

COMMONWEALTH OF PENNSYLVANIA
HOUSE OF REPRESENTATIVES

AGING AND OLDER ADULT SERVICES COMMITTEE
PUBLIC HEARING

STATE CAPITOL
HARRISBURG, PA

IRVIS OFFICE BUILDING
ROOM G-50

WEDNESDAY, MARCH 10, 2021
9:31 A.M.

PRESENTATION ON
COVID-19 VACCINATION DISTRIBUTION FOR OLDER ADULTS IN
PENNSYLVANIA

COMMITTEE MEMBERS PRESENT:

HONORABLE GARY W. DAY, MAJORITY CHAIRMAN
HONORABLE ERIC DAVANZO
HONORABLE MARK M. GILLEN
HONORABLE WENDI THOMAS
HONORABLE STEVE SAMUELSON, DEMOCRATIC CHAIRMAN
HONORABLE AMEN BROWN
HONORABLE DARISHA PARKER
HONORABLE DAN WILLIAMS

COMMITTEE MEMBERS PRESENT VIRTUALLY:

HONORABLE ANN FLOOD
HONORABLE TIM HENNESSEY
HONORABLE MIKE JONES
HONORABLE CARRIE LEWIS DELROSSO
HONORABLE BRETT R. MILLER
HONORABLE DAVID H. ROWE
HONORABLE FRANCIS X. RYAN
HONORABLE MEGHAN SCHROEDER
HONORABLE PARKE WENTLING
HONORABLE CRAIG WILLIAMS
HONORABLE JESSICA BENHAM
HONORABLE ISABELLA FITZGERALD
HONORABLE BRIDGET KOSIEROWSKI

COMMITTEE MEMBERS PRESENT VIRTUALLY (cont'd):
HONORABLE NAPOLEON NELSON
HONORABLE DANIELLE FRIEL OTTEN
HONORABLE MELISSA SHUSTERMAN

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*Pennsylvania House of Representatives
Commonwealth of Pennsylvania*

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TESTIFIERS

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SUBMITTED WRITTEN TESTIMONY

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(See submitted written testimony and handouts online.)

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

2 * * *

3 MAJORITY CHAIRMAN DAY: I'd like to call this
4 meeting of the Aging and Older Adult Services Committee to
5 order. Thank you all for being here today. And would you
6 please join me and rise in the Pledge of Allegiance?

7

8 (The Pledge of Allegiance was recited.)

9

10 MAJORITY CHAIRMAN DAY: Liberty and justice. You
11 know, I'd like to welcome everyone, as I said, to this
12 hearing of the House Aging and Older Adult Services
13 Committee, and I'd like to remind everyone that this
14 meeting is being recorded, so Members and guests should
15 please silence all cell phones and electronic devices.

16 We have some Members here in person in the
17 Capitol. We have other Members joining us virtually. The
18 Members joining us virtually are Representative Frank Ryan,
19 Representative Ann Flood, Representative DelRosso,
20 Representative Schroeder, Representative Ryan,
21 Representative Fitzgerald, Representative Shusterman,
22 Representative Wentling, and Representative Williams. We
23 had Representative Nelson on the list also here as well.

24 REPRESENTATIVE NELSON: I am here.

25 MAJORITY CHAIRMAN DAY: Okay, great. Thank you.

1 REPRESENTATIVE BENHAM: Representative Benham is
2 here, too.

3 REPRESENTATIVE JONES: Jones is here, Mr.
4 Chairman.

5 FEMALE SPEAKER: Jones and Benham.

6 MAJORITY CHAIRMAN DAY: We have Representative --

7 REPRESENTATIVE MILLER: Mr. Chairman, this is
8 Brett Miller. I'm also here remotely.

9 MAJORITY CHAIRMAN DAY: Thank you, Brett. We
10 have Brett Miller, we have Mike Jones.

11 FEMALE SPEAKER: Representative Benham.

12 MAJORITY CHAIRMAN DAY: Who was the last one?

13 FEMALE SPEAKER: Representative Benham.

14 MAJORITY CHAIRMAN DAY: And Representative
15 Benham. Thank you all for joining. Are there any other
16 Members that are on electronically? Okay, thank you.

17 First --

18 FEMALE SPEAKER: Members in the room.

19 MAJORITY CHAIRMAN DAY: What's that?

20 FEMALE SPEAKER: Members in the room.

21 MAJORITY CHAIRMAN DAY: Oh, yes. With our hybrid
22 situation, I want to give Members in the room an
23 opportunity to say hi themselves and introduce themselves.
24 Members, would you please introduce yourselves starting
25 with Representative Gillen?

1 REPRESENTATIVE GILLEN: Representative Mark
2 Gillen, 128th Legislative District, Berks and Lancaster
3 Counties.

4 REPRESENTATIVE PARKER: Representative Parker,
5 198th District, Germantown, Tioga, Nicetown, Swampoodle,
6 Allegheny West, East Falls.

7 REPRESENTATIVE DAN WILLIAMS: Representative Dan
8 Williams, Chester County, the 74th District, and I'm happy
9 to be here this morning.

10 REPRESENTATIVE THOMAS: Representative Wendi
11 Thomas, 178th, parts of Bucks County.

12 REPRESENTATIVE DAVANZO: Representative Eric
13 Davanzo, Westmoreland County, the 58th District.

14 MAJORITY CHAIRMAN DAY: Thank you all for being
15 here. I appreciate it. And for anyone watching this, you
16 know, it's really a stroke of technology advancement that
17 we're able to meet virtually and in person, and it really
18 helps with being able to social distance all the people
19 necessary to conduct a public hearing. So I just want to
20 thank those -- I really don't take a position that being in
21 person or virtual is anything different, so I really
22 appreciate -- I know a lot of my colleagues feel bad about
23 joining electronically, and I just wanted to make sure the
24 public is aware of my thoughts and position are these are
25 the mechanisms and ways that we can continue to operate

1 self-governance in Pennsylvania by using technology, so I
2 just want to thank everyone for joining in every way. And
3 we have all of our testifiers here today electronically,
4 and I want to thank each one of you as well for
5 participating.

6 With that, we have -- you know, while I thank the
7 Committee Members for being here, I really look forward to
8 our discussion on COVID-19 and the COVID-19 vaccination
9 rollout. It's the next step in human beings fighting this
10 virus spread through our ranks, devastatingly, in the areas
11 that this Committee is responsible to take care of, and
12 that's our senior population.

13 The deaths make up more than 50 percent of the
14 deaths here in Pennsylvania's long-term-care facilities.
15 And while it's easy to belabor what were wrong, I've worked
16 very hard throughout this year that we've been dealing with
17 this trying to not belabor what went wrong, identify what
18 went wrong if that's possible so that we get better at it
19 now and it doesn't happen again in the future.

20 I have to share with the Committee my extreme
21 disappointment that for the first time the Secretary of
22 Health has refused to come testify at this hearing. And a
23 lot of people took a lot of, you know, shots at our
24 previous Secretary of Health. However, in the worst times
25 of this pandemic, she came to this Committee electronically

1 and she answered every question anyone could think of. And
2 I really appreciate her for doing that during those times,
3 and I would look to the new Secretary and ask her to do the
4 same thing.

5 I'm going to go through here today with my
6 opening comments how simple I think that testimony would be
7 today, not easy but simple. Their absence today -- and
8 keep in mind they didn't say the Secretary can't make it.
9 They said no one from the Department of Health will be here
10 today.

11 Their absence continues to prove a point that
12 I've been very concerned with, me individually, and I've
13 been trying to guide our Committee to at least be aware of.
14 I'm going to show you some of the questions that I had.
15 And, Herb, could you put the graph up on -- I was hoping
16 that the Secretary of Health would come and explain where
17 we are and where we're going. And the plan that's on the
18 Department of Health's website is not being followed. Our
19 phases have been changed without any input from any elected
20 officials that I know of, maybe a few of them, but not 203
21 in the House and not 50 in the Senate.

22 What I wrote here is when someone doesn't come
23 with their own plan, I wanted to show that it's basically
24 three data points and then a string, a series over time of
25 those data points. So I took the data that the

1 Administration has been putting out and graphed this line.
2 If you look on the left, we have a little cut off but it
3 goes up to these are millions of people in Pennsylvania.
4 The top horizontal line, it actually descends a little bit,
5 and I'll explain that, that's an input question from
6 Representative Mike Jones in our previous hearings that
7 that slopes a little bit.

8 The questions I was going to ask the Secretary of
9 Health is if we had 12.8 million Pennsylvanians and before
10 Johnson & Johnson's, we needed two vaccines each, doses,
11 you would double that number and it would be 25.6. If we
12 knew who the Administration was talking to, it would be
13 smart to ask two or three epidemiologists how many people
14 do we have to get vaccinated? I've heard reports but I
15 don't know and I wish I knew what is the State of
16 Pennsylvania doing, our leadership team, with, you know,
17 the autonomous power of the state of emergency and the
18 Secretary's autonomous power under a separate act of law.
19 So I have to do something we shouldn't have to do, assume
20 is it 75 percent?

21 So 25.6 million doses times 75 percent is about
22 19 million. That should be the upper column. The green
23 line that you see -- you see it's a little thicker at the
24 bottom. The thicker part is the data that we have, and
25 that's the trajectory of where we're going. So that's just

1 merely what they reported as the number of doses that are
2 out there, which is either at or little under 3 million
3 doses. We've taken the liberty to extend that slope, that
4 rate of vaccinations, and when you do that, that creates
5 the thin green line that goes up toward whatever the target
6 would be.

7 The Majority Chairman of the Aging Committee of
8 just the House should not be putting this together and out
9 there, but that's how simple our plan could be from the
10 testimony, three data points. That slope, the rise over
11 the run, how much it goes up and to the right, the dates,
12 by my calculation it's about 700,000 month. Thank you.

13 If we continue on this, if this is the target, if
14 we continue on this, we are into October and November,
15 which, as we all know, would be the next flu season. I
16 think it's steeper than this. I think the case and the
17 situation is worse than this. But the important part is
18 that every elected official in this room and on this
19 Committee at the end of the day when a vote comes up on the
20 Floor, we stick our chin out there and we say yes or no,
21 and we go back to our districts and explain. Not coming to
22 a hearing is not in the fiber of any elected official.

23 Sometimes it's painful. I didn't think this
24 would be painful to just say what the plan is. The
25 Secretary, right after denying to come to this hearing last

1 week, less than a week before the hearing, finally told us
2 we're not coming. The Secretary then got on a phone call
3 from with folks from the southeast, and people from other
4 parts of the State were calling me saying that's not fair,
5 that's not fair. I said, no, it's actually it's kind of
6 fair what they're asking for, but the problem is why get on
7 the phone and talk to 10 people here and 10 people there?
8 Why not just come to any hearing, anyone? Why not do that
9 in your press releases? Here's where we're going, here's
10 our plan, hey, folks at home, follow along here.

11 Transparency leads towards confidence. I want to explain
12 to you, going it alone takes me out of the ability to
13 support and help the State effort. It's not right to do.

14 After this problem, the President of the United
15 States came out and said it. President Biden said, you
16 know, the video that I saw, he said all States will have
17 enough doses of vaccine for the adults by the end of,
18 first, he said June and then he corrected and said May.
19 Whatever date it is, I don't want to stick him on it, you
20 know, if it's June or whatever, but he stuck his chin out
21 there and he committed to something. Now the American
22 people can follow that.

23 And here in Pennsylvania we have -- the state of
24 emergency gives the Governor pretty much autonomous power.
25 The only thing we can do in the Legislature is this

1 oversight function. And the only group -- you know, the
2 Legislature collectively as a super majority must stand up
3 and say we want to hear your testimony, and we want it to
4 be fair. There's not one Committee Member here that I know
5 -- and I'm even getting to know the new Members that just
6 started a month or two ago -- and there's not one that I
7 know that wants their people treated more advantageous than
8 my people in my district, not one. But everyone wants
9 their people in their district to be treated fairly.

10 The Administration has taken the authority that
11 was granted in statute and reaffirmed more than I think
12 that it was granted in statute by the Pennsylvania Supreme
13 Court, and they don't think they have to come and report
14 here. The Aging Committee has a responsibility for
15 seniors.

16 I'm not wearing a mask because I'm socially
17 distant from folks, and people were saying it was impeding
18 the last hearing. But we wear masks, we socially distance,
19 and we vaccinate to protect seniors who have a 50 percent
20 death rate in our long-term care.

21 I thought this was an easy thing for them to do.
22 I still think that my graph here doesn't show that we're at
23 700,000 a month and we need to be at 3 million to be
24 vaccinated before the flu season.

25 Members, I'm asking your help and support, each

1 one of you. We have other testifiers here today. I didn't
2 want to gloss over I think it's a huge development that the
3 Secretary of Health has declined to come and declined to
4 send anyone to talk about what I asked was what's your
5 plan. So that every Member of this Committee knows, my
6 staff called the Secretary of Health and said would you
7 take a phone call from me for six minutes? I do that on
8 purpose so that there's no reason not to take the call. It
9 will be over in six minutes, I promised that. And she
10 doesn't take a call with me for six minutes. That should
11 be alarming to every Member of the Legislature, and it
12 should be alarming to all Pennsylvanians.

13 We have other testifiers here today, and we're
14 going to move on to them and some of the things that
15 they're talking about. I've asked them to talk a little
16 bit about the rollout, the vaccine distribution. You know,
17 we have -- last week, the Governor put out a press release
18 where he was going to go over to Steelton, a town close by.
19 I don't know, to do what, to witness, but I was actually
20 nervous about it because that's actually the only program
21 that's actually doing well is the Federal program.

22 You know, the calls -- this is the other thing I
23 should say. The calls from Members in the southeast, the
24 law that was passed by the Legislature to have the National
25 Guard take over distribution, they can do it. We talked to

1 them. They came in and were triaging and testing people
2 and did a fabulous job, but they also told me at the time
3 eight months ago, nine months ago we really don't want to
4 be doing these things because we have to be prepared for
5 something else. So after nine months, we should have the
6 infrastructure in place. We should at least be talking
7 about it.

8 Members, I'm going to move on, like I said, to
9 these other testifiers, and then we'll have questions
10 afterwards for these testifiers. And, you know, a lot of
11 these testifiers are people working with the Administration
12 and, you know, I expect each of the testifiers to just, you
13 know, talk about your area. I don't want to lead you into
14 the area that I was talking about, but it's extremely
15 frustrating to me that the new -- what is it? What is it
16 called? What is their status? Acting Secretary of Health
17 does not feel the need to come and report where we are in
18 the middle of this pandemic and where we're going.

19 Some of the questions, you know, that I went to
20 beyond these points -- Herb, you can take that graph down
21 and we can get the faces up of some of our Members. You
22 know, some of the questions that I thought would be
23 answered by the Secretary would be who's involved in the
24 vaccine distribution, what are the numerical goals? That's
25 the 19 million or 9 million, 9 million people. What's the

1 projected time frame? That's the rate of vaccinations.
2 It's increasing, but we're not even halfway to where we
3 need to be rate-wise. I didn't want to ask if we do go to
4 April of next year before we vaccinate whatever the
5 mysterious target is and goal, do we put everybody who
6 already had it last year in front of the line before people
7 who haven't even had at the first time? I thought that was
8 an important question to ask now instead of in November.
9 How far along is the Department on administering the plan,
10 explanations of how their plan has changed.

