
7 for a mass vaccination clinic, but you tell us why you're  
8 sitting on this amount of inventory and why you haven't  
9 moved it. Because right now, we need to work as  
10 efficiently as possible at getting those vaccines into  
11 folks' arms and if folks are sitting on inventory, it's  
12 doing none of us any good right now.

13           So in addition to making sure everyone feels  
14 secure in that second dose, which in Pennsylvania, you can  
15 be secure in knowing that the second dose is going to come  
16 on that right time frame, we also want to emphasize to  
17 providers that to the extent that they have shots and  
18 inventory, they need to be moving them forward. And so we  
19 think the best way to do that is really to engage one to  
20 one. And that's what our team is undertaking this week.

21           MAJORITY LEADER BENNINGHOFF: Thank you. I  
22 appreciate that.

23           MS. BEAM: Thank you.

24           MAJORITY CHAIRMAN RAPP: Thank you, Leader.

25           And thank you, Secretary. I understand that you

1 do have another commitment.

2 UNIDENTIFIED VOICE: (Indiscernible - away from  
3 microphone) the Governor.

4 MAJORITY CHAIRMAN RAPP: Oh, to the Governor.

5 I truly appreciate, and I'm sure Chairman  
6 Frankel, as well, you taking the time. I know you had to  
7 reschedule, as we all did, so I truly appreciate you taking  
8 the time to reschedule your schedule to be here with us  
9 today.

10 MS. BEAM: Thank you so much. Appreciate it as  
11 well.

12 MAJORITY CHAIRMAN RAPP: And I'm sure we'll have  
13 follow-up hearings in the very near future, so thank you.

14 MS. BEAM: Thank you.

15 MAJORITY CHAIRMAN RAPP: Chairman Frankel, did  
16 you have any comments for the Secretary?

17 MINORITY CHAIRMAN FRANKEL: No. Not yet. I  
18 really, again, appreciate you making yourself available to  
19 us today, I know, to our Caucus and our Members and the  
20 openness and ability to have a dialog and address our  
21 questions, so much appreciated. Thank you very much.

22 MAJORITY CHAIRMAN RAPP: And we still  
23 have -- members of the team, we still have, let me see,  
24 five representatives who want to ask questions. Remember  
25 that we have another panel of pharmacies, so -- but at this

1 point in time, Representative Benham, you're next.

2 REPRESENTATIVE BENHAM: Thank you.

3 So the question that I had is what steps are  
4 being taken to coordinate and streamline but particularly  
5 make accessible signing up for vaccines or getting on wait  
6 lists?

7 And I want to think about this in a couple  
8 different ways: First, for folks who do not have internet  
9 access; second, for people who have disabilities that might  
10 impact their ability to use that very inaccessible and not-  
11 compliant-with-web-accessibility-standards map that you all  
12 have; the massive problems with the user interface, these  
13 people are everyday people; and then just the amount of  
14 time people have to spend contacting vaccine providers.

15 You know, when we're talking about folks who are  
16 most vulnerable, who we need to get that vaccine to as  
17 quickly as possible, these are people who frequently have  
18 limited time, who may have pre-existing conditions that  
19 impact their ability to sign up, or who are vulnerable and  
20 do not have the resources to have internet access. So what  
21 steps are we taking to make sure that people don't have to  
22 spend this much time and that the sign-up process and the  
23 wait list process is accessible?

24 MS. FINDLEY: Hi. This is Deputy Secretary  
25 Findley, and thank you for your question. We are looking

1 at our web page and working on the enhancements so that we  
2 could make it a more navigational process for people  
3 looking to a provider that would be available to have  
4 vaccine. We do recognize that this is very -- this can be  
5 frustrating. There's a lot of people right now that want  
6 to be vaccinated, which is a great thing, but we are  
7 looking at kind of fine-tuning that process so that that  
8 will be more user friendly for those folks.

9 We are also engaging our stakeholders and  
10 messaging to those folks about our availability and our 877  
11 number for those that may not have internet connection,  
12 working closely with those folks to help educate.

13 REPRESENTATIVE BENHAM: Thank you. I appreciate  
14 that. I also want to echo, too, that like Rep. Schemel  
15 said, the data around schools would be particularly useful.  
16 I'm hearing a lot of requests from that in my district.

17 And then my follow-up question is that I have  
18 incredible independent pharmacies in my district, like  
19 Spartan Pharmacy, who have been doing a great job of being  
20 organized and administering vaccines. But I'm receiving  
21 questions now as to why those pharmacies are receiving  
22 significantly less doses. Right. So they previously were  
23 getting 2,000; now they're getting 600. Why is that?

