Pharmacies serve as an important community-based access point for vaccinations and have the potential to better serve children by participating in the federal Vaccines for Children (VFC) program. While all 50 states allow for pharmacists to vaccinate adults, not all states allow pharmacies to participate in the VFC program, limiting some patients’ ability to easily access the benefits of vaccination. Further, additional barriers such as differing state laws and regulations, retail pharmacy policies and pharmacists scope of practice can limit a state’s ability to deliver vaccinations to VFC-eligible children through pharmacies. The purpose of this document is to summarize common successes and challenges experienced across the U.S. regarding pharmacists’ participation in VFC and delivery of VFC vaccines. Given additional barriers to seeking care due to the COVID-19 pandemic, improving accessibility to vaccination through all pharmacies can be an important step towards preventing additional infectious disease outbreaks.

A National Review of Successes and Barriers to Pharmacists' Participation in the Vaccines for Children (VFC) Program

INTRODUCTION

Pharmacies serve as an important community-based access point for vaccinations and have the potential to better serve children by participating in the federal Vaccines for Children (VFC) program. While all 50 states allow for pharmacists to vaccinate adults, not all states allow pharmacies to participate in the VFC program, limiting some patients’ ability to easily access the benefits of vaccination. Further, additional barriers such as differing state laws and regulations, retail pharmacy policies and pharmacists scope of practice can limit a state’s ability to deliver vaccinations to VFC-eligible children through pharmacies. The purpose of this document is to summarize common successes and challenges experienced across the U.S. regarding pharmacists’ participation in VFC and delivery of VFC vaccines. Given additional barriers to seeking care due to the COVID-19 pandemic, improving accessibility to vaccination through all pharmacies can be an important step towards preventing additional infectious disease outbreaks.

MAJOR FINDINGS

Out of the 52 states and territories (Washington D.C. and Puerto Rico)

- 34 states allow pharmacists to participate in VFC
- 24 states have age restrictions on pharmacists' vaccinating power
- 30 states restrict pharmacists by either a protocol or prescription policy
**FACTORS FOR SUCCESS**

**Universal Purchase (UP)** – States that have adopted UP and the bulk purchasing of vaccines can reduce the burden on providers who have to finance the up-front vaccine costs. Through UP bulk purchasing programs, providers relish in the benefits of a streamlined vaccine delivery chain and having financially risk-free vaccines, which enhances a provider’s ability to offer more vaccinations to vulnerable populations who utilize the VFC program. (1)

**Lowered Age Restrictions** – In 27 states, pharmacists can administer vaccinations at any age, allowing pharmacists to vaccinate younger children. In Alaska, pharmacists can prescribe and administer all ACIP recommended vaccinations without a protocol or prescription to any age group, resulting in higher overall immunization rates. (2)


**BARRIERS TO SUCCESS**

**Financial Costs** – Participating in VFC is often not a financially viable option for pharmacies. Across the country, many VFC providers report that Medicaid reimbursement is inadequate to cover the costs of administering a VFC vaccine. For each vaccine, VFC providers lose approximately $5-15 dollars. (3)

**Administrative Barriers** – The high administrative burden of enrolling and participating in VFC can often prevent pharmacists from participating in the program. (4) Once enrolled, pharmacists are required to comply with strict mandates surrounding vaccine storage and reporting. In a 2013 survey, 30% of Kansas VFC providers reported that the high administrative burden and cost of maintaining a separate VFC vaccine stock prevented their continued enrollment in VFC. (5)

**Societal Demand** – Many VFC pharmacists have struggled with low eligible patient demand. Many families are unaware that pharmacies can provide VFC vaccines or are discouraged from visiting vaccine providers outside of their medical home. As such, a Kansas VFC provider was forced to drop out of the VFC program because there was not enough demand from VFC-eligible children in their area to make staying in the program viable. (6)


**NEXT STEPS**

**Open Collaboration**
Increasing collaboration between state organizations including state Medicaid and state immunization programs is essential to making the VFC program successful.

**Ensure Reimbursement**
Coordinate with State VFC and Medicaid to ensure adequate reimbursement for services for pharmacists.

**Streamline Enrollment**
Develop clear guidelines and support for pharmacies as they enroll in the VFC program.

**Engage the Community**
Increase demand for pharmacy-delivered vaccinations by advertising VFC vaccination services to families in local communities.

**Respond Now**
Pharmacies can help combat decreasing vaccination rates due to COVID-19 by offering another option for receiving VFC vaccines in their local communities.