11 These questions will remain hypothetical
12 questions. The Administration will conduct press
13 conferences probably during this hearing -- that's what
14 they did at our last hearing -- so that the articles
15 afterwards were mixed about data that they pushed out and
16 no answers to the questions that we had.

17 I strongly urge cooperation from the Department
18 of Health. If you look back in the record, I don't think
19 I've been -- you know, I've gone out of my way to defend
20 Secretaries that have come to this Committee. I do that in
21 my caucus.

22 Normally at this point we go to Chairman
23 Samuelson. He's asked me to take another question before
24 his, and he'll have opening remarks. Did he join? Oh,
25 he's there. Okay. I'm sorry, Chairman. I thought you

1 were on electronically and I didn't see you there, but
2 Chairman Samuelson is here in person, so with that, I will
3 go to Chairman Samuelson for opening remarks. Chairman?

4 DEMOCRATIC CHAIRMAN SAMUELSON: Thank you,
5 Representative Day, and thanks to all who are participating
6 in this hearing here and also remotely. A very important
7 topic for all of us. We've talked about this with Majority
8 Chair Day to talk about the vaccine, to talk about how the
9 State is doing, to talk about how we can improve.

10 I do know working with our local folks there's a
11 lot of cooperation going on at the local level. My city
12 Health Department is cooperating with the Area Agency on
13 Aging. Last week, we had another hearing. We had
14 Secretary Torres here from the Department of Aging. We
15 appreciate his participation in our hearing. And he did
16 say at the meeting last week there was a lot of cooperation
17 among local Area Agencies on Aging. I know that's going on
18 up in Northampton County, and I know that's going on around
19 the State.

20 One of the frustrations we hear from everyone
21 from the Secretary of Aging, from the Department of Health,
22 from the Governor, from my local folks is there's just not
23 enough supply right now. The Federal Government is not
24 giving the States and the Federal Government is not giving
25 Pennsylvania enough supply of vaccines. I know the Federal

1 Government is working on it. We've had reports that the
2 weekly distribution of vaccines is up 80 percent since
3 President Biden took office. He just announced last week
4 that the projection that we'll have enough vaccine by the
5 end of July has now been moved up, that we'll have enough
6 vaccine for every American who wants a vaccine by the end
7 of May. That's a very positive step. But that doesn't
8 change the challenge we're facing right now in March.
9 There's not enough vaccine coming into Pennsylvania.

10 This hearing is going to be very important. I
11 look forward to the input from our stakeholders who are
12 going to testify today. So thank you for scheduling this
13 hearing. I look forward to the testimony.

14 MAJORITY CHAIRMAN DAY: Thank you, Chairman. And
15 thank you for being here and being part of this hearing.
16 You've always been a strong advocate for seniors in
17 Pennsylvania, and I look forward to working with you
18 hopefully to bring the Administration, you know, more
19 public with their plan so that people can follow along at
20 home and watch the plan as it unravels.

21 With that, this morning, we are joined by a group
22 of presenters, and I'm going to ask that each presenter
23 within the panel try to limit your opening remarks to 10
24 minutes. Yes, that's really nice that after I do my
25 diatribe I ask you to limit your remarks. But the purpose

1 is to give you an opportunity to present. Many Members do
2 already look into our presenters and kind of know this
3 space that you're in, but if you could kind of try to get
4 to 10 minutes, and that will allow ample time for
5 interaction with Members. And I really appreciate everyone
6 here.

7 So this morning we're joined by Bryan Lowe, the
8 Regional Director of State and Local Government Affairs for
9 Walgreens; David Dederichs, Executive Director, State
10 Government Affairs, CVS. For both of you, I just want to
11 say it's the real bright spot in my time here of
12 vaccination rollout. Your organizations have done an
13 absolutely outstanding job, and I want to thank you for
14 that. Also, we're joined by Zach Shamberg, President and
15 CEO of -- that's PHCA, right? And Margie. Margie is the
16 Executive Director of the Pennsylvania Assisted Living
17 Association. She's with us today as well. I want to thank
18 all of you for being here today.

19 And what we do is if all of our presenters, we
20 kind of swear in everyone. It's a formality that we do.
21 If all of our presenters would stand and raise your right
22 hand to be sworn in for your testimony this hearing.

23
24 (Witnesses sworn.)
25

1 MAJORITY CHAIRMAN DAY: Thank you all. You may
2 be seated.

3 And with that, I'd like Mr. Lowe, could you
4 begin, please?

5 MR. LOWE: Yes, absolutely. Thank you very much,
6 Chairman and Members of the Committee. Thanks for the
7 opportunity to testify before you today.

8 As noted, my name is Bryan Lowe, Regional
9 Director of State and Local Government Relations for
10 Walgreens. I'm happy to be here with you as I am a
11 Harrisburg resident, so I'm excited to testify in front of
12 you all today.

13 Walgreens and CVS both are here with a common
14 goal, to vaccinate as many folks as we possibly can. And
15 in the interest of time, I'm not going to read my written
16 testimony. I think you all have that. I'm going to go
17 through and try to limit to hopefully less than 10 minutes
18 for you, Mr. Chairman.

19 So Walgreens and CVS are part of the CDC and HHS
20 Long-Term Care Facility Program working with the Federal
21 Government to vaccinate the most needy folks and the folks
22 that are at highest risk, you know, in nursing homes and
23 assisted living facilities throughout the country.

24 Before I get into the bulk of my testimony, I do
25 want to note that in this program Pennsylvania and

1 Philadelphia are separate jurisdictions, so the bulk of my
2 presentation will be about the rest of the State of
3 Pennsylvania, but I do have some information for
4 Philadelphia.

5 So this program is essentially divided into two
6 buckets, skilled nursing facilities as bucket one, and then
7 assisted living facilities and others as bucket two. Each
8 facility assigned to Walgreens and frankly to CVS would be
9 scheduled for three clinics, accounting for the time
10 necessary between doses. So in Pennsylvania we solely have
11 used Pfizer product, so each clinic would be scheduled at
12 least 21 days between.

13 Skilled nursing facility in bucket one,
14 Pennsylvania activated skilled nursing facilities on
15 December 28th. Walgreens was assigned 102 skilled nursing
16 facilities throughout the Commonwealth. We have completed
17 first and second clinics at every one of those locations,
18 and we expect to complete third clinics by this Friday, so
19 two days from now, the 12th, so we are largely complete
20 with this program in the State, which is great. We have
21 administered just over 38,000 vaccines through this program
22 at skilled nursing facilities, so again, this portion of
23 the program is largely complete.

24 Moving forward to assisted living facilities,
25 this was activated by the Commonwealth, you know, a little

1 bit later. I think it was on January 18th. Walgreens was
2 assigned 316 assisted living facilities and others, and we
3 have completed first and second clinics at these locations
4 as well. We are just now getting into third clinics
5 obviously as it was activated later than the skilled
6 nursing. We're still moving through this program. We are
7 about 20 percent complete. We will largely be finished
8 with this program by the 19th of March. There are a
9 handful of locations that, you know, experienced an
10 outbreak or had scheduling issues that we were unable to
11 pull forward, but all facilities will be completely
12 finished by April 9th that are part of this program, so
13 largely completed by the end of next week but, you,
14 handful, that's 25 to 30 or so, will fall into early April.
15 We have administered just over 26,000 vaccines at these
16 facilities as well.

17 As noted, Philadelphia is a separate clinic or a
18 separate jurisdiction, my apologies. We have completed the
19 entire program in Philadelphia for both skilled nursing and
20 assisted living, so every one of the facilities assigned to
21 Walgreens has already received all three clinics. And I
22 did want to note to you all that in Philadelphia
23 specifically we did have some excess allocation. The CDC
24 overallocated to Walgreens, so we worked with the city's
25 Department of Health to utilize those excess doses for in-

1 store vaccinations. At this point, we have vaccinations in
2 13 of our 15 stores in the city. We administer about 1,000
3 doses per week in the city, and the city has limited us to
4 only those adults 75 and older until recently they just
5 added teachers this week. So, obviously, still hitting the
6 targeted population there. Starting next week, we will
7 have exhausted that excess allocation and are going to
8 begin starting allocation from the city.

9 That being said, Walgreens has not been activated
10 for in-store vaccinations for the remainder of the State.
11 We are very, very excited and eager to do so when we are
12 able to, but at this point the Department of Health has not
13 included Walgreens in any plans to administer vaccines in
14 our 108-store footprint in Pennsylvania.

15 So in the interest of time, I'll stop there, will
16 be happy to answer any questions at the end of the panel,
17 and thank you for your time.

18 MAJORITY CHAIRMAN DAY: Thank you so much. And I
19 appreciate your testimony. It was, you know, enlightening
20 and, again, I appreciate what you guys have been doing.

21 With that, we're going to go to our next
22 testifier David. Did I pronounce your last name correctly?
23 I like to get that correct, David.

24 MR. DEDERICHS: You did, Mr. Chair. Actually, I
25 was going to add that into my opening remarks that I was

1 impressed that you did actually pronounce my last name
2 correctly.

3 MAJORITY CHAIRMAN DAY: Say it again. I don't
4 want to make a mistake the second time.

5 MR. DEDERICHS: It's Dederichs.

6 MAJORITY CHAIRMAN DAY: Dederichs, okay. What is
7 that, a blind squirrel sometimes gets it right and stuff.
8 So with that, David, would you please go ahead with your
9 testimony? Thank you.

10 MR. DEDERICHS: Yes. Thank you very much, Mr.
11 Chair. I appreciate it. And, as mentioned, my name is
12 Dave Dederichs. I'm Executive Director of State Government
13 Affairs with CVS Health. I appreciate the opportunity to
14 talk to you and the Committee today about our vaccine
15 efforts in the Commonwealth.

16 Just a little bit of background information
17 because this will probably inform some questions later on,
18 we do have 485 stores inside of Pennsylvania. That
19 includes 37 stores that have Minute Clinic locations. We
20 do have over 20,000 employees in Pennsylvania. We're
21 actually probably one of the few employers that's actually
22 been hiring during the pandemic. Also important to note,
23 we have over 210 stores that are administering COVID tests
24 every day. We are doing over 5,000 tests per day inside
25 the Commonwealth, all in partnership with Pennsylvania to

1 try to get residents back to work and normalcy as quickly
2 as possible.

3 Philanthropically, we've also done a significant
4 amount of work inside Pennsylvania supporting community
5 needs specifically to Feeding America, money toward
6 community organizations like Pittsburgh's Foundation
7 Emergency Action Fund, Philabundance, as well as the
8 Metropolitan Area Neighborhood Nutrition Alliance.

9 At CVS, our team of healthcare professionals,
10 pharmacists, nurse practitioners, as well as licensed
11 pharmacy technicians, have all been working to administer
12 the COVID vaccines this far across Pennsylvania, and we
13 appreciate being part of the solution in the Commonwealth
14 as across the country.

15 As Bryan mentioned, we were one of the pharmacies
16 selected to participate in the long-term-care program
17 administered by the CDC. We had over 47,000 facilities
18 across the country choose CVS as their vaccine partner.
19 And as Bryan mentioned, there were two parts, the part A
20 skilled nursing and part B assisted living facilities, and
21 we, too, were doing three clinics at each facility. The
22 way that worked was at clinic 1 we would do as many
23 residents as well as staff as possible. With the Pfizer
24 vaccine we would come back three weeks later and give the
25 second or booster shot to everybody that received their

1 first shot at clinic 1, and then we would also give shot 1
2 to all of the rest of the residents and staff that wanted
3 to participate in the program. And then three weeks later
4 we would come back and we would give that booster shot to
5 everybody in clinic 3 that received their first shot in
6 clinic 2.

7 In the Pennsylvania jurisdiction which was
8 activated on December 28th, 510 separate skilled nursing
9 facilities chose CVS as their vaccine partner. I'm happy
10 to report, Mr. Chairman and Members, that we are 100
11 percent done with all of our first clinics, and we are 100
12 percent done with all of our second clinics, and we are 97
13 percent done with all of our third clinics inside the
14 Commonwealth. So we should be done with all skilled
15 nursing facilities in very short order. Thus far, we've
16 administered approximately 210,000 shots in arms in skilled
17 nursing facilities in the Pennsylvania jurisdiction.

18 As far as assisted living facilities in that
19 jurisdiction, they activated a little bit later. That was
20 January 18th, again, with the Pfizer vaccine. Seventeen
21 hundred and seventy-two assisted living facilities and
22 other long-term-care partners with CVS in that area were
23 100 percent done with all of our first clinics in those
24 assisted living facility partnerships. We're 35 percent
25 done with all of our second clinics, and we have

1 administered over 113,000 shots so far in assisted living
2 facilities.

3 Now, again, as Bryan mentioned, they also have
4 the Philadelphia jurisdiction to consider, so I'll just
5 give some quick stats on that as well. Thirty-eight
6 separate skilled nursing facilities inside of Philadelphia
7 partnered with CVS for their vaccine administration. We
8 are 100 percent done with all first clinics, and we are 100
9 percent done with all second clinics, and we are 92 percent
10 done with all third clinics. So again, we will be
11 finishing all skilled nursing facilities in very short
12 order. In those facilities, we have administered over
13 14,000 shots so far.

14 As far as assisted living facilities in the
15 Philadelphia jurisdiction, 62 separate ALFs partnered with
16 us. We are 100 percent done with all of our first clinics,
17 and we are 89 percent done with all of our second clinics,
18 and we've administered over 16,000 shots so far in those
19 ALFs inside the Philadelphia jurisdiction.

20 We are grateful for the fantastic efforts of
21 everyone involved in these facilities, including our
22 healthcare professionals who have been deployed throughout
23 the State to bring peace of mind to facility residents, to
24 staff, as well as their loved ones, and we look forward to
25 continuing to work with Pennsylvania to ensure we are

1 vaccinating as many residents as quickly as possible.

2 And with that, Mr. Chairman, I will conclude my
3 remarks.

4 MAJORITY CHAIRMAN DAY: Thank you. I think I
5 heard you say 210,000, and that's quite an accomplishment.
6 I know somebody who went through, you know, an entry-level
7 position with your companies, one of your stores and has
8 been trained in giving the vaccines, and it's a very young
9 person. So I really appreciate the work that you're doing.
10 And it's an interesting side part to say that, you know,
11 we're actually hiring is what you had said, and it's
12 because you're working so hard to try to get that out to
13 folks, so I really appreciate that.

14 Next, we have as our presenter is Zach Shamberg.
15 Zach Shamberg is an integral part of long-term care. You
16 know, the people that he represents, his members are people
17 that have been engaged from day one. They've been engaged
18 to try to stem the deaths in Pennsylvania and the spread of
19 this terrible infectious disease. And, you know, Zach is
20 probably going to say how many times we've had him here at
21 this hearing. But with that, I'd like to just give you an
22 opportunity to present your components and make your
23 presentation. Zach Shamberg.