24 MS. FINDLEY: Well, this would go back to the  
25 amount of allocations that we're receiving. Unfortunately,

1 that piece hasn't increased significantly, and we are  
2 trying to get as many doses as we can out to our great  
3 providers that are standing up and want to vaccinate, so we  
4 may not be able to fulfill those complete orders. We might  
5 have to reduce the requests but still try to get some  
6 vaccine out to those pharmacies so that they have some to  
7 use.

8           Once the -- hopefully, if we get the three-week  
9 long-range planning, that will certainly help us be able to  
10 communicate and plan better about the amount of doses, and  
11 help our partners plan when they set up their vaccination  
12 clinics.

13           REPRESENTATIVE BENHAM: Thank you. It was my  
14 understanding, though, that we had received a 16 percent  
15 increase from the federal government, so that's why we're  
16 confused as to why pharmacies are individually receiving  
17 fewer doses.

18           MS. FINDLEY: And I wouldn't just say it's  
19 pharmacies. I mean, we have to look across the board of  
20 all of our providers, so -- and it's just making those  
21 difficult decisions based on the limited amount of vaccine  
22 that we have.

23           REPRESENTATIVE BENHAM: Thank you. I appreciate  
24 you answering the question, and I know that you all are  
25 working hard to do the best that you can. So thank you for

1 that.

2 MS. FINDLEY: Thanks.

3 MAJORITY CHAIRMAN RAPP: Thank you,  
4 Representative.

5 The next question is from Representative  
6 Borowicz.

7 REPRESENTATIVE BOROWICZ: Yeah. I just had a  
8 quick question. Do you have a time frame on the  
9 vaccination clinics? I know this is important in my area.  
10 My commissioners wrote a letter to the Governor asking for  
11 a vaccination clinic. So is there a time frame on those?

12 MS. FINDLEY: So this -- unfortunately, this goes  
13 back to the amount of vaccine we receive, so we're hoping  
14 that with the allocations that we've set aside for the  
15 Federal Pharmacy Partnership, that when that comes to  
16 conclusion, we may be able to move some pieces around to  
17 support those clinics that we want to set up. So we'll  
18 keep the communication open and hopefully we'll have a  
19 better answer about that one.

20 REPRESENTATIVE BOROWICZ: Okay. Thank you.

21 MAJORITY CHAIRMAN RAPP: Thank you.

22 Representative Zimmerman?

23 REPRESENTATIVE ZIMMERMAN: Thank you, Madam  
24 Chair.

25 And thank you, Department of Health, for your

1 input here today. So my question revolves around life  
2 sciences. There's 6- or 700 life sciences companies  
3 throughout Pennsylvania, and most of those have somebody on  
4 staff that's trained and has the ability to administer  
5 vaccines. And so the question comes down to, what does it  
6 take and how does a company like that become qualified to,  
7 you know, actually receive those vaccines and then  
8 administer them; what's the process to do that?

9 MS. FINDLEY: All of our COVID-19 vaccine  
10 providers, first of all, must complete a COVID-19  
11 agreement, and this is a federal agreement that asks a lot  
12 of information. But that would be the first step. We have  
13 a provider portal available on our website.

14 And so then taking that and then we would look at  
15 the application and talk with that potential provider,  
16 train them on how to receive a vaccine and also working on  
17 how to document the doses. So we look at a number of  
18 things but that's kind of like the first steps. But the  
19 provider agreement would be the first step to complete.

20 REPRESENTATIVE ZIMMERMAN: Thank you.

21 MS. FINDLEY: Yep.

22 MAJORITY CHAIRMAN RAPP: Thank you.

23 Representative Lee, who is with us virtually. If  
24 you would like to turn on your microphone and your video?

25 REPRESENTATIVE LEE: Yes. Thank you, Chairwoman.

1           Thank you so much, Deputy Secretary, for being  
2 here today, for your patience with our line of questioning.

3           In fear of casting an indictment, because that's  
4 not what I'm looking to do, I'm more so looking for just  
5 really direction and what the answer is, right? We talk a  
6 lot about equity. And I apologize if I've listened  
7 throughout this two-hour meeting and haven't heard much  
8 about it, but when we're talking about and thinking about  
9 equity on the distribution of the vaccine, in particular,  
10 we just have to acknowledge that the black community and  
11 other marginalized populations have been largely left to  
12 fend for themselves in the midst of a global pandemic,  
13 right? And it's has been throughout every stage of the  
14 pandemic, so a lot of these results have been predictable.

