

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

\* \* \* \* \*

*Pennsylvania House of Representatives  
Commonwealth of Pennsylvania*

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TESTIFIERS

\* \* \*

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SUBMITTED WRITTEN TESTIMONY

\* \* \*

(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 listservr 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. DEDERICH: 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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