24 MR. SHAMBERG: Thank you for that introduction.
25 Chairman Day, Chairman Samuelson, Members of the House

1 Aging Committee, good morning. And I do want to thank you
2 for the opportunity to be with you again for today's
3 hearing.

4 As the Chairman noted, I am Zach Shamberg. I am
5 the President and CEO of the Pennsylvania Health Care
6 Association better known to most as PHCA.

7 Before I began my formal remarks this morning, I
8 do want to pause and I just want to acknowledge that
9 tomorrow, March 11th, is going to mark one year since the
10 World Health Organization declared COVID-19 a global
11 pandemic. And in that time the Pennsylvanians who we are
12 focused on today, our senior citizens and long-term care,
13 as well as the women and men who care for them, have truly
14 been at the epicenter of the adversity, of the hardship,
15 and of this pandemic. But I am very proud to tell you that
16 we have seen them persevere, and I feel very proud to
17 advocate on their behalf every day, and I want to thank
18 them for all that they've done.

19 But I do also want to thank this Committee, its
20 Chairman, and its Members, and its staff, Shannon and
21 Chuck, for truly making long-term care a singular focus
22 throughout the past 12 months. And that does include
23 today's hearing.

24 This is the third opportunity that PHCA has been
25 given in the past 40 days to discuss the vaccine rollout

1 and the challenges that continue to hamper the process for
2 our seniors in long-term care. Now, the fact that most
3 other Committees in the House and Senate want to focus on
4 this issue really tells you all you need to know. There
5 are frustrations, and there are concerns. In fact, as
6 Chairman Samuelson noted, this Committee held a separate
7 hearing on this same topic just eight days ago. And I want
8 to be sure that I don't simply repeat what you heard from
9 my colleagues last week.

10 Now, having said that, I would like to tell you
11 that things have dramatically improved from March 2nd when
12 they testified or from February 8th when I last testified
13 before the House Democratic Policy Committee. But I come
14 before you today with the very same questions that I asked
15 in February. In fact, we've been asking these questions
16 for months, and we are still today without answers. And
17 that means that, in turn, tens of thousands of vulnerable
18 seniors, as well as the brave men and women who care for
19 them, are also without answers.

20 At the Pennsylvania Health Care Association, we
21 represent both nonprofit and for-profit long-term-care
22 facilities. That includes nursing homes, personal care
23 homes, and assisted living communities. And, most
24 importantly, we represent the frontline workers, as well as
25 the older Pennsylvanians they serve. And just as you hear

1 every day from your constituents, we hear from our members,
2 providers, those workers, and, more recently for the first
3 time, the family members of the residents who we're caring
4 for. They've asked us why it took so long to get the
5 vaccine to those who were supposed to be prioritized, the
6 seniors at the epicenter of this pandemic. They're also
7 asking us now why a 25-year-old smoker would hold the same
8 priority status as a resident of a nursing home or why a
9 healthy 30-year-old teacher is now at the front of the line
10 as opposed to an 80-year-old woman with underlying
11 conditions in a personal care home or why you can go see a
12 Philadelphia Flyers hockey game now but you can't visit
13 your grandmother in long-term care.

14 Now, we don't have those answers, and we don't
15 know how to answer those questions. We want others to be
16 vaccinated of course, but we have been clear from the
17 beginning, we must protect our most vulnerable first. And
18 it begs the question, which I'm going to direct today to
19 the Members of this Committee. Knowing what we know about
20 COVID-19 and its adverse impact on those in long-term care,
21 especially our most vulnerable senior citizens, why does it
22 feel as though we continue to ignore our older population?

23 The vaccine is working, and you just heard
24 terrific numbers from CVS and Walgreens. The case counts
25 are plummeting in our facilities. The number of COVID-

1 related deaths in long-term care has dramatically
2 decreased. And more Pennsylvanians might have been saved
3 if we had just acted quicker.

4 There are two other important questions that we
5 are asking today on behalf of our members and,
6 unfortunately, they are the same questions that you were
7 asked a week ago. First, after the Federal Pharmacy
8 Partnership Program ends, what is the State's plan to
9 continue vaccinating long-term-care residents and staff,
10 including new hires, as well as new patients? And second,
11 is there forthcoming updated State guidance regarding
12 reopening and visitation in long-term care? Our providers
13 need answers to those questions, so do workers, so do
14 residents, so do the family members who call our office.

15 Throughout the past 40 days as it relates to this
16 vaccine rollout, we have offered solutions to those
17 questions. We've offered policy recommendations. We've
18 offered the voices of long-term-care providers, the experts
19 on the frontlines. And ultimately, we've asked for a seat
20 at the table, and we will continue to fight for that seat.
21 But this Committee should know that there are other
22 challenges our providers are faced with, especially in the
23 wake of the pandemic. Insufficient reimbursement rates for
24 nursing homes from an underfunded Medicaid system, a
25 workforce crisis that has crippled our ability to recruit

1 and retain staff, a legal system rife with opportunistic
2 lawsuits which will absolutely worsen without real
3 liability protections, and a regulatory environment that is
4 second only to nuclear power in burdensome oversight.

5 Now, I mention those points today because we're
6 not going to get answers to those vaccine questions this
7 morning, so it's my hope that this Committee starts to look
8 at addressing some of those other issues as soon as
9 possible. And if you've got a table, we would be honored
10 to have a seat there as well. Mr. Chairman, Members of the
11 Committee, as always, thank you.

12 MAJORITY CHAIRMAN DAY: Thank you, Zach. I
13 appreciate your comments and your testimony, and we're
14 going to go next to Margie. Margie, go ahead. You're up
15 to testify now. Thanks for being here today. We look
16 forward to hearing your testimony.

17 MS. ZELENAK: No, I hear you didn't attempt my
18 last name since it's worse than David's, so it's Zelenak.

19 MAJORITY CHAIRMAN DAY: I should. It's just your
20 smile all the time, I just know you as Margie, so I should
21 say Zelenak. But, you know, I had one correct
22 pronunciation, and I was kind of just trying to ride that
23 out for the rest of the hearing, so I didn't want to ruin
24 my 100 percent accuracy right now. But Margie Zelenak,
25 how's that?

1 MS. ZELENAK: All right.

2 MAJORITY CHAIRMAN DAY: Is that better?

3 MS. ZELENAK: That's good.

4 MAJORITY CHAIRMAN DAY: Thank you.

5 MS. ZELENAK: Good morning, Chairman Day and
6 Chairman Samuelson and the Aging and Older adults
7 Committee. And I want to say a welcome to many of the new
8 Members on the Committee and this opportunity to discuss
9 the vaccine distribution.

10 As Chairman said, I'm the Executive Director for
11 the Pennsylvania Assisted Living Association, and we
12 represent personal care homes and assisted living
13 residences throughout the Commonwealth. And I'm also
14 honored to be a part of the Governor's Long-Term Care
15 Council representing personal care and assisted living on
16 the council.

17 I just want to give a little background since we
18 have some new Members on the Committee. Personal care
19 homes and assisted living residences are regulated by the
20 Department of Human Services Office of Long-Term Living,
21 not the Department of Health, and that has led to a lot of
22 confusion during COVID as to who regulates us and the
23 announcements that come out about long-term-care
24 facilities.

25 Currently, there are 1,133 personal care homes

1 and 61 assisted living residences serving approximately
2 50,000 seniors across Pennsylvania, and we are an important
3 part of the long-term-care continuum. Communities can be
4 as small as an eight-bed Victorian home or a large 200 bed
5 resort-type community, but each offer various services and
6 amenities. Personal care and assisted living is all
7 private pay in the Commonwealth except for SSI, which is
8 only \$37 a day. Some seniors may have long-term-care
9 insurance to help provide for their care, but insurance
10 policies also vary on their reimbursement.

11 Act 56 of 2007 enacted a new level of care, which
12 is the assisted living residences, and the first community
13 was licensed in 2013. This level of care is to be an
14 alternative to nursing homes with the expectation for
15 Medicaid funding, which has still to be implemented. And
16 we did have House Bill 1442 in this Committee last session
17 regarding that, and we hope to get it reintroduced.

18 In our communities, seniors receive compassionate
19 care from the frontline staff. We have licensed nurses,
20 direct care workers, nursing assistants, dietary aids,
21 housekeepers, maintenance, and administrative staff. These
22 caregivers have been heroes providing care during the
23 pandemic.

24 As been noted before, we have been on the
25 forefront of outbreaks in our communities also, and an

1 important tool to help curb these numbers is the COVID
2 vaccine. Bryan and David did talk a little bit about the
3 Federal Pharmacy Partnership Program, and there was some
4 confusion when that rolled out. You know, personal care
5 and assisted living were in the plan to be 1a, and there
6 are two phases to the Federal Partnership Program, A and B.
7 And, as they said, skilled nursing was in A and personal
8 care and assisted living was in B, which caused major
9 confusion amongst our providers who only heard the B and
10 they were assuming they were in the 1b. So it was very
11 confusing. Also with the Philadelphia rollout being a
12 different part of Operation Warp Speed people were confused
13 why were clinics being held in Philadelphia but they
14 weren't happening in the other 66 counties?

15 Many of our surrounding States began the
16 vaccination for assisted living communities, and I'm sure
17 Bryan and David know that. They did it at the same time as
18 skilled nursing, but Pennsylvania did not, which many phone
19 calls, many emails that I received wondering why we weren't
20 being rolled out in December.

21 Again, the Pharmacy Partnership would only
22 vaccinate residents and staff in a skilled nursing even if
23 the personal care and assisted living was on the same
24 campus or even in the same building, which meant they had
25 to come back again to vaccinate residents for the personal

1 care and assisted living.

2 Another problem that we had on the rollout was
3 personal care and assisted living communities had a
4 deadline to enroll in the program. The Department of Human
5 Services sent out information for personal care and
6 assisted living on October 26th, and they had until October
7 31st to complete the enrollment. The communication did not
8 indicate the importance of registering, and this was all on
9 the listserv by email. So if a personal care and assisted
10 living community wasn't on the listserv email or didn't
11 belong to associations like mine or Zach's or LeadingAge,
12 they did not know about enrolling in this program. And it
13 didn't say if they didn't enroll, they wouldn't be eligible
14 for the program. Some providers assumed their long-term-
15 care pharmacy was just going to provide the vaccine but not
16 only certain pharmacies like CVS and Walgreens would
17 receive the vaccine.

18 And the Department of Human Services did not
19 auto-enroll personal care and assisted living in the
20 program like many of our surrounding States. This led many
21 providers to panic about how they were going to get there
22 residents and staff vaccinated. The Department of Human
23 Services did alleviate that anxiety by announcing a
24 partnership with Rite Aid on January 14th, so some
25 providers thought they had opted into CVS and Walgreens but

1 they didn't, and so the OLTTL did enroll them in the Rite
2 Aid program.

3 As David and Bryan both stated, skilled began
4 December 28th. We didn't start even getting the green
5 light to begin clinics until January 14th. And, as they
6 said, we've had first and second clinics. Our big issue is
7 what happens after the third clinic. It hasn't been
8 consistent. At the third clinic, some communities are
9 being told we'll give you the first shot, but you're on
10 your own to find the second shot. Some are being told they
11 won't give the first shot if they're a third clinic because
12 they don't know you're going to have availability for the
13 second shot. What's going to happen for our new residents
14 and new staff to get the vaccine? Providers are being told
15 to develop a relationship with long-term-care pharmacies or
16 a local pharmacy, but the unknown is are these pharmacies
17 going to receive the vaccine from the DOH to provide
18 ongoing vaccination? One PALA member was told you'll just
19 have to take the residents to a mass clinic to get the
20 second shot if you give them the first shot at the third
21 clinic. This is the big concern right now with us moving
22 forward. What happens with new residents and new staff
23 that decide?

24 We were hopeful with the J&J vaccine that this
25 problem could be resolved because of the storage

1 requirements, that our local pharmacy or the long-term-care
2 pharmacy that serves that community would be able to have
3 the vaccine, but when the Governor announced this was all
4 going to teachers, that squashed our hopes for continuing
5 this with our communities. We understand the importance of
6 vaccinating teachers, but let's not forget about protecting
7 the vulnerable population that has suffered the most from
8 COVID-19.

9 Another concern has been independent living
10 communities that were not a part of the Federal Partnership
11 Program, and I'm sure you've heard this before. These are
12 congregate care settings, some of them on the same campus
13 of the personal care and assisted living, but there's no
14 plan to vaccinate these seniors. I have heard they have
15 done it in Philadelphia, so I'm not sure, you know, if this
16 is going to happen in the rest of the State with the
17 Federal Partnership. You know, they're telling these
18 seniors, many of them 80, 90 years old that live in an
19 independent living community, that you've got to register
20 online or you got to call or you've got to drive to a mass
21 vaccination clinic. And we know how unorganized that is
22 right now in this State. We need to protect these seniors,
23 too, because we have told them in the past don't go out
24 because of COVID but now we're telling them you got to go
25 out and get a vaccine. And some of these communities have

1 crossover amenities including guided activities or visiting
2 their loved ones in a personal care home.

3 Another concern is the continuing vaccination
4 hesitancy among employees of communities is very apparent.
5 I've heard from some members it could be as low as 30
6 percent of staff very getting vaccinated up to 78 percent
7 of staff getting vaccinated. And some providers are
8 mandating vaccines for employees of their communities. I'm
9 sure you have heard, and one of ours is Atria Senior Living
10 across the Nation, and they are mandating vaccination. And
11 we were disappointed when House Bill 262 was introduced,
12 the right to refuse, which would affect the employer's
13 policies on medical requirements for their employees. We
14 do not support that and feel it's an overreach on an
15 employer's determination for condition of hire or
16 employment.

17 Our national association is Argentum, and they
18 released a position that recommends States should take
19 steps to consider mandating vaccine for healthcare workers.
20 We all know how this COVID has affected our communities,
21 and this is one way that we can stop it from affecting the
22 population that we serve. Some of the issues that they are
23 recommending that State requirements for all healthcare
24 workers including staff at senior congregate care settings
25 to receive COVID-19 vaccination at an appropriate time and

1 as a requirement for employment while providing exemptions
2 for medical and religious reasons; expanding distribution
3 of vaccines for all senior congregate care settings to
4 other administration sites and providers, including but not
5 limited to Health Departments, long-term-care pharmacies,
6 primary care physicians, long-term-care practitioners, and
7 local pharmacies; expanding the eligibility and continued
8 prioritization of all seniors and staff in congregate care
9 settings, including those that have been excluded
10 previously; expanding access to and prioritizing for all
11 new seniors and new staff in congregate care settings not
12 currently covered under the Federal Pharmacy Partnership
13 for Long-Term Care; providing the opportunity for
14 congregate care settings where appropriate to opt in as a
15 COVID-19 vaccine administration site; and finally, full
16 authorization of the COVID-19 vaccines by FDA as
17 appropriate and at the earliest opportunity.

18 The long-term-care industry has suffered greatly
19 as a result of this pandemic, and it's going to take a long
20 time to recover if vaccinations for seniors in our care or
21 staff are not made a priority. Access to vaccinations,
22 PPE, and testing for senior living communities and those
23 caring for seniors is crucial to protect our most
24 vulnerable citizens. There continue to be outbreaks, and
25 we must have a priority for the vaccine. This is the best

1 tool to get to the new normal for our residents and staff.