15           It became very clear early on that because of our  
16 pre-existing inequities, they've created pre-existing  
17 conditions that have been -- disproportionately impacted  
18 these populations. And at different stages throughout this  
19 pandemic, right? We've been in discussion, we've been in  
20 communication, our leadership, our caucuses with the  
21 Department of Health, to talk about what are the plans,  
22 what are the action steps that we are going to implement to  
23 really counteract these very predictable kind of scenarios.

24           So when it came to the black community, other  
25 marginalized populations, for instance, the fear, the very

1 rational fear and concern that some folks will have around  
2 the vaccine, around the government and implementing a mass  
3 vaccination, right? We talked about that early on. We  
4 talked about the accessibility situation. How are we going  
5 to get vaccinations? How are we going to serve and treat  
6 communities that are not accessible, that don't have  
7 insurance, that don't have access to a health clinic or  
8 maybe you're not getting as many doses? But yet we're  
9 still here, you know, almost a year into this process and  
10 we are seeing, clear as day, that the black community is  
11 undervaccinated. And this is the community that is one of  
12 the most hard hit, and I would say intentionally hit.

13           So what I want to know is -- and I've talked to  
14 the Allegheny County Department of Health yesterday, and we  
15 talked about just is there any data -- and data is a  
16 recurring theme today -- has there been any data that would  
17 say, show, or map out where people who are vaccinated are  
18 coming from, right? So I represent the east end of  
19 Pittsburgh, the east suburbs, and Mon Valley communities,  
20 right. If we knew that so many vaccinations came from  
21 Braddock or so many vaccinations came from this community,  
22 right, we can start to track it better, where we need to  
23 go, but they told us that there is no coordination to get  
24 that sort of information. And for me, that seems basic to  
25 counteract the race issue.

1           So my question is, what is the plan -- what is  
2 the plan to serve the black community? What is the plan to  
3 protect them and other marginalized populations, who we  
4 knew -- we've known throughout this whole time we would  
5 have issue with?

6           MS. FINDLEY: So I think Dr. Braund was going  
7 to --

8           DOCTOR BRAUND: So sorry. I was on mute. You'd  
9 think I would have learned by now.

10           Good morning. I'm Dr. Wendy Braund, the Interim  
11 Acting Physician General. Thank you for that question.  
12 You are absolutely correct that our black and brown and  
13 other marginalized communities have been disproportionately  
14 affected by COVID-19, generally, and are to -- specifically  
15 to your point, getting vaccinated at lower rates. That was  
16 one of the reasons we followed the federal recommendations  
17 to expand 1A to include not only 65 and above but those 16  
18 through 64 with comorbid conditions, acknowledging that  
19 many folks in our minority communities do have those  
20 comorbid conditions, excuse me, that make them more  
21 susceptible to COVID-19.

22           We are also -- have been and continue to work  
23 with our community partners who -- our community testing  
24 partners, who have worked specifically in marginalized  
25 communities to educate them about COVID-19 and encourage

1 testing. We are utilizing the same strategy with the  
2 vaccine.

3 In addition, now that we are the beneficiaries of  
4 additional funding, we are able to -- we are in the  
5 process -- our comms folks are in the process of creating a  
6 robust vaccination campaign that will have that specific  
7 targeting to subpopulations, and will also be engaging with  
8 trusted leaders in communities to improve -- to hopefully  
9 improve the -- or combat, excuse me, the historical  
10 distrust.

11 MS. FINDLEY: This is Cindy. If I could just add  
12 on, we're also working hand-in-hand with our Office of  
13 Health Equity and as a matter of fact, with the retail  
14 pharmacy project that we're in now with the two, Topco and  
15 Rite Aid, and soliciting the pharmacies to vaccinate for  
16 us. We did some mapping, based on the work group that our  
17 Office of Health Equity has on making sure that we're  
18 meeting equitable needs and identifying areas that might  
19 not have large providers or any providers so that we can  
20 make sure that there is vaccine availability in those  
21 areas, as well as assessing brown and black communities  
22 with the mapping.

23 REPRESENTATIVE LEE: Thank you. And if you'll  
24 allow a follow-up, I just want to say thank so much for  
25 that. To be honest, it's something that we hear

1 consistently. What I really want to see, and I think what  
2 communities want to see is how are we adapting, right?  
3 When we fall short, what is the plan to pivot? And if you  
4 have any data, any information, any metric that you could  
5 share with us, that would be incredibly helpful because  
6 we're -- as we're going back to our communities, that's  
7 what they want to know. You know, we have -- I have black  
8 elders in my community who just can't get vaccinated. My  
9 grandma is one of them. Even though my grandfather is  
10 vaccinated because he's a vet, right? But that -- even  
11 that inconsistency kind of is nonsensical.

12 My follow-up is really, I have to agree with  
13 Representative Gaydos. When it comes to showing us who you  
14 are taking advice from you, who are -- who is advising you,  
15 it's critically important when it comes to equity, right?  
16 And perhaps we agree on -- for different reasons, but when  
17 it comes to equity, equity -- and I mentioned this in our  
18 caucus meeting with the previous Secretary -- equity is  
19 something that is built in. It's not something you do.  
20 Equity is who is on your staff. Equity is who is at your  
21 table. It's who is on your board. It's (indiscernible -  
22 audio interference).

23 So when we're talking about who you're taking  
24 advice from and who you're getting information from and  
25 disseminating information through, it's critically

1 important that we know who those folks are because we can't  
2 actually determine the level of equity if we don't know who  
3 those folks are, so that would be incredibly helpful too.  
4 But thank you so much for your time.

5 MAJORITY CHAIRMAN RAPP: Thank you,  
6 Representative.

7 And we have a very brief follow-up clarification  
8 question from Representative Owlett, and then we will move  
9 on.

10 REPRESENTATIVE OWLETT: Thank you, Madam Chair.  
11 I do apologize.

12 I just had one quick question. Currently, is the  
13 federal government holding back second doses right now? I  
14 know that was something that was happening early on. Is  
15 that still happening?

16 MS. FINDLEY: This is Cindy. And no, that is not  
17 the case. And as we mentioned earlier, all along through  
18 this process, Pennsylvania has worked with the second dose,  
19 so we are making sure that every time a provider orders a  
20 dose, we make sure we put it back, you know,  
21 electronically, because everything's done electronically,  
22 but make sure that we have that dose on reserve.

23 And then when the providers are ordering, they're  
24 asked if they -- how many second doses they need because  
25 let's say for example, a provider has 100 doses, right?

1 Their first dose, they may only use -- we hope they use  
2 them all but let's say they only use 60 of those doses.  
3 Well, we certainly don't want to push out another 100 doses  
4 for their second round because they won't need all of that.  
5 So we're trying to be very mindful of the amount of doses.  
6 And the NDC number is identical so it doesn't matter if  
7 they're first, second dose; they're identical for both of  
8 these products so they can be used interchangeable. Did  
9 that answer your question?

10 REPRESENTATIVE OWLETT: Yeah. It did. I was  
11 just curious if -- it seemed like the federal government  
12 for a while was holding back a second dose. The state was  
13 holding back a second dose. Then our providers were  
14 holding back a second dose. So we had three people holding  
15 back a second dose where we could have actually fully  
16 vaccinated one other person. So as long as we're working  
17 through that so that we're not all holding back, that would  
18 be wonderful. That was just my clarification.

19 Thank you, Madam Chair.

20 MS. FINDLEY: No more holding back.

21 MAJORITY CHAIRMAN RAPP: Thank you,  
22 Representative.

23 Dr. Braund and Deputy Secretary, truly, we are  
24 very thankful that you could rearrange your schedule and be  
25 here today. And I'm sure that we are going to be following

1 up with another hearing, and I will be happy to have you  
2 join us again as this continues to unfold. Thank you so  
3 very much for rescheduling for today. And I know we got  
4 some answers today and sometimes a discussion leads to more  
5 questions, as you are aware, so. But thank you so much for  
6 your time today.

7 DOCTOR BRAUND: Thank you.

8 MS. FINDLEY: Thank you.

9 MAJORITY CHAIRMAN RAPP: So we are going to move  
10 to our next testifiers if they are with us virtually.  
11 Bryan Lowe who is the Regional Director of State and Local  
12 Government Affairs for Walgreens, and Dave Dederichs who is  
13 the Executive Director for State Government Affairs for CVS  
14 Health.

15 Are both of you gentlemen with us?

16 MR. LOWE: Yes.

17 MAJORITY CHAIRMAN RAPP: Okay. As you probably  
18 heard me state to prior testifiers, it is the rule of the  
19 House now to swear everyone in for testimony, so if you  
20 could please raise your right hand and just affirm.