2 And yesterday, I had the opportunity to
3 participate in the Governor's Vaccine Joint Task Force.
4 They've implemented a Subcommittee on Aging that met to
5 discuss many of these issues that we're talking about
6 today.

7 I do want to add that Cara Klinefelter yesterday
8 on that call from the Department of Health regarding our
9 concerns of what goes on after the third clinic indicated
10 that there would be a survey being sent to skilled nursing
11 facilities next week to gather data for ongoing
12 vaccinations regarding new admissions they've had since
13 their last clinic and new staff. But, unfortunately,
14 personal care and assisted living will not be a part of
15 that survey at the beginning and again.

16 And at that point I do have to voice my
17 frustration also, Chairman Day, because of the confusion
18 with personal care and assisted living. There are so many
19 times we are lumped into long-term care, but we are not
20 always priority. And as you could see, we serve a lot of
21 seniors, and we need to be considered priority for
22 everything COVID-related.

23 Thank you, and I'll be happy to answer questions.

24 MAJORITY CHAIRMAN DAY: Thank you very much for
25 your testimony. I appreciate that. Members, if you have a

1 question if you're here in the room, just let us know here
2 upfront here and we'll get you on a list and we'll go
3 through everyone's questions in order. If you're on, you
4 know, virtually, you can let Shannon know by text or Chuck
5 know by text as well, and they will alert me and get you on
6 the list for your questions.

7 With that, I'm going to just -- you know, I
8 thought about asking my questions that I had for the
9 Secretary of Health. I won't do that. What I will do is
10 just say that the people who testified here today are a
11 subset of all the seniors in the Commonwealth of
12 Pennsylvania. I want to thank Walgreens, CVS.

13 Also, Margie, your group has given so much input
14 over the last year to continue to advocate for that one
15 sentence that you just said, that in the long-term-care
16 space, you know, you've continued to be an incredible
17 advocate for the people that you're, you know, in contact
18 with, that your group is in contact with. And I really
19 appreciate that.

20 These numbers that we've heard today, 26,000 from
21 Walgreens, 210,000 from CVS, 50,000 seniors in another
22 program, this is 1/10 of the seniors in Pennsylvania.
23 There are 3 million people over 60 years old.

24 I am beyond grateful and thankful, the
25 responsibility that I take on as Chairman of this

1 Committee, for the work that CVS and Walgreens have done.
2 I've always known lead, follow, or get out of the way, and
3 I've tried to make sure that we've stayed out of your way
4 because I remember the first time it was reported to me by
5 a third party, not CVS and Walgreens, but the people who
6 represent the facilities that you were vaccinating, the
7 people, the residents and the employees, that was one of
8 the brightest moments of the last year was how quickly you
9 got to the number of people.

10 And I think Zach Shamberg's comments that if we
11 were leading from our authority in Pennsylvania, which is
12 totally vested in two officials, one, the elected Governor
13 through the state of emergency, and two, the appointed
14 acting Secretary of Health now and our previous Secretary
15 of Health. I'm trying to send a message to the
16 Administration as well. I can be one of the best
17 advocates, supporters, and defenders during hard times, but
18 when you come to me later and say, you know, I don't even
19 want to utter the questions that I know will be asked for
20 me to support. We have other hurdles to get past after we
21 get the supply of vaccinations. What should be being done
22 now is the infrastructure to get it out there.

23 Members, I want to go to Chairman Samuelson for
24 questions. Chairman Samuelson.

25 DEMOCRATIC CHAIRMAN SAMUELSON: Thank you,

1 Representative Day. Just a couple of points. I know the
2 Department of Health keeps a vaccine dashboard to let
3 everyone know the current status, and on that dashboard
4 right now it says that there's 2 million Pennsylvanians,
5 2,066,000 who have received at least the first shot, and
6 just under 1 million, 981,000 have received both shots, so
7 that's the status. You can see it on the website. You can
8 also see a breakdown county by county, so that's one of the
9 pieces of information that's there.

10 I had a question for the two pharmacy
11 representatives from CVS and from Walgreens. I know your
12 involvement is through the Federal Pharmacy Partnership
13 that's part of a nationwide effort, including Pennsylvania.
14 During that process that you've been doing since December
15 28th, have you had any issues with the supply of vaccines?
16 Has the issue of supply gotten better if you've had issues
17 early on? Could I go with CVS first?

18 MR. DEDERICHS: Sure. And in the Federal Retail
19 Partnership Program, no, we really haven't had an issue of
20 supply. We've actually given some of our drugs back to the
21 State where there was an overallocation and there was a
22 need to get them distributed elsewhere.

23 But in terms of working with the various skilled
24 nursing facilities and assisted living facilities, it
25 hasn't been an issue, and that's basically because we

1 divided the State up into several regions. We called them
2 depots, and we selected each depot based on a geographic
3 area that could be serviced for approximately 75 miles and
4 a radius around that depot region. And just given the
5 number of facilities, the number of residents and staff at
6 each facility, you know, and the fact that each clinic had
7 to be scheduled three weeks apart, there was never an issue
8 for us with supply just because we were only geographically
9 able to target and hit so many facilities each day.

10 DEMOCRATIC CHAIRMAN SAMUELSON: Same with
11 Walgreens, no issue with supply of vaccine in this --

12 MR. LOWE: Yes, excuse me.

13 DEMOCRATIC CHAIRMAN SAMUELSON: -- Federal
14 Partnership Program.

15 MR. LOWE: Sorry to interrupt you. A similar
16 response to Dave. We actually did end up having an
17 oversupply, and we did return about just under 20,000 doses
18 of Pfizer back to the State. We also had an oversupply in
19 Philly, which that's where we started using those for our
20 in-store vaccinations as well. So we do not have any
21 issues of supply through that program.

22 DEMOCRATIC CHAIRMAN SAMUELSON: Now at last
23 week's meeting we heard that as for long-term-care
24 facilities, more than 80 percent of the residents had been
25 vaccinated. This is as of eight days ago, our last

1 meeting. Would those statistics be accurate or do you have
2 any update on the percentage of the residents who have been
3 vaccinated? I know the percentage for staff is less, and I
4 think you touched on an issue that some staff are not -- or
5 the vaccine is available to them but they're not choosing
6 to get vaccinated.

7 MR. LOWE: I don't have specific data on the
8 residents. I will say -- and I think CVS is in a similar
9 spot where we have had our first and second clinics for the
10 majority if not all of these facilities, so these folks
11 would have had their chance to get their first dose at
12 least if not their second dose as well. I will say that
13 anecdotally our uptake in vaccine by residents is certainly
14 higher than staff. I can't speak to the 80 percent number
15 but that sounds about right to me.

16 MR. SHAMBERG: Mr. Chairman, if I can just jump
17 in and, Bryan, I hope it's okay, we've done a rough
18 estimate of our PHCA membership, and the numbers that we're
19 seeing, Mr. Chairman, in terms of vaccine acceptance rate,
20 among residents it's at about 95 percent, which is
21 terrific. With our staff it's at about, I believe, 58
22 percent. And, again, those are rough estimates based on
23 surveys that we've done with our membership. But I would
24 just say that those numbers are vastly higher than what
25 we're seeing as national averages, which is great news for

1 Pennsylvania.

2 DEMOCRATIC CHAIRMAN SAMUELSON: Okay. And thank
3 you. One more question for now to Margie. I know you
4 talked many suggestions on behalf of the Assisted Living
5 Association. You did note that the task force now has that
6 Subcommittee on Aging that's a meeting starting yesterday,
7 and there's dialogue --

8 MS. ZELENAK: Correct.

9 DEMOCRATIC CHAIRMAN SAMUELSON: -- going on. A
10 lot of stakeholders are part of that. A lot of State
11 officials are part of that. The Department of Health is
12 part of that. So I appreciate the fact that the dialogue
13 is happening.

14 Perhaps this Committee could reach out -- you
15 talked about a survey that the Department of Health is
16 doing to talk about an ongoing plan for even when we finish
17 the first round of getting every resident and every staff
18 member the opportunity to get a vaccine, you're going to
19 have new staff members down the road and you're going to
20 have new residents down the road, and that's what we need
21 to make sure that we have a plan for that.

22 Did you sense any willingness to have assisted
23 living and personal care homes added or to have a survey of
24 ongoing plans for personal care and assisted living?

25 MS. ZELENAK: Yes, Cara did mention that after

1 they do the survey for the skilled nursing, then they would
2 do the survey for assisted living. But, you know, that's
3 always our concern. We are always after skilled nursing
4 even though we have more communities than there are skilled
5 nursing buildings.

6 The other thing, Chairman, you know, there are
7 many long-term-care pharmacies that would be willing to
8 assist with that vaccination program, but they are being
9 cut out with it. The American Society of Consultant
10 Pharmacists and the Pennsylvania Pharmacists Association,
11 along with Zach's association and mine and several other
12 stakeholders, we had sent a letter to the Governor January
13 24th asking for these long-term-care pharmacies to be able
14 to get vaccinations so they'll be able to pick up after the
15 third clinic. They aren't getting the vaccine, and so they
16 can't assist with this program, so that's another stumbling
17 block for us.

18 MR. SHAMBERG: Yes, Mr. Chairman, real quick if I
19 may, I apologize this is my second time jumping in here,
20 and I know I wasn't asked these questions, but you heard
21 CVS and Walgreens say that we are going to be finished with
22 skilled nursing third clinics by the end of this week.
23 Well, if we're going to put out a survey asking for next
24 steps next week and we're going to develop that survey and
25 then make decisions based on that survey, what happens

1 during the time in between when we're hoping to admit new
2 residents from a hospital, when we're hiring new staff?
3 Where do we go to get those folks vaccinated? And Margie
4 said it during her testimony, but we can't be driving folks
5 in nursing homes, personal care homes, or assisted living
6 communities to a mass vaccination site. We need a plan,
7 and we can't afford to wait for that plan any longer.

8 DEMOCRATIC CHAIRMAN SAMUELSON: Thank you.

9 MAJORITY CHAIRMAN DAY: Thank you, Chairman. I
10 appreciate, you know, your comments as well as your
11 questions. And next we're going to go to Representative
12 Wendi Thomas.

13 REPRESENTATIVE THOMAS: Thank you, Chairman. And
14 thank you to all the testifiers. It's been very helpful.
15 I do want to start with I'm also disappointed that no one
16 from the Department of Health could come. I do think there
17 is good stats on the Department's website. However, our
18 charge is older adults, and so I have questions for the
19 Department of Health not only how many have been done by
20 the Federal Pharmacy Program, which I think by and large
21 we've seen pretty good statistics both from the testifiers
22 today and last week that there's plenty of vaccine if
23 everybody wants it and that they're actually getting it and
24 getting it into arms. But we have many older adults in the
25 State of Pennsylvania after that, and I know, like many

1 others, I'm hearing from hundreds of them every day.

2 So I do have a couple questions if I could start.
3 Margie, I was very glad to hear you had a seat at the
4 table. My question for Zach is do you also have a seat at
5 the table for that task force?

6 MR. SHAMBERG: I do. I'm on that task force as
7 well.

8 REPRESENTATIVE THOMAS: Okay. Good to hear. The
9 other question I have is maybe best for CVS and Walgreens.
10 I'm not sure, but whoever thinks have an answer. It's my
11 understanding one out of seven nursing homes have not
12 participated in the Federal Pharmacy Program. That's the
13 stat that I was given. And, A, is there anything you know
14 of to have the Federal Pharmacy Program expand or reopen
15 their application process so that they can be done because
16 obviously they house our older Americans as well? And if
17 not, can you join us in making noise at the Federal level
18 that that should happen? Because that's a large number of
19 facilities that were not part of the program.

20 MR. LOWE: Yes, this is Bryan with Walgreens, and
21 I can start and anybody can feel free to jump in. I
22 believe your numbers are correct that there are a fairly
23 significant amount of facilities that are not part of the
24 program. I would agree that it's probably a Federal
25 decision, and that's who the question, you know, would be

1 best answered by.

2 I think Margie mentioned during her testimony
3 independent living facilities were not captured, and that
4 was something that we had gotten a lot of outreach that
5 those folks -- you know, they may be on the same campus as
6 a skilled nursing facility and assisted living facility but
7 independent living was not eligible, right? So we have
8 heard that frustration from a number of States across the
9 country. It's not Pennsylvania-specific but I would agree
10 that that is -- you know, those folks obviously need to be
11 vaccinated over the near future. And while I don't know
12 that there's any plans to expand the program or frankly
13 restart it, but, again, that would be a question for the
14 Feds.

15 MR. DEDERICHS: And this is Dave. I'll just
16 piggyback on what Bryan had to say and largely agree. I
17 think some of the problems that we've all encountered --
18 and Zach has been a fantastic partner. He and I have
19 talked numerous times over the last couple of months, and
20 he can probably elaborate on this further. I think some of
21 the facilities when they filled out their applications to
22 participate in this program didn't necessarily classify
23 themselves the way that they wanted to in terms of being
24 able to participate because the Federal program was limited
25 to skilled nursing and then assisted living facilities.

1 And so in partnership with these facilities where there are
2 other campuses, there are other communities living on the
3 same or similar campuses, we have been trying to work
4 through some of those obstacles. If we do have
5 availability to give extra shots, we have been trying to
6 service those communities as best we can. But I think just
7 because the scope of the program was defined so narrowly
8 and then with the application process, there was some
9 initial confusion, I think that that led to some of the
10 problems that we saw arising.

11 MR. SHAMBERG: Yes, Representative, I can answer
12 that as well. At first, I would say that I would echo
13 David's comments. The partnership between PHCA, CVS, and
14 Walgreens has really been fantastic, and I've appreciated
15 all of their work.

16 You also have a number of nursing homes who
17 decided to opt out of the Federal Pharmacy Partnership
18 Program and they had some of the tried-and-true or existing
19 relationships with other long-term-care pharmacies. They
20 chose to utilize those pharmacies for this, so they
21 willingly opted out, and I think that's why you see one out
22 of seven nursing homes, many did it by their own volition.

23 You know, I hope that no one or no facilities
24 fell through the cracks in this process, and I think that's
25 what we have to do on the backend to make sure that

1 everyone is vaccinated. But we even had members at PHCA
2 who decided to opt out and go with another pharmacy.

3 REPRESENTATIVE THOMAS: Thank you. That's
4 actually very helpful. It makes me feel a little better
5 about our seniors.

6 MS. ZELENAK: This is Margie. Also with personal
7 care and assisted living many opted into their long-term-
8 care pharmacy rather than using CVS and Walgreens. I know
9 many assisted living had a relationship and their pharmacy
10 had been applied to be part of the program.

11 I just want to question David, though. He
12 mentioned that there were 1,772. Are you including other
13 congregant care settings in that total? Because there's
14 only 1,133 personal care homes and 61 assisted living.
15 What other types of communities were you doing vaccinations
16 for? Were those other Department of Human Services
17 congregant settings?