21 (Parties sworn)

22 MAJORITY CHAIRMAN RAPP: And gentlemen, I don't  
23 know who wants to proceed first but if you would like to  
24 proceed with your testimony. And then with our remaining  
25 time after your testimony, we will have some questions.

1           MR. LOWE: Sure. This is Bryan. I'm happy to go  
2 first, and in the interests of time, I'll try to be as  
3 quick as possible.

4           So thank you, Chairwoman Rapp and Members of the  
5 Committee for the opportunity to testify before the  
6 Committee today on our COVID-19 vaccination effort. Again,  
7 my name is Bryan Lowe. I'm the Regional Director of  
8 Government Relations for Walgreens. I represent seven  
9 states including Pennsylvania, and I am happy to say that I  
10 am based out of and live here in the Harrisburg area.

11           Walgreens and CVS are here today with a common  
12 goal: to get as many residents immunized as quickly as  
13 possible, especially our most vulnerable. As Acting  
14 Secretary Beam mentioned in her testimony, Walgreens is  
15 supporting Operation Warp Speed, together with the CDC,  
16 HHS, and state and local governments to administer vaccines  
17 as quickly as possible to Americans.

18           As part of the program, we are planning  
19 vaccinations at over 35,000 long-term care facilities  
20 across the country. In Pennsylvania, inclusive of  
21 Philadelphia, which is a separate jurisdiction in the  
22 program, Walgreens has been assigned 432 facilities across  
23 the state. This includes 102 skilled-nursing facilities  
24 and 330 facilities, including assisted living,  
25 (indiscernible - audio interference) residential

1 facilities, and homes for the intellectually and  
2 developmentally disabled.

3 For each facility, we schedule three on-site  
4 clinics. A clinic is scheduled to (indiscernible - audio  
5 interference) time necessary between dose one and dose two.  
6 Our prioritization for (indiscernible - audio interference)  
7 as the State activates (indiscernible - audio interference)  
8 each type of facility. The Commonwealth activated skilled-  
9 nursing facilities on December 28th, and all of our initial  
10 immunization efforts were at those facilities. The  
11 remaining long-term care facilities were activated as of  
12 January 18th.

13 For skilled-nursing facilities, we have completed  
14 over 23,000 vaccinations and we have completed 100 percent  
15 of the first clinics with their first doses by last Monday,  
16 January 25th. Our estimated (indiscernible - audio  
17 interference) for all three clinics for skilled-nursing  
18 facilities is March 12th.

19 Now that the State has activated the remaining  
20 long-term care facilities, we are actively scheduling these  
21 facilities as well. We anticipate that all of these  
22 facilities will have their first (indiscernible - audio  
23 interference) and first dose completed by mid-February.  
24 We're hoping to have all three clinics completed for these  
25 facilities by April (indiscernible - audio interference).

1 COVID-19 vaccines will be available at all  
2 Walgreens, more than (indiscernible - audio interference)  
3 stores (indiscernible - audio interference) including their  
4 180 stores in Pennsylvania once available for  
5 (indiscernible - audio interference) administration. At  
6 that time, people will be able to schedule vaccinations  
7 (indiscernible - audio interference) Walgreens app, online,  
8 or via (indiscernible - audio interference).

9 I'll be happy to answer questions after Dave.

10 MAJORITY CHAIRMAN RAPP: Thank you.

11 Mr. Dederichs, would you like to go ahead with  
12 your testimony? And then we'll ask our questions after you  
13 are finished.

14 MR. DEDERICHS: Can you hear me okay?

15 MAJORITY CHAIRMAN RAPP: Yes.

16 MR. DEDERICHS: All right. Thank you, Madam  
17 Chair and Members.

18 As introduced, my name is Dave Dederichs, and I'm  
19 an Executive Director with CVS Health. Thank you for the  
20 opportunity to share about vaccine efforts in Pennsylvania,  
21 and I want to pay a special thanks to the Pennsylvania  
22 Department of Health for their partnership.

23 MAJORITY CHAIRMAN RAPP: I believe we lost you.  
24 Would you make sure that you're unmuted?

25 MR. DEDERICHS: There you go. Sorry about -- I

1 have an echo going on. Can you still hear me okay? All  
2 right.

3 So CVS has 485 retail stores and 37 MinuteClinics  
4 in Pennsylvania. They have approximately 21,000 employees  
5 in the state and we're actually operating 210 COVID clinics  
6 for testing in the Commonwealth right now. We are  
7 averaging about 5,000 tests a day and we've administered  
8 over 600,000 tests already in the state because we want to  
9 partner with the state to help get everyone back to work  
10 and normalcy as soon as possible. We're also doing a lot  
11 of work philanthropically in the state, but due to time,  
12 I'm going to skip over that point.

13 At CVS, our team of healthcare professionals,  
14 including pharmacists, nurse practitioners, and licensed  
15 pharmacy technicians have been working to administer the  
16 COVID vaccines thus far across the state and being part of  
17 the solution across the country. As you know, the long-  
18 term care facilities in the state register to participate  
19 with the CDC, and then CDC provided us a list of facilities  
20 in the state to work as an assigned partner.

21 Nationwide, we were given over 45,000 of these  
22 such facilities. And as you know, the program's divided  
23 into two parts: part A was the skilled-nursing facilities  
24 and part B was the assisted-living facilities. And we are,  
25 like Walgreens, doing three clinics for each facility.

1           In the Pennsylvania jurisdiction, part A, the  
2 skilled-nursing facilities, were activated on 12/28, and  
3 that's when we started doing clinics with the Pfizer  
4 vaccine. Five hundred and ten skilled-nursing facilities  
5 partnered with CVS for vaccine administration. One hundred  
6 percent of those first clinics in those skilled-nursing  
7 facilities have been completed, and as of Monday this week,  
8 seventy-six percent of our second clinics have been  
9 complete. We will be done with all of our second clinics  
10 in the next few days, by the end of this week, hopefully,  
11 and we have administered over 148,000 shots in the skilled-  
12 nursing facilities thus far.

13           So as I mentioned, we are doing three clinics in  
14 each facility. We try to get as many residents and staff  
15 to go through the first clinic, and when we come back three  
16 weeks later for the second clinic, they receive their  
17 booster or second shot. And then also during that second  
18 clinic, we try to get the rest of the residents and staff  
19 that were not able to participate in clinic 1 to receive  
20 their first shot in clinic 2, so that then an additional  
21 three weeks later, we can come back for our third and final  
22 clinic and give the second or booster shot to everybody who  
23 received their first shot during clinic 2.

24           Regarding the assisted-living facilities, those  
25 were activated in Pennsylvania on January 18th. Clinics

1 did start that day. Seventeen hundred and seventy-two  
2 assisted-living facilities and other long-term care  
3 partners chose CVS for that vaccine administration. As of  
4 this week, 59 percent were done with their first clinics by  
5 the end of the day on Monday. We've administered over  
6 32,000 shots so far in the assisted-living facilities, and  
7 we have -- now this has been messed up a little bit by the  
8 weather this week. We were scheduled to get another 449  
9 clinics completed in the next seven days. That might get  
10 pushed back a few days. We will be done with all of our  
11 first doses, save for a few exceptions where the facilities  
12 rescheduled to later dates, by February 8th in assisted-  
13 living facilities.

14           Similarly, in the Philadelphia jurisdiction, they  
15 activated their skilled-nursing facilities on December  
16 28th. Thirty-eight of those skilled-nursing facilities  
17 partnered with CVS for their vaccine administration. One  
18 hundred percent of those facilities have been completed  
19 with their first doses. Sixty-four percent have been  
20 completed -- have completed their second doses by the end  
21 of the day today, and we will be done with all second  
22 clinics in those skilled-nursing facilities within the next  
23 10 days. And in the Philadelphia-jurisdiction skilled-  
24 nursing facilities, we've administered over 9,000 shots so  
25 far.

1           As far as the assisted-living facilities in  
2 Philadelphia, those were activated on January 25th. Sixty-  
3 two of them chose CVS as their partner. We are  
4 approximately 25 percent done with the first clinics in  
5 those assisted-living facilities right now. We should be  
6 done with all of their first clinics by February 15th. A  
7 little over 1,350 shots have been administered, and 35 more  
8 clinics are scheduled in the next seven days.

9           Finally, we're in conversations with the State  
10 about leveraging our retail pharmacy assets across the  
11 state to expand vaccines available to all residents in the  
12 state as next phases of the process get activated and as we  
13 receive additional guidance from the federal government.

14           We're grateful for the fantastic efforts of  
15 everyone involved, including our healthcare professionals  
16 who have been deployed throughout the state, and we look  
17 forward to continue working with the State to ensure that  
18 we are vaccinating as many residents as quickly as  
19 possible.