18 MR. DEDERICH: So the number that I was given
19 for facilities that had registered as assisted living
20 facilities inside the Pennsylvania jurisdiction was 1,772,
21 so this was how they defined themselves on their
22 application when they decided to participate in the
23 program.

24 MS. ZELENAK: Yes, that would be incorrect
25 because we don't have that many licensed personal care and

1 assisted living. I was just curious if that included other
2 congregant care settings like group homes.

3 MR. DEDERICHS: No, again, this is just how the
4 facilities defined themselves on their application, which
5 goes back to the point I made earlier before, you know,
6 Zach came in and provided a little bit of elaboration is
7 that I think there was some confusion on the parts of these
8 facilities and when they filled out their application how
9 to do so and how to mark themselves.

10 MS. ZELENAK: Well, the confusion we have in
11 Pennsylvania also is assisted living is a national term,
12 and many of our people are licensed personal care homes, so
13 that causes confusion alone in Pennsylvania. Thank you.

14 REPRESENTATIVE THOMAS: I promise this is my
15 last. Thank you for my indulgence, my last question.
16 Zach, you talked about State guidance for visitation. And,
17 Margie, if you have any thoughts on this, too. But one of
18 the things other than directly getting vaccines and that
19 I'm hearing about is the mental health of our senior
20 community and getting visitation. So I know you're looking
21 for State guidance. My question is have you submitted
22 suggestions, and if either of you have, if you could share
23 them with this Committee, I would appreciate seeing it.
24 Thank you.

25 MR. SHAMBERG: Yes, we've submitted suggestions.

1 We can certainly share those suggestions with the
2 Committee. I would also say that you've seen now or there
3 have been national organizations like the American Medical
4 Directors Association that has also issued guidance or
5 suggested guidance for visitation. Representative, I
6 really appreciate your question and your comment. It's the
7 number one question that we're receiving. As I noted
8 during my testimony not just from you, Members of the
9 Legislature, not just from our members, but from the family
10 members of the residents who we're caring for who were
11 asking us why are we adhering to guidance that was issued
12 by the Federal Government in October of last year when I've
13 been vaccinated, my loved one has been vaccinated? Why
14 can't I see them? And we don't have a good answer right
15 now, and that's why we've called on the State to issue
16 updated guidance. You're starting to see other States do
17 it. It's vitally important. And again, our call has
18 always been we need a new set of directives so that we can
19 safely reopen because providers want to do it.

20 MS. ZELENAK: And, Wendi, the confusion was
21 amplified with the CDC coming out with the guidelines for
22 people in the community this week. So families are calling
23 and saying, well, if, you know, vaccinated people can get
24 together and unvaccinated and my mother is vaccinated, why
25 can't I come in and visit her? You know, and our concern

1 with our members going against guidance is the liability.
2 You know, and Zach touched on that a little bit. You know,
3 we could be held liable if we've not followed the guidance
4 that's been given by the State. And so many communities
5 are hesitant to even, you know, start visitation even
6 though I had one member 100 percent staff, 100 percent
7 residents, and family members are all vaccinated. Why
8 can't they visit still social distancing, still masks? So
9 we are anxious for personal care and assisted living to get
10 the guidance. We are being told they're not going to issue
11 anything until the CDC issues something for long-term-care
12 settings.

13 REPRESENTATIVE THOMAS: Thank you.

14 MAJORITY CHAIRMAN DAY: Thank you for those
15 questions and answers. Members, I just want to let you
16 know we have seven people on the list, and the reason why I
17 say that is not to rush anyone but just to let all seven
18 know that you're not being forgotten about. You are on our
19 list. And next, we're going to go to Representative Dan
20 Williams.

21 REPRESENTATIVE DAN WILLIAMS: Thank you, Chairman
22 Day. Let me then rush to get my comment out and my
23 statement. It is pressed. The light is on. Let me just
24 say, Chairman Day, thank you, and absolutely that's what I
25 will do. I'll rush to get through this comment, this

1 statement, and then a question. And I'm raising it only
2 because I was provoked, Mr. Shamberg, when you were
3 speaking. I'm not putting words in your mouth but you were
4 raising a series of "why" questions. And as I was sitting
5 here, I thought to address them just in some notes of my
6 own.

7 The issues around why it was taking so long, why
8 we're having these protracted conversations about the virus
9 and the vaccine, and I'm thinking perhaps it's because we
10 just need to confront a basic hypocrisy regarding the
11 elderly, the aging adults in our communities. When this
12 COVID-19 first broke, the slowed response was primarily the
13 result of this common impression and the common narrative
14 that it was only killing seniors. And it took an enormous
15 amount of time to move from that conversation to persuade
16 many that it was not simply seniors who were at risk. And
17 so in my view the expendable sense of the aging among us is
18 in no small measure responsible for some of the slowed and
19 delayed responses that we've seen recently.

20 So, having said that, I want to now end my
21 statement, and if you care to respond to that, that's fair
22 but simply to ask a question of Margie, which is that a
23 part of the list that you offered of the six things on your
24 testimony, expanding distribution of vaccines was one of
25 the things for all seniors, congregate care settings of

1 administration sites and providers, including but not
2 limited to Health Departments. And so I appreciate that
3 focus on expansion. But let me ask you this. How valuable
4 do think it might be to include in that expansion more
5 mobile units, mobile clinics on wheels? This would enable
6 many of the elderly people that we're talking about not
7 necessarily in facilities but this would allow the vaccine
8 as well in some cases testing to go to them in areas that
9 are harder to reach?

10 And I raise that because I think in addressing
11 the issues regarding the distribution of the vaccine we are
12 still struggling from a poverty of ideas and hopefully more
13 innovative ways such as mobile clinic units, in spite of
14 their cost, might be of value to us. So that's the end of
15 my statement as well as my questions.

16 MS. ZELENAK: I think that would be a great idea.
17 I know I saw on the news Baltimore had one of those mobile
18 vans that were going around and doing vaccinations in low-
19 income areas, people that didn't have cars that could go to
20 vaccination clinics, that would be a great thing even if
21 they could pull up to one of our communities. You know,
22 we're not asking them to come every day. You know, we
23 would schedule clinics just the same as we do right now.
24 But I think that will be a great idea. And with the
25 National Guard being pulled in, maybe they could man one of

1 those.

2 MAJORITY CHAIRMAN DAY: Thank you, Margie, for
3 that answer. And, Representative, I will address, you
4 know, out of respect for your comments, I feel like I'm
5 fighting for exactly what your ability to say what you just
6 said. I feel like I'm a professional communicator, and I
7 recognize that I was raised in a way and educated and
8 trained in a way through my education and through the jobs
9 that I've held that are totally different than all of my
10 colleagues here and to suggest that the way -- you know,
11 you didn't do this, but the Minority Chairman suggested all
12 this information is available on the government website, on
13 the State's website. The way it's being reported is really
14 hard to follow. It's really simple, who's vaccinated and
15 who needs to be vaccinated and who do you think should be
16 vaccinated, that's the question that I want the person with
17 supreme authority in this matter to answer.

18 I feel like I'm fighting for you are in the best
19 position to say -- I wrote down there's a basic hypocrisy
20 and, you know, I can learn from you. We have a poverty of
21 ideas, you said, and you suggested and asked a question
22 about that. I can learn from you. I do not believe that
23 creating some unelected task force replaces this hearing.
24 And I always look down at my lapels because I think that's
25 the handles for the people to grab me and pull me close to

1 them every two years minimum. We are the closest to the
2 people.

3 So if you're trying to actually have a government
4 of self-governance, this hearing is much more important --
5 sorry, folks. You guys are members of the task force.
6 That's important, too, to get ideas, but the problems of
7 what's happening comes from these hearings. Maybe the
8 solutions come from the task force, right? But to cut out
9 your ability to say the words, you know, that's, I'm going
10 to think about that, basic hypocrisy of the delayed
11 response was that only older folks were dying from this.
12 And then you offered an idea. I feel like I'm fighting for
13 you to be able to say that. That's what I feel like I'm
14 doing.

15 And if all we can do is answer all your
16 questions, that's better than we're doing now. I want
17 everybody in your district to feel like they're treated
18 fairly because I haven't said it yet, but mark my words,
19 the next problem is going to be we're going to have enough
20 vaccines but not enough people who want to take them. Then
21 they're going to come to the Chairman of Aging and say come
22 on, go out there and tell them it's fair. How can I do
23 that? They don't even come to the hearing and sit in that
24 empty chair. I can't. It just happened. The election,
25 all that stuff, people were calling me saying they changed

1 the rules in the last four days, I can't, sorry. That was
2 my answer.

3 But the role of the minority, whether it's the
4 actual minority or the functional minority, which the
5 Republicans are now in under the state of emergency, now
6 I'm the minority, the role of the minority is to say, yes,
7 it was a fair process, and that's how we keep things from
8 pitchforks and torches. So I took too much of my --

9 DEMOCRATIC CHAIRMAN SAMUELSON: And, Mr. Chair, I
10 just wanted to add, I did not suggest that all of the
11 information is on the Department of Health website.

12 MAJORITY CHAIRMAN DAY: Yes.

13 DEMOCRATIC CHAIRMAN SAMUELSON: I wanted to
14 direct people to that website to point out that there is a
15 lot of good information there.

16 MAJORITY CHAIRMAN DAY: Yes.

17 DEMOCRATIC CHAIRMAN SAMUELSON: And you can get a
18 county-by-county breakdown of how many vaccines have been
19 administered.

20 I think one thing that you've raised and one
21 thing that we're talking about is there's not statistics by
22 age. And you've noticed at these meetings I've tried to
23 drill down on what percentage we are at within the nursing
24 home facilities. I'm pleased to know that we're above 80
25 percent vaccinated among residents in facilities, but it

1 would be very helpful, I agree, to have more data on how
2 many people by age group.

3 The White House has put out statistics that while
4 23 percent of the general population has started the
5 vaccination process so far, it's 59 percent nationwide
6 among people older than 65. You know, those are national
7 statistics for the White House. It would be helpful to
8 have age breakdowns for Pennsylvania, so I do support that
9 effort.

10 MAJORITY CHAIRMAN DAY: Yes, the problem --

11 DEMOCRATIC CHAIRMAN SAMUELSON: If you want to
12 direct people to the website --

13 MAJORITY CHAIRMAN DAY: Yes.

14 DEMOCRATIC CHAIRMAN SAMUELSON: -- a lot of good
15 information, certainly not all the information that we
16 need.

17 MAJORITY CHAIRMAN DAY: It's actually too much
18 information is what it is. That's what we've gone from,
19 from a year ago there was no information, and, you know, we
20 have testifiers here today that, you know, I really
21 appreciate and I appreciate this type of interchange and,
22 you know, the last Republican Governor that was here was
23 Governor Corbett, and if I was the Chairman of this
24 Committee, I would, you know, virtually grab them by the
25 lapel and say sit here and take their questions. That's

1 what I would say. I want to hear the answers -- that
2 they're satisfied with the answers. I might not agree with
3 what you think the result is of the answers, but we are
4 going to have self-governance in Pennsylvania, and we're
5 going to have, you know, the adults in the room. We're
6 going to have the adults in the room come and sit here.

7 The Legislature is the people's -- if the people
8 don't care, if the people in my district and throughout
9 Pennsylvania sent me emails and say we would rather have
10 the Governor and all of the appointed officials make all
11 the decisions on this, okay. I'm okay with that. I don't
12 think that's what they sent me here to do. I thought they
13 sent me here to be the economist that I am, the business
14 person that I am and say how many are we going to
15 vaccinate? Why is that hard question? Why is it that hard
16 question?

17 And the Johnson & Johnson single dose will just
18 make those numbers even crazier. If you and I went this
19 afternoon, we could spend three hours with the database,
20 the dashboard, and there's no reason -- answer the question
21 why would we say we have one dose out there among people?
22 And the only answer that I can think of, as honest as I can
23 be, is to show us flap our arms and show us how much we're
24 working because -- and listen, I look at this from one
25 direction. I hope you respect it, and I hope you put my

1 viewpoint and your viewpoint together. And to me that's
2 the definition of diversity. And that's when I stand up
3 alongside of my friends and say diversity is stronger,
4 decision-making, than doing it alone.

5 I'm sorry. I just hold -- first doses almost
6 doesn't matter. It just tells us that we're on our way.
7 To be able to stand here and say we need 9 million people
8 vaccinated before September 1st -- that's because I'm a
9 conservative. I've said this before. If it's October 1st,
10 that's fine, too. At the rate we're going now, it will be
11 April of '22, April of '22. Johnson & Johnson might have
12 an effect on that, maybe February because it's only one
13 dose.

14 I'm trying to fight for self-governance for the
15 people, people's Representatives to be the ones involved in
16 the process, and I need to go onto the other Members, but I
17 really appreciate the dialogue.

18 Next is Representative Mark Gillen.

19 REPRESENTATIVE GILLEN: Thank you very much, Mr.
20 Chairman. Very briefly, a question and then a comment
21 primarily directed at CVS or Walgreens but certainly others
22 can chime in. And the reason I reference them is I believe
23 CVS and Walgreens, they both have footprints in 50 other
24 States if I'm not mistaken, and I would like you to
25 illumine us a little bit, perhaps you know about best

1 practices in other States, lessons, advisement. Perhaps we
2 could even ask how is Pennsylvania doing relative to other
3 States in terms of a cogent plan or communications, so it's
4 really wide open, and others can participate if they like.
5 What can we learn from the practices in the other States?

6 MR. DEDERICHS: Well, this is Dave, I'll go
7 first, and Bryan can piggyback on anything I have to say.
8 You know, after we got through the Federal Pharmacy portion
9 of our involvement in Pennsylvania, there was an activation
10 of pharmacies inside the State that would be able to
11 administer doses to the criteria -- individuals that were
12 eligible for vaccines based on State criteria that were
13 released, so 75 above and then recently teachers and
14 others. CVS I mentioned in my opening remarks, we have 485
15 stores in the State, but we were not selected as one of the
16 pharmacies that would receive the vaccine initially, and
17 that was done by the Federal Government I believe in
18 consultation with the State. They had some heat map
19 overviews, and so a couple of different partners were
20 selected than us. And so CVS right now is engaged in
21 discussions with the State about activating our stores and
22 getting supply to those stores so that we can start
23 delivering more vaccines inside the State or inside the
24 Commonwealth, excuse me.

25 Right now, I think we have -- and my numbers may

1 be wrong here. I think we have six stores that have been
2 activated and will start giving vaccine in the next few
3 days. I think Walgreens is in a similar position as us and
4 that we both have rather significant footprints in the
5 State and we would like to get more and more of our stores
6 activated. But part of it comes down to a supply issue as
7 well. So Bryan, I'll let you build on that.

8 MR. LOWE: Yes, I think Dave kind of hit the nail
9 on the head here. I think access is the number-one issue
10 where Pennsylvania may be lagging behind. I mean, Dave's
11 footprint, CVS's footprint is pretty significant in
12 Pennsylvania. Walgreens has no -- we have not been
13 activated in the State of Pennsylvania outside of the
14 jurisdiction of Philadelphia. We are doing in-store
15 vaccinations in Philadelphia, but the remainder of the
16 State we have just about 100 stores outside of Philadelphia
17 that, you know, we could be another avenue for folks to
18 come in and get vaccinated.

19 And we have been asking more than a weekly basis
20 I would say to have, you know, some availability for in-
21 store vaccinations in the Commonwealth and just to date we
22 have not been activated, not even to the six stores that
23 CVS has, right? So that would probably be the number-one
24 point that I would make.

25 REPRESENTATIVE GILLEN: Okay. I don't want to

1 cut anybody off. Thank you. I'd like to make a comment.
2 Regarding the empty seat in the room, a lot has been said
3 about that. The Secretary of Health, who is obviously
4 acting Secretary, was offered the opportunity to testify.
5 The Chairman indicated he would accept a representative or
6 even six minutes on the telephone he was asking for. It
7 reminded me of what I experienced yesterday in the
8 district. I'll call it a tale of two constituents, and it
9 will just be one minute. I had a gentleman who was
10 literally waiting for me. I was approached in the office
11 with a box of things that I was getting ready to file in
12 the office. I set them down, and he by his own admission
13 had COPD. He was very ill. He was talking to me right
14 there on the steps at the office and he was looking for
15 answers. He wanted to know what the State's plan was.
16 That was the first conversation I had with a constituent
17 during the course of the day. Late in the day I got a call
18 from Brenda down in Lancaster County. She had very similar
19 questions and concerns regarding her own husband.

20 So at a critical stage of the pandemic there has
21 been a failure to address questions or concerns on the part
22 of the Administration. There has been a failure in the
23 realm of transparency. There has been a failure in the
24 arena of leadership. And I think the results and the
25 consequences of this are a failure of confidence in

1 government itself. When assuming leadership positions in
2 this Administration or any Administration, whether it be
3 another State capital or right here in Harrisburg or
4 Washington, D.C., silence is never an option. Thank you,
5 Mr. Chairman.

6 MAJORITY CHAIRMAN DAY: Thank you, Representative
7 Gillen. Thank you for your questions and your comments.

8 Next, we have Representative Brett Miller.

9 REPRESENTATIVE MILLER: Okay, thank you, Mr.
10 Chairman, and thank you to all the testifiers. I have a
11 question. I'm going to start with Walgreens and CVS. Mr.
12 Dederichs, it's good to see you. Thank you for your help
13 with the issue we had in the district here the other day.
14 I appreciate that very much.

15 Going back to what you just said previously, do I
16 understand correctly that your ability to roll out
17 additional capacity in your actual stores is strictly
18 limited by supply? Is that correct?

19 MR. DEDERICHS: That's part of it at this point.
20 When Federal retail partners were selected in each State
21 the Federal Government gave recommendations to each State
22 about who they should partner with in order to move out the
23 next phase of their program, and that was getting supplies
24 inside retail pharmacies. Now, in Pennsylvania the Federal
25 Government selected Topco, which I believe is a

1 conglomerate parent organization of places like Giant Eagle
2 and other grocery stores. And they also selected Rite Aid.
3 And so that's who the Federal Government decided or
4 recommended that the Commonwealth use for the next portion
5 of vaccine administration.

6 And so we have been in discussions with the State
7 as well, just like Bryan alluded to, Walgreens has as well.
8 We are getting activated now, but a lot of this does come
9 down to supply issue. It's going to get better now the
10 Johnson & Johnson product is becoming more and more
11 available and with the recent announcement that J&J is
12 going to partner with Merck to increase their supply, that
13 will certainly assisted as well. But at this point it is
14 coming down to a supply issue, and I do think that the
15 single shot Administration of the Janssen product or the
16 Johnson & Johnson product is going to make things
17 significantly easier.

18 So we have been in discussions with the State.
19 We are activating stores. I think, like I said, we have
20 six right here. We are in active discussion to get more
21 activated, and so that's our hope. And I'm assuming
22 Walgreens is in a similar situation.

23 MR. LOWE: Yes, just quickly to build on that, as
24 Dave indicated, the Federal Retail Pharmacy Partnership
25 began I believe back in early February and the two groups

1 Topco and Rite Aid were selected. I'll just tell you
2 Walgreens at that time was selected at I think 16 different
3 jurisdictions. That has expanded. Those jurisdictions
4 have the ability to add other groups like CVS or Walgreens
5 and, you know, for example, and now we at something like 46
6 jurisdictions. And that does now include the city of
7 Philadelphia, so Philadelphia has asked us to do this as
8 well. So, you know, supply is certainly an issue, but we
9 can't even get to a supply issue until we're, you know,
10 added to this program.

11 REPRESENTATIVE MILLER: Okay. Well, I hope that
12 that can be expedited so you can add to the ability of this
13 rollout.

14 I want to transition if I can, just a comment
15 for, I guess, Zach, your comments earlier were particularly
16 poignant. I have a situation here in the district about a
17 husband and wife in a facility. The gentleman had some
18 medical issues, they were separated, and now it's been
19 nearly a year they will not allow them to see one another
20 in the same facility. And the heartbreak and the emotional
21 toll is just unbelievable. And that type of story is
22 repeated throughout the Commonwealth.

23 So I wanted to just say thank you for your
24 efforts and everyone's efforts in making that voice heard
25 of addressing that issue getting that policy changed, so

1 for that, thank you very much.

2 MR. SHAMBERG: Thanks, Representative. And,
3 Representative, I would just add this is a personal issue
4 for me. As I have told this Committee on many occasions
5 before, I have a grandfather in a personal care home. He
6 has dementia, and we haven't been able to see him other
7 than through a window for the last year. And, you know,
8 every time we talk about visitation, we're certainly
9 speaking on behalf of our members but selfishly and
10 personally I'm speaking on behalf of my grandfather and my
11 family.

12 REPRESENTATIVE MILLER: Right. And many others
13 across the Commonwealth. So, Ms. Zelenak, I appreciated
14 your comments and your testimony was very, very powerful
15 about how the skilled nursing facilities, the same building
16 weren't allowed to, you know, share in that. And then you
17 mentioned about pharmacies being allotted the vaccine, not
18 being allowed the vaccine, and that you had said you had
19 written a letter, I believe, to the Governor or to the
20 Department of Health. Have you heard anything back from
21 them on that point?

22 MS. ZELENAK: Well, that was in partnership with
23 the American Society of Consultant Pharmacies, and I know
24 Zack's organization was part of that, too. But as far as I
25 know, we had one call with them that we all talked about

1 trying to get the long-term-care pharmacies involved, but
2 again, they allow what pharmacies participate, as Bryan and
3 David had said.

4 You know, we have many personal care and assisted
5 living that have a relationship with pharmacy, and, you
6 know, they want them to be able to provide that vaccine,
7 same with the J&J. We have facilities that have nurses in
8 them, so they could actually give the vaccine. But if
9 we're not going to get it, we're not going to be able to do
10 that. But there's been no movement on that. I've just had
11 an email from the Executive Director from that association,
12 and they've not had any update.

13 REPRESENTATIVE MILLER: Well, that's
14 disappointing. I hope that that could be turned around
15 very, very quickly, and I appreciate your advocacy on that
16 part.

17 So thank you all, and thank you, Mr. Chairman.

18 MAJORITY CHAIRMAN DAY: Thank you. Next, we have
19 Representative Frank Ryan.

20 REPRESENTATIVE RYAN: Mr. Chairman, thank you
21 very much and for the testifiers today. First, I just want
22 to make a couple comments to CVS and Walgreens. Well done.
23 I will tell you that we received some guidance from you
24 that occasionally your pharmacies have left overdoses at
25 the end of the day, so we've been contacting our seniors,

1 and I never thought one of the roles and responsibilities
2 of a legislator was to help schedule vaccine appointments,
3 but since they can't get through to anyone in the executive
4 branch in the Department of Health to be able to get
5 responses, your organizations have been incredibly
6 responsive, and I wanted to thank you for that.

7 I want to make a comment. Obviously, you can
8 tell by looking at me that I'm a customer of the aging and
9 adult services, and I will just say that on a whole series
10 of issues I want to make a comment and then I have a number
11 of very specific questions. First, I'm incredibly
12 disappointed that the Secretary of Health is not here or a
13 designee. I will tell you that despite the fact I've had
14 disagreements with the prior Secretary of Health Dr.
15 Levine. She, as the Chair brought up, was always willing
16 to be here.

17 I will tell you that 60 percent of the comments
18 that I get in my district office are from people trying to
19 get access to vaccines. And having a mother-in-law who is
20 in a senior care facility who can't be visited on a regular
21 basis, we see the health effects on her of the incredible
22 isolation that this has taken place.

23 So a couple of comments regarding the vaccine.
24 The fact that group 1a is so large, I mean, literally, it's
25 75 percent of the Pennsylvania population, have you all

1 written letters to the Governor's office? I know, Margie,
2 you have, but, Zach, has your organization written letters
3 to the Governor's office saying they need to refine group
4 1a so that people in need have a greater probability of
5 getting the vaccine sooner rather than later?

6 MR. SHAMBERG: Yes, Representative, it's a good
7 question, not necessarily refined 1a but I think from the
8 beginning -- and I'm not talking about just the vaccine
9 rollout. I'm talking about May or, I'm sorry, March of
10 2020 we've asked for prioritization of this population and
11 of this community. I think it's important to note there
12 was a vaccine task force that was put together back in
13 September and October last year. Long-term care wasn't
14 included on it. Now, we were included in phase 1a of the
15 plant, but as I noted in my testimony, we're seeing
16 teachers now, we're seeing others, a member of the State
17 expanded the eligibility for those 65 and older and then 14
18 to 65 with underlying conditions. This was in the midst of
19 long-term care trying to get vaccinated. So we haven't
20 been able to carry through this plan without adding another
21 segment of the population to it. We want everyone to be
22 vaccinated. That's important to limit community spread.
23 We need to get through long-term care and our most
24 vulnerable first.

25 REPRESENTATIVE RYAN: Okay. And you know on a

1 separate issue but a related issue many of the people on
2 this Committee have been leading advocates of liability
3 reform for your organizations because you are between a
4 proverbial rock and a hard place if you get guidance from
5 the government to do one thing and you do something
6 contrary to that, you are exposing yourself to lawsuit.

7 But, Margie, I have to respectfully disagree with
8 you on this right to refuse. I was on a hospital board of
9 directors for 28 years, and I'm a firm believer that your
10 primary care physician has got to be able to have some
11 degree of influence and the ability. Do I think you have a
12 right to test people before they come in a facility?

13 Absolutely. You need to be able to protect the residents
14 and the process. So the question I would ask you, do you
15 mandate to your residents that they must get the vaccine?

16 MS. ZELENAK: For the residents, no --

17 REPRESENTATIVE RYAN: Okay.

18 MS. ZELENAK: -- nor for staff right now. Only
19 several national companies are mandating it for staff right
20 now.

21 And Frank, you know, in the past, many countries
22 have mandated the flu vaccine, you know, and if you'd
23 didn't -- you know, I had worked for a company, if you
24 didn't get the flu vaccine, you had to wear a mask the
25 whole flu season, which is a moot point right now, but, you

1 know, the vaccine hesitancy needs to be overcome, and if
2 you say to a member or staff person you've got to get the
3 vaccine, you know, they might do it. Atria was one of
4 them, and they said once they made that announcement, many
5 people signed up for the vaccine that hadn't before.

6 REPRESENTATIVE RYAN: And I understand where
7 you're coming from, I really do, and I'm not talking about
8 from the vaccine safety perspective. I'm talking about
9 with all the comments that we've been making about
10 government and, you know, as someone who spent 41 years in
11 the Marine Corps -- and, Bryan, I don't know if there are
12 naval insignias behind you on your anchors -- if they're
13 not -- so if you would like, I can get you an eagle globe
14 and anchor bookends.

15 MR. LOWE: They are Shippensburg University
16 anchors.

17 REPRESENTATIVE RYAN: We'll get you an eagle
18 globe and anchor.

19 MR. LOWE: All right.

20 REPRESENTATIVE RYAN: But I mention this though,
21 Margie, is that, you know -- and I personally don't have
22 any particular concern one way or another about vaccines,
23 but what I will tell you that a primary care physician and
24 the role of government, when I was in the Marine Corps for
25 41 years and through various times of being on active duty,

1 activated retired, and the like and getting called out of
2 retirement, there was an issue about mandated anthrax
3 vaccines, and most people in the military refused to get
4 it. And for those people that have unfettered faith in
5 government, I'm not one of them. And that's speaking as
6 somebody who spent, you know, a lifetime in the military
7 and a lifetime in government service. And I will tell you
8 that I'm not one of them.

9 So if the primary care physician advises someone
10 not to get a -- if I have a constituent, a senior whose
11 doctor said you should not get the vaccine because of some
12 of the underlying reactions you've had before, to have an
13 employer get in the middle of that -- so the question I
14 would ask you, are your members willing to accept
15 liability? Because they can't sue the vaccine companies.
16 The manufacturers of vaccines cannot be sued. So are your
17 members willing to accept liability if a vaccine is
18 mandated and there's an adverse reaction to an employee?

19 MS. ZELENAK: Well, I think most of our employers
20 are waiting for the full FDA approval before they would
21 even consider mandating it because it's emergency use
22 authorization right now. And there still would be the same
23 as with the flu vaccine. There would be medical exemptions
24 or religious exemptions for employees. So there would
25 still be those.

1 REPRESENTATIVE RYAN: Okay. So you're still okay
2 with those?

3 MS. ZELENAK: Yes. Yes.

4 REPRESENTATIVE RYAN: Okay. Thank you.

5 MS. ZELENAK: We're still okay with the medical
6 and religious exemptions for the vaccine. You know, we
7 don't want to mandate it. But, you know, the hesitancy
8 among staff are just for their knowledge that they don't
9 have about the vaccine and, you know, we've had residents
10 reach out to staff people and say it's important.

11 You know, Frank, you talk about your age, too,
12 but I've been through the polio, and when we had to go get
13 the little sugar cubes --

14 REPRESENTATIVE RYAN: I understand.

15 MS. ZELENAK: -- you know and, you know, staff
16 are just very hesitant. And to protect our seniors in our
17 communities we need to up the vaccination rate for staff.

18 REPRESENTATIVE RYAN: And that's a different
19 comment than I heard upfront about being opposed to the
20 right to refuse because if you look through the right to
21 refuse, there are the exceptions in there for the religious
22 exceptions and the medical issue.

23 I mean, I had a situation -- and this will be my
24 last comment. I had someone who was three months pregnant
25 call me, a legislator, and asked me if they should get the

1 vaccine because their doctor said not to but their employer
2 said to. And I'm thinking, okay, now I'm almost in an
3 alternative universe. And I said, ma'am, I said, you
4 should do what your doctor tells you to do. I'm not a
5 physician. And this idea of mandating something when the
6 primary care physician is something I'm opposed to. But it
7 sounds like you and I are on the same page but that's
8 different than what I thought your testimony was.

9 Mr. Chairman, thank you so much for your
10 indulgence. And testifiers, you guys did a great job
11 today. I think the world of all of you. Thank you so
12 much.