20           And with that, I'll conclude my remarks and stand  
21 for questions.

22           MAJORITY CHAIRMAN RAPP: Do any of the members  
23 have questions? I believe my Executive Director has the  
24 first question.

25           MS. METZLER: Hi, gentlemen. What is the status

1 of personal care homes and independent-living facilities?  
2 We've been starting to hear quite a bit from them,  
3 especially in locations where there's mixed beds, so there  
4 was a skilled-nursing, assisted-living, and a personal-care  
5 home all on the same property. If you guys could give us  
6 an update on that, that would be great.

7 MR. LOWE: Sure. And Dave, I can take a first  
8 shot at this and then if you want to follow up?

9 MR. DEDERICHS: That would be great.

10 MR. LOWE: The independent-living facilities are  
11 not part of the federal program. I can say that some  
12 independent-living facilities have been able to be  
13 vaccinated, especially in an instance where they are co-  
14 located on the same campus as a skilled-nursing facility or  
15 an assisted-living, especially in the case where those  
16 facilities have incorporated the independent-living beds as  
17 part of their (indiscernible - audio interference). They  
18 did that then (indiscernible - audio interference) were  
19 allocated for those independent livings, but overall,  
20 independent livings and personal care were not part of this  
21 program.

22 MAJORITY CHAIRMAN RAPP: But gentlemen, we heard  
23 a lot with the prior testimony that there's been, you know,  
24 some confusion on when facilities are notified that they're  
25 going to be receiving the vaccine, and then sometimes they

1 actually receive it, sometimes they don't -- the  
2 communication component. And it appears from your  
3 testimony that you've done, you know, a good job with who  
4 you are specified to vaccinate.

5 How has your communication been? Do you work  
6 directly with the federal government, with Health and Human  
7 Services, or how is it communicated to you that you'll be  
8 receiving the vaccines and so that you can go out and  
9 provide those vaccines to skilled nursing and assisted  
10 living?

11 MR. LOWE: Dave, do you want to take this one?

12 MR. DEDERICHS: Well, sure. And I'll just -- to  
13 echo what Bryan's comments were earlier, to the extent that  
14 populations are co-located in these facilities and they had  
15 been included in the population count, we are trying to  
16 work with the State to get as many people vaccinated as  
17 possible. But as Bryan mentioned, they weren't included in  
18 the 1A populations.

19 And then, as -- but we are, both of us, meeting  
20 with the State on a regular basis. I probably have five to  
21 seven communications, between phone and email, a week with  
22 the Department of Health to talk about the allocation count  
23 is and give them updated numbers on distribution as  
24 (indiscernible - audio interference) vaccines that  
25 (indiscernible - audio interference) administered.

1 MAJORITY CHAIRMAN RAPP: Representative Frankel?

2 MINORITY CHAIRMAN FRANKEL: Thank you.

3 Thanks for being here today. One of the things  
4 we've heard is there's significant vaccine hesitancy among  
5 the staff of long-term care facilities that -- at least  
6 initially, and anecdotally hearing that sometimes when you  
7 come back to do the second dose that many of those folks  
8 who had initially been hesitant to take it initially are  
9 now more prepared to accept the vaccine. Is there any  
10 comment on that?

11 MR. DEDERICHS: You know, I'll say that I've  
12 heard that anecdotally in other states. I have not heard  
13 that as much in Pennsylvania. I know that the Department  
14 of Health, though, does have a tracking system where we are  
15 entering data every day about facilities that we completed,  
16 the number of shots we've administered, and they'd be able  
17 to give you a better breakdown of the percentage of staff  
18 that have been participating in the programs as well.

19 But I will tell you that, like I said,  
20 anecdotally in other states, I've heard that, but only in  
21 probably the first week of the program. I don't think I've  
22 heard that at all in the last month.

23 MR. LOWE: Yeah. And if I can jump in here as  
24 well. I would echo what Dave said. We are expecting a  
25 little bit of an uptick in second clinics (indiscernible -

1 audio interference) these facilities, specifically for  
2 staff. We didn't see a large amount of this for residents  
3 but more on the staff side, so we are projecting a small  
4 uptick in, you know, folks being vaccinated once we  
5 (indiscernible - audio interference) these second clinics.

6 MINORITY CHAIRMAN FRANKEL: So are there third  
7 clinics that take place when you have that?

8 MR. LOWE: Yeah. We're contracted to do three  
9 clinics at each facility.

10 MINORITY CHAIRMAN FRANKEL: (Indiscernible -  
11 telephonic speech). Thank you.

12 MR. DEDERICHS: But just to build on that, the  
13 third clinic, you cannot receive your first dose. You can  
14 only receive a booster or your second shot if you received  
15 your first dose during the second clinic.