13 MAJORITY CHAIRMAN DAY: Thank you, Representative
14 Ryan, for those questions and the answers from our
15 testifiers.

16 Next, I just want to make sure the Members know
17 that Member Nelson is going to go next and then
18 Representative Williams and then Representative Jones just
19 so you know I haven't forgotten about the other two as
20 well. So with that, we will go to Representative Nelson.

21 REPRESENTATIVE NELSON: Thank you so much, Mr.
22 Chairman, and thank you to each of the presenters. My
23 question is first and foremost to Margie and Jack. If you
24 guys could talk a little bit about what you all identify as
25 kind of the common demographics in our aging and long-term-

1 care facilities and how they may kind of, you,
2 differentiate themselves from just the State's
3 demographics.

4 MS. ZELENAK: I will go first. Our demographics
5 have changed over the years. You know, we used to have 70-
6 year-olds living in personal care and assisted living. Now
7 we have 90- and 100-year-olds living in personal care and
8 assisted living. We're also finding their comorbidities
9 are more extreme. People are living at home longer. And
10 so when they move into our communities, they have more
11 health risks and disease processes that they would say when
12 I got into this industry 20 years ago. So the age is
13 different. I think our average age was 88 years old in
14 personal care and assisted living.

15 MR. SHAMBERG: Yes, and Representative, then I
16 would just raise the stakes a little bit for nursing homes
17 and skilled nursing facilities. So you do have an older
18 population, you have a more acute or sicker population with
19 the underlying conditions, with comorbidities. And that
20 really goes back to the genesis of this virus and why this
21 is the most vulnerable population to COVID-19, because of
22 those things, as well as being in a confined, contained
23 area where caregivers are coming in and out and obviously
24 care is touching, holding, and having that ability to
25 spread the virus.

1 The other thing that I want to mention -- and
2 it's not so much for the residents -- and I don't know if
3 you were asking this question for staff, but in terms of
4 the demographics of the staff that we see, especially on
5 the nursing home side, the majority are women. Some are
6 young mothers, many minorities, especially in the
7 Philadelphia, Harrisburg, and Pittsburgh markets, so I
8 think that's another interesting component of this as we
9 look at the acceptance rates of the vaccines as well.

10 REPRESENTATIVE NELSON: And I also was kind of
11 inquiring about just for the residents themselves, the
12 older presenting more acute illnesses. Can you speak to --
13 do we find that the residents in those facilities are
14 tracking in the same towards the State's kind of standard
15 or mass adult population of persons of color, foreign
16 language speakers, kind of same levels of household wealth?
17 My suspicion is that there are some additional demographic
18 differences between the two communities. Would you be able
19 to confirm that?

20 MR. SHAMBERG: Yes, I can certainly follow up
21 with you, Representative. We can check with some of the
22 data that we have to see if we can get you those numbers.
23 I'm sure we can.

24 MS. ZELENAK: Yes, and I don't have any
25 information on that. I did want to add, though, you know,

1 you were asking about -- one of the other Reps was asking
2 about data on COVID vaccines within our communities. And
3 the Department of Human Services has a COVID vaccine
4 tracking tool they just released for our members to
5 complete once they have finished their third clinic, so we
6 should be able to have more data from the Department of
7 Human Services for personal care and assisted living. I
8 don't remember off the top of my head what they're asking
9 for in that, whether there are -- and Zach, maybe you
10 remember -- if there is a request for, you know, their
11 minority level, their age. I don't remember off the top of
12 my head on that --

13 REPRESENTATIVE NELSON: Sure.

14 MS. ZELENAK: -- but we should have some more
15 data coming forward just on who's received the vaccine
16 hopefully by April.

17 REPRESENTATIVE NELSON: And that would be
18 beneficial. You know, I believe that there would be some
19 inequities that perhaps will show themselves in the data
20 regarding individuals and their ability to access those
21 long-term-care facilities.

22 And then the next question then goes to you,
23 Bryan and David. If any inequities do exist in how we are
24 addressing and housing our senior residents, how will your
25 facilities -- again, I'm just outside of Philadelphia, so

1 none of my Walgreens and CVS facilities are able to, as you
2 all mentioned and have testified, provide in-facility
3 vaccines to our residents. How are those seniors who are
4 living at home or still, you know, aging a little bit
5 longer at home, as Zach mentioned, how are you able to
6 address their needs? And particularly in many of our
7 counties, especially Montgomery that has a county health
8 department that has kind of a centralized facility that is
9 able to go through a mass vaccination process, but it is
10 harder to commute to those facilities. How are you all
11 better able to vaccinate those seniors living at home and
12 in our communities?

13 MR. LOWE: Sure. And this is Bryan. I can lead
14 off, and Dave, feel free to jump in. As you indicated,
15 obviously, we've only been activated for, you know, the
16 nursing home program, right, so we kind of have to
17 vaccinate who's there, right? So moving forward to, you
18 know, potentially an in-store solution, yes, equity is
19 something that, you know, we're taking very, very seriously
20 and is a priority to us, frankly. When we do store
21 selection for in-store vaccinations, you know, say we get
22 an allocation from the State or from the Feds for the
23 State, you know, not all stores can be activated at the
24 same time depending on allocation, right? Equity and
25 social vulnerability index are two of the things that are

1 our top two things that we look at, you know, in those
2 store selections.

3 The other thing I'll note -- and I don't know if
4 this would pertain to Montgomery County, for example, but
5 we have partnered with Uber to provide 10 million free
6 rides to patients within cities to try to do this.

7 And then just finally what I'll say is when we do
8 have in-store vaccinations, we have launched equity days,
9 so we will hold back vaccine on certain days and just try
10 to target different minority groups that are having
11 trouble, as you referenced, getting vaccinated. And that
12 would obviously, you know, be for all eligible populations,
13 but, you know, that would pertain to the older adults as
14 well.

15 MR. DEDERICHS: And this is Dave. Largely
16 similar answer again. You know, utilizing social
17 vulnerability indices in making our decisions, in the last
18 couple hours I've actually seen emails come through from
19 both jurisdictions, the Pennsylvania Department of Health
20 as well as the Philadelphia Department of Health,
21 continuing discussions with our operations team about
22 opening our stores, getting more supply, making sure that
23 we're opening stores in the right parts of the Commonwealth
24 to make sure that all constituencies are being addressed.

25 You know, as far as the other part of the

1 question for seniors that aren't living in assisted living
2 or skilled nursing facilities, we are having ongoing
3 discussions with both jurisdictions about how to best
4 address those populations. I just don't think that there
5 are any substantive answers that I can give right now.

6 REPRESENTATIVE NELSON: And my final question --
7 and thank you all for your indulgence on this -- is I
8 assume that, you know, planning for this vaccine took
9 months and in fact I would even surmise that even the first
10 couple of weeks once we finally had vaccine distributions
11 in December and January were periods of significant
12 learning for everyone. Have you all at least seen a
13 significant amount of kind of learning and planned
14 modifications over the past six weeks, or do we sense that,
15 you know, in the absence of a plan we just hold to the old
16 plan that wasn't working well? So I know we don't have a
17 new one. It doesn't appear -- nothing has been
18 communicated to me. I was on the southeastern delegation
19 call. But my hope and prayer is that we're at least, you
20 know, learning and reacting so far. Have you seen that so
21 far?

22 MAJORITY CHAIRMAN DAY: So that's a really tough
23 question for our testifiers. So, you know, I think it's
24 asking them to make a judgment call of whether the
25 Administration is learning from it, and, as a Chairman,

1 I'll just say what I've seen over the last year is that the
2 Administration does do things better, you know, no matter
3 as they go through it. So, you know, I just want to make
4 sure that testifiers feel like they're on the spot, but if
5 any of the testifiers have seen an improvement or a change
6 just to help the Member a little bit with his question or
7 actually to help the testifiers with the question a little
8 bit. Have there been improvements or are we still doing
9 the same -- you know, are we going back to the same
10 playbook? Do you guys have any input on that?

11 MR. SHAMBERG: Yes, Mr. Chairman, let me take
12 that one.

13 MAJORITY CHAIRMAN DAY: Thank you.

14 MR. SHAMBERG: And by the way, as a testifier, we
15 are always on the spot.

16 So let me say this. In terms of improvements or
17 progress that has been made throughout the last few weeks
18 and months as it relates to the vaccine rollout, one of the
19 things that we have asked for -- and I mentioned it in my
20 opening statement and in my testimony -- was for a seat at
21 the table. And as Margie noted, there is now a
22 Subcommittee on Aging as part of the Legislative Vaccine
23 Task Force, and we do have a seat at the table and we have
24 the ability to share some of the solutions. Do we wish
25 that had happened earlier? Yes, of course. Am I thankful

1 that it's happening now? Yes, I am.

2 In addition to that, one of the most alarming
3 data points that we were seeing early on in the vaccine
4 rollout, especially as it pertained to long-term care, was
5 that the State was only allocating about 18 percent of all
6 available vaccines or all available vaccine doses, so less
7 than 20 percent were going to long-term care. And that
8 doesn't sound like priority to me.

9 Over the last few weeks I do know that those
10 numbers have gone up and that allocation has been
11 accelerated, so I can tell you in working with the
12 Department of Health and others we have seen improvements,
13 and we'd like to see more progress moving forward. I think
14 we've taken some key important steps over the last two
15 weeks or so, and my hope is we'll take more significant
16 steps moving forward.

17 MAJORITY CHAIRMAN DAY: Thank you, Representative
18 Nelson. Any follow-up or other questions?

19 REPRESENTATIVE NELSON: That was it. I would
20 love to see that data on the demographics in our long-term-
21 care facilities. Thank you so much, Mr. Chairman, and
22 thank you each, of you, for appearing before us.

23 MAJORITY CHAIRMAN DAY: And, Representative
24 Nelson, my attempt was to fill the airspace there, not
25 necessarily to change your question at all, so I apologize

1 if it came off that way.

2 REPRESENTATIVE NELSON: I don't believe you did,
3 and thank you always. I'm still learning, so --

4 MAJORITY CHAIRMAN DAY: Thank you so much,
5 Representative.

6 Next, we have Representative Craig Williams.

7 REPRESENTATIVE CRAIG WILLIAMS: Thank you, Mr.
8 Chair, and thank you to our testifiers. This has been very
9 helpful today.

10 I do want to echo the sentiment of my
11 disappointment that the Department of Health is not here in
12 some way. As everybody probably knows, we had a call with
13 the acting Secretary of Health on Sunday afternoon about
14 the insufficiency of vaccine in the southeast. That call
15 was limited to an hour and 10 minutes. Some half of the
16 legislative delegation had questions, and we were just
17 abruptly cut off and have not had an opportunity to have
18 our questions addressed. I intended to ask some of those
19 here, but once again, there's no forum.

20 And I have been somebody who's been very
21 complimentary of the acting Secretary with her weekly
22 legislative calls, and I often asked questions in that
23 forum, but as of late, the communications have just kind of
24 stopped. So, again, like others here, I'm disappointed
25 there's no one in that chair.

1 With regard to you, again, fantastic testimony,
2 fantastic information. I'm glad to have your advocacy on
3 the subcommittee and the task force. One thing that I've
4 been asking for for about a month from the Department of
5 Health and from anyone else who would listen, including the
6 Department of Aging, is specific information about the
7 Federal Pharmacy Program with regard to the number of shots
8 administered at a county level. So much of the
9 disagreement that we're having right now with regard to
10 vaccine allocation relates to the allocation to the retail
11 partnership because the healthcare provider supply line is
12 not coming from the Federal Government, and Federal
13 Pharmacy came from the Federal Government, but much of our
14 dispute is about the allegation being made by the State.
15 When I asked the Department of Health for county
16 information from Federal Pharmacy, they say they don't have
17 any access to that.

18 So it seems to me that I might have the right
19 folks here to ask that question again. Do you have any
20 ability to get us county-specific information with regard
21 to the Federal Pharmacy Program so that we might have a
22 more accurate picture of the total number of people that
23 have been vaccinated?

24 MR. LOWE: Representative Williams, this is Bryan
25 with Walgreens. Just to clarify quickly, do you mean

1 through the nursing home program or are you talking retail
2 side?

3 REPRESENTATIVE CRAIG WILLIAMS: No, only through
4 the nursing home program, not the retail side.

5 MR. LOWE: Okay, got you. I don't have that
6 information in front of me, but I'm sure I can get it, so I
7 will report back to you.

8 REPRESENTATIVE CRAIG WILLIAMS: That would be
9 great. And I think that dovetails very nicely was
10 Representative Nelson's request with regard to
11 demographics. It's not only demographics but geography as
12 well because that's the quintessential piece of our
13 advocacy back to the Department of Health right now.

14 And, David, do you have that as well?

15 MR. DEDERICHS: I'm sorry, this is Dave. I don't
16 have that information, so what we've been tracking and
17 reporting both to Tiberius at the Federal level and
18 similarly in our metrics to the State is just the number of
19 shots that we've been administering. I don't think that
20 would give an accurate total of either staff uptake or
21 resident uptake because, as we're planning for our clinics
22 a week in advance, we'll get a headcount in terms of the
23 number of shots that we need to bring because we don't --
24 these products are so sensitive that once they get
25 defrosted, they need to be utilized, and so we try to bring

1 the correct number of shots to each facility. And I don't
2 know what that number is in terms of utilization versus
3 population that didn't take it. So I know we've been
4 reporting to the State and the Federal Government the
5 number of shots administered, but I don't think we have it
6 broken down by county level.

7 REPRESENTATIVE CRAIG WILLIAMS: Would you have it
8 by facility level so that getting it to a county level
9 might be something that's possible?

10 MR. DEDERICHS: Again, I think at the facility
11 level we wouldn't have the overall uptake. We would just
12 have the number of shots administered.

13 REPRESENTATIVE CRAIG WILLIAMS: So I would put
14 that back to you as a please do if you can, in dissecting
15 your metrics, find some way to get us that data, it would
16 be, again, most helpful because right now what we do not
17 have is a comprehensive number, the number of people in
18 Delaware and Chester County, for example, that have been
19 vaccinated, and I believe the story might be actually more
20 positive than what's being told by our county governments.
21 So I'm trying to --

22 MR. DEDERICHS: I --

23 REPRESENTATIVE CRAIG WILLIAMS: Go ahead.

24 MR. DEDERICHS: I apologize. I'll take that as a
25 takeaway, and I'll ask our ops teams if that's a metric we

1 can get.

2 REPRESENTATIVE CRAIG WILLIAMS: I greatly
3 appreciate that. Mr. Chairman, that's all I have.

4 MAJORITY CHAIRMAN DAY: Thank you, Representative
5 Williams.

6 With that, we'll go to Representative Mike Jones.

7 REPRESENTATIVE JONES: Thank you, Mr. Chairman,
8 and thanks to all the testifiers. I echo your comments and
9 Representative Williams' and others, the disappointment not
10 only that the Department is not here to testify but they
11 would not take a six-minute phone call with our Chairman is
12 nothing short of mind-boggling.

13 I promise to be quick, Mr. Chairman, but if you
14 just indulge me, since the Department is not here, I'd like
15 to get my questions on record that I would have asked them.
16 And very quickly, that would have been why when we knew in
17 March and April that hundreds had already died in nursing
18 homes in Washington State, that we continued to direct
19 COVID patients to those nursing homes, why in April when
20 the then-Secretary of Health secretly removed her mother
21 from an assisted living facility when she was telling us to
22 wash our hands and sing happy birthday. Did she not feel
23 it appropriate to share with the entire Commonwealth that
24 they may also want to remove their loved ones if possible?
25 Why in May did we remove prisoners, which I supported, who

1 were lower risk and had the ability to be moved, higher
2 risk for COVID, lower-risk criminals out of prisons and we
3 didn't extend the same courtesy to our seniors? Why are we
4 developing a task force now that should have been developed
5 a year ago for a vaccine that we knew was coming? As Mr.
6 Shamberg said, this is the one-year anniversary. And
7 lastly, to some of my colleagues' comments and questions,
8 how many people have died alone in the last three months
9 because the Governor vetoed in December our bill that would
10 have provided this much-needed liability protection to our
11 nursing homes?

12 I want to change gears a little bit and look
13 forward -- I did this last week, but since we have new
14 panelists and, Zach and Marjorie, since you're on the task
15 force, I want to quickly get three things on your radar,
16 and then, Margie, my question will be for you. I remain
17 dumbfounded why we continue to vaccinate people who have
18 already recovered from COVID. This is largely at this
19 point a supply chain and inventory allocation. When we
20 have enough vaccine to vaccinate everybody, vaccinate
21 everybody 10 times, that's great. We are routinely -- I
22 literally got an unsolicited text just 30 minutes ago from
23 a friend of mine. We are routinely vaccinating people who
24 have recovered from COVID.

25 Second, why in the world are we not leveraging

1 the benefits of the J&J vaccine from what I'll call a
2 supply chain and logistics perspective? When you have a
3 single dose that gives you a huge benefit in rural areas
4 and particularly those seniors that are living at home, we
5 can visit the home once rather than twice. We can debate
6 all day long where teachers and smokers belong in the
7 lineup. I agree completely, by the way, that seniors
8 should be at the top of the list. But we're going to
9 allocate single-dose J&J to teachers who, by definition,
10 are able-bodied and able to get to school and teach.
11 They're certainly mobile if nothing else. Why would we not
12 direct the single shots to the elderly? I mean, the
13 incompetence is mind-boggling.

14 And lastly, just to get it on your radar for the
15 two of you to take back to the task force, this idea that
16 the CDC -- and I've seen mixed things on this as I've done
17 my extensive Google research, and the Chairman mentioned it
18 in his opening comments -- we're talking that I believe
19 either the manufacturers and/or CDC are only willing to
20 sign up three months of efficacy for these vaccines. I
21 don't believe anybody believes that's the case. If it is,
22 we're in real big trouble, right? But we need to
23 understand that's going to start to get ahead of some of
24 these things. That has the potential at least to drive
25 some really bad policy if we don't take at least a little

1 measured risk and start to assume that people that
2 recovered from the disease -- I don't believe there is a
3 vaccine in history that superseded -- that was needed after
4 you recovered from a disease, certainly within a year of
5 doing so. Again, if that's the case, we got much bigger
6 problems on our hands.

7 So I just want to get those things on your radar
8 screen. We should be tactically leveraging the fact the
9 J&J is a single dose. We've got to get ahead of this thing
10 with this three-month assumption that really needs to be
11 challenged because I think they are hedging to a fault and
12 it could drive bad policy. And we've got to stop
13 vaccinating people that have recovered until we get those
14 others taken care of first.

15 Margie, Rep Ryan addressed some of my questions.
16 I want to dig into two components of your testimony. You
17 made a comment and actually just repeated earlier that we
18 need to vaccinate healthcare workers to protect our seniors
19 in an assisted living facility. Is that correct?

20 MS. ZELENAK: Yes.

21 REPRESENTATIVE JONES: If those seniors have been
22 vaccinated -- I think we said we're at 95 percent. If they
23 have been vaccinated, why do they need protecting?

24 MS. ZELENAK: Well, because the vaccines aren't
25 100 percent --

1 REPRESENTATIVE JONES: Okay. If the vaccine --

2 MS. ZELENAK: -- efficacy.

3 REPRESENTATIVE JONES: Okay. Thank you. I'm
4 sorry. If we don't have the confidence that the vaccines
5 are protecting people, why would we possibly mandate that
6 somebody get one against their will? They either work or
7 they don't work. We're talking about mandating a vaccine.
8 And I do commend you. I was glad to hear your answers on
9 the exceptions on the fact that they're waiting for FDA.
10 We can't have it both ways here. The vaccine either works
11 or it doesn't. You've got an industry that is struggling
12 immensely to get people, and now we're going to look at
13 mandating somebody inject something into their body that
14 we're not even willing to sign up for is effective. So I
15 don't get that.

16 Lastly, Margie, and right near the end of your
17 testimony you said -- I'm just pulling it up so I get it
18 correct. I have your written testimony, and thank you for
19 that. It's the second to the last, third to last
20 paragraph. "Senior living residents and employees must
21 have priority access to the vaccine. This is the best tool
22 to get the new normal for our residents and staff." So
23 you're looking forward to a period in time where everybody
24 is vaccinated, we presumably have herd immunity, cases are
25 down, which they are declining rapidly. Why the phrase

1 "new normal"? What is the new normal you speak of at that
2 point, not today, but your comment is forward-looking to
3 where everyone's vaccinated and has been made a priority.
4 What is the new normal you're referring to as opposed to
5 getting back to normal?

6 MS. ZELENAK: Well, I think all of us as society
7 are going to be doing things differently because of COVID.
8 It's not going to be the way it was before. We are more
9 all self-conscious of where we are, washing hands,
10 interacting with other people. Personally, I think about
11 that. So I don't think it's ever going to go back to where
12 we're not going to remember going through this pandemic and
13 how it's going to change all of us and how we interact with
14 other people.

15 You know, we want the residents to be able to
16 have visitation, you know, but how is that going to be?
17 You know, I was a former administrator. Are you going to
18 have activities where you have 200 additional people coming
19 into your community? I don't think so because I think
20 that's going to be a problem with having these activities.
21 People are going to be hesitant that, you know, with these
22 variants out there, are the vaccines going to protect you
23 against these other variants?

24 So I don't think it's going to be like it was
25 before. It will be better because we understand what's

1 going on and we need to have infection control precautions.
2 I mean, in personal care and assisted living, there's not a
3 regulation on infection, you know, and we need to be better
4 now because of that. And that's why I think it will be the
5 new normal.

6 REPRESENTATIVE JONES: So this isn't the time or
7 place, but I'm glad I asked the question. And Zach, if you
8 have comments on it, I'd be interested to hear it. If your
9 members and your associations are suggesting that we are
10 going forward -- and, you know, handwashing and, you know,
11 and so forth is one thing. We're tasked here with
12 protecting our seniors, not just their physical health,
13 their mental health. What has occurred to them in the last
14 six months is shameful. I mean, this is shameful that
15 somebody has to die without their son or daughter or
16 husband or wife there to hold their hand for no good reason
17 whatsoever. It's cowardly, quite frankly.

18 But in any event, are we suggesting -- I just
19 want the Chairman to be aware -- and again, this is
20 something for a different day -- but are we talking about
21 significant changes that would impact the mental health of
22 our residents going forward such as, you know, hey, only
23 one family member can visit, you can only interact one or
24 two people down the hall? I mean, is that where we're
25 headed? And I know you don't have a crystal ball. I just

1 want to know if that should be on our radar screen because
2 we ought to start addressing that now before we go down a
3 fairly -- what I would deem a potentially radical path all
4 in the name of liability protection coming at the expense
5 of our seniors' final years.

6 MAJORITY CHAIRMAN DAY: Yes, Representative --

7 MS. ZELENAK: Well, I think you're --

8 MAJORITY CHAIRMAN DAY: Go ahead.

9 MS. ZELENAK: -- going to be addressing that in
10 next week's hearing where you have the essential caregiver
11 legislation, which we are very supportive of. We have to
12 look, does this happen again? We have to have something in
13 place so we will be able to have visitation in the future.
14 And that essential caregiver or compassionate caregiver
15 legislation that you're reviewing next week is something
16 that we're very supportive of. We know the residents need
17 interaction. You know, we appreciate the family members
18 coming in. But, again, is a Catch-22. We want to protect
19 them also. So it's been a hard year for all of us, and I'm
20 sure Zach can add some comments on that, too.

21 REPRESENTATIVE JONES: Thank you, Margie. And
22 I'm not picking on you at all about that.

23 MS. ZELENAK: Oh, that's okay.

24 MAJORITY CHAIRMAN DAY: Yes, I think, you know,
25 Representative, there's a couple things I want to say about

1 your questions and comments. First is the Governor should
2 appoint Margie as the acting Secretary of Health. That's
3 the first thing because, Margie, Representative Jones has
4 legitimate questions. What they imply -- I don't agree
5 with every single subject matter that they imply. However,
6 I have people who ask me the same questions that
7 Representative Jones just asked in my district. So they
8 should be answered. Representative Jones plays an integral
9 role in self-governance because we should answer all these
10 questions. And then we should answer the hard questions.

11 And, you know, I do want to address, I don't
12 believe that Margie's comments about the new normal were,
13 you know, cementing in some of these distancing rules
14 intended to be protection rules of our seniors. And I
15 think Representative Jones should remain vigilant. And
16 I've so noted you've asked me to note those to stay on top
17 of those and watch to make sure that's not how we define
18 the new normal. I believe Margie was very clear in
19 explaining -- you know, my definition of new normal is, you
20 know, she said earlier I was through, you know, other
21 situations that, you know, these things will impact us the
22 rest of our lives and my children as well and their
23 children will learn from -- you know, my grandchildren will
24 learn from my kids about what we went through and
25 everything because of the things that I learned from my

1 parents and grandparents. I think the new normal that
2 Margie was talking about is just that we're all going to
3 be, you know, more cognizant of infectious disease and how
4 it's transmitted.

5 But, you know, I want to make that point again.
6 Margie, you know, Representative Jones started to ask, you
7 know, a machine-gun of questions, and it can be very
8 uncomfortable for anyone, a testifier or or a public
9 official. And the way you handled it is all that I'm
10 asking for from the Administration. Come forward, listen
11 to the question, try to understand the question and where
12 it's coming from, whether it's coming from Philadelphia or
13 the suburbs of Philadelphia or anywhere else in the State,
14 and answer the question. And, Margie, you did an
15 outstanding job to explain that, and that's what I think
16 the Administration should be doing. I don't think they are
17 doing it other ways, and I think they're remiss from doing
18 that.

19 We are out of questions from Members. I'd like
20 to go to our minority leader Steve Samuelson for either
21 additional questions or closing comments for the hearing.
22 Chairman Samuelson.

23 DEMOCRATIC CHAIRMAN SAMUELSON: Thank you,
24 Representative Day. And just to have some comments in
25 closing, thank you for this opportunity. The hearing last

1 week, the hearing this week, I know all of our Members
2 talked about trying to make sure we increase access to the
3 vaccine for our seniors, for those in long-term care, and
4 all seniors across Pennsylvania.

5 I do want to note I did highlight some statistics
6 on the website at the beginning of our hearing. I want to
7 just mention that in the two hours this hearing has been
8 going on, the statistics have been updated for today, so
9 the numbers are a little bit higher. In the last 24 hours
10 another 45,000 people started with the first vaccine shot
11 and another 25,000 people completed with the second shot.
12 So since I mentioned those numbers on the website earlier,
13 I'll give the updates. Two-point-one million
14 Pennsylvanians have started at least with the first shot,
15 and now the number of people who have completed both shots
16 is now over a million. It's 1,016,000, so I just mention
17 that because those numbers are updated since we started our
18 meeting.

19 I just want to close by thanking everyone today
20 for your testimony, and I also want to thank everyone who's
21 involved all across the State in helping getting the
22 vaccines to individuals all across Pennsylvania. I
23 appreciate the efforts of CVS, I appreciate the efforts of
24 Walgreens. I know folks testified about the efforts of
25 Rite Aid. I know we have all the folks in State Government

1 who are working hard on this challenge to make sure the
2 vaccine is distributed and also all of the folks in local
3 government. And, as I said, in my area we have a health
4 bureau that's working diligently to get these vaccine out
5 to our community, and they're working in partnership with
6 our Area Agency on Aging. There's a lot of partnerships
7 being formed all across Pennsylvania. We're trying to make
8 sure that the vaccine gets out and to make sure it's
9 available in communities of color. We're trying to make
10 sure that we're encouraging people to take the vaccine
11 across Pennsylvania. So there's a lot of people at all
12 levels of government, a lot of people in all communities
13 who are working this issue. And I just want to make sure
14 that, as a Committee, we are thanking those individuals for
15 their efforts to make sure the vaccine is distributed
16 widely across Pennsylvania.

17 Thank you, and thank you, Representative Day.

18 MAJORITY CHAIRMAN DAY: Thank you, Chairman. And
19 I really appreciate your comments. You know, to some
20 extent, you know, you've, I think, successfully filled in
21 with some things that maybe the Administration, you know,
22 it would be incumbent upon them to do as well, and I really
23 appreciate you, you know, filling that role, reporting to
24 people in the Commonwealth of Pennsylvania.

25 You know, by my estimation because we don't have

1 what the Administration's estimation is, we need to
2 vaccinate about 9 million people, and we're at a million.
3 By my estimation we're doing about 700,000 a month, and if
4 you say 700,000 into 8 million, you get through next flu
5 season. I'm very concerned about this.

6 I'm very concerned that the Department of Health
7 is not here today. I think I've made that point. I won't
8 belabor it even though I already did.

9 And I think it just goes toward -- Representative
10 Gillen made comments about leadership. I made comments
11 about everybody, all the testifiers did such a great job
12 today, and please take back to all of your members, member
13 associations and also your companies, thank you for the
14 work that you're doing. You are doing outstanding work
15 protecting the most vulnerable, you know, 10 percent of the
16 seniors in Pennsylvania. And I've held from the beginning
17 that if we do protect this group, we protect a lot of
18 Pennsylvanians.

19 I also want to note that Representative Williams
20 talked about -- he used the term -- where did I write that
21 down? I liked his term -- basic hypocrisy of only thinking
22 it was affecting seniors as it ravaged through our
23 communities, took the lives of people in their 50s and 60s,
24 people that I know that I wasn't able to attend their
25 funerals.

1 I just want to thank all of the testifiers here
2 today, and please take it back to your organizations. And
3 I hope that your model is -- after you're done with your
4 current project, I hope you are involved in the next
5 projects of continuing to vaccinate Pennsylvanians.

6 And I just want to say thank you for joining us,
7 being part of today, and I look forward to trying to
8 protect seniors in the Commonwealth of Pennsylvania and
9 working together with you going forward. Thank you all
10 today.

11 With that, I will close this hearing and just one
12 last word of thanks. Thank you to our staff, all of our
13 technology folks that are here today, and everybody
14 involved. Chuck, Shannon, outstanding work. Thank you for
15 coordinating all the Members to be involved. And that's
16 it. Have a nice day, everyone.

17

18 (The hearing concluded at 3:08 p.m.)

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

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