16 MINORITY CHAIRMAN FRANKEL: Thank you.

17 MAJORITY CHAIRMAN RAPP: Representative Schemel?

18 REPRESENTATIVE SCHEMEL: Thank you, gentlemen.  
19 So we heard from a few of the representatives earlier  
20 concerns about matters of equity and also in regard to  
21 rural communities. So I'm curious, within your  
22 establishments when you determine which ones are going to  
23 offer the vaccine, what criteria do you use? Particularly  
24 in light of the fact that, I guess, communities of color  
25 might be lower income and some rural communities might be

1 lower volume, is there still some preference given to  
2 those, even though they -- anyway, in regard to what  
3 criteria you use to determine which ones to use?

4 MR. LOWE: Yeah. So I can start, Dave.

5 The current program that we're in is just for the  
6 nursing homes, and obviously, those were selected and given  
7 to us by the federal government, so we don't really have a  
8 lot of say there. But when we move forward into the, you  
9 know, in-store clinics or in-store availability, when the  
10 general public can schedule, that is something that we are  
11 actively looking at. Walgreens, our stores, are often in  
12 vulnerable population areas, so you know, I think that will  
13 capture that ability.

14 But this is a question that we are actively  
15 discussing internally. We're getting a number of -- we get  
16 a lot of outreach from different jurisdictions on this, so  
17 it's something that we are certainly taking a look at prior  
18 to us launching the in-store, you know, vaccinations.

19 MR. DEDERICHS: And the same is with CVS. We're  
20 at the point right now where we're beginning discussions  
21 with the State about when they plan on being able to  
22 activate all of our retail stores within the state to  
23 actually start distributing and dispensing the vaccine  
24 shots.

25 We have over 500 stores throughout the state.

1 Ideally, we will get vaccines in all of them but we are  
2 talking internally, as well, about reaching some of the  
3 populations that are most at risk, especially the ones that  
4 suffered the most severely from the pandemic thus far. So  
5 we are taking all those factors into consideration, but we  
6 are just in the preliminary discussions of the State with  
7 how to move forward with this right now.

8 MAJORITY CHAIRMAN RAPP: Gentlemen, I want to  
9 thank you for your testimony. As you've heard me say, this  
10 is obviously an ongoing concern, but I do thank you for,  
11 again, rescheduling the meeting and being with us today.  
12 And again, I think we'll have more questions, even more, as  
13 this unfolds even more. I want to thank you for your time  
14 today. Thank you for getting the vaccines out to our most  
15 vulnerable populations.

16 MR. LOWE: Thank you.

17 MAJORITY CHAIRMAN RAPP: Representative Frankel,  
18 did you have anything.

19 MINORITY CHAIRMAN FRANKEL: No. Again, thank  
20 you.

21 And thank you, Madam Chair. This really a very  
22 informative meeting, and it's obviously a rapidly evolving  
23 environment. So to have these opportunities to sit down  
24 with stakeholders who are addressing the concerns and the  
25 needs of the community in the midst of this pandemic, it's

1 been very, very helpful, and look forward to future  
2 meetings as well. So thank you.

3 MAJORITY CHAIRMAN RAPP: And my thanks to all of  
4 the members and the public for joining us today. I'm sure  
5 you'll find this information hearing on many of our  
6 Facebook pages, websites, if anybody wants to tune in and  
7 stay informed.

8 And we just want to thank again every -- all of  
9 our testifiers, and this is, I know, something that's very  
10 important to the people of Pennsylvania. Many people are  
11 still, you know, very anxious. There's a certain level of  
12 panic, I think, with some of our people across the state of  
13 Pennsylvania. So I think those of us in our communities  
14 need to work together with our providers, make sure our  
15 people have information -- if they choose to be vaccinated,  
16 that they have the information on what the process is for  
17 them to follow through with that. So thank you very much.

18 Thank you, Members, for your time today.

19 And for the members of the public, we are in  
20 session at 11:00, and we finished a little early so thank  
21 you.

22 Thank you, Chairman Frankel, as well.

23 (Hearing adjourned at 10:45 A.M.)  
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C E R T I F I C A T E

I hereby certify that the foregoing proceedings are a true and accurate transcription produced from audio on the said proceedings and that this is a correct transcript of the same.

Nicole E. Holmes  
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