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.

As of August 2021, the Public Readiness and Emergency Preparedness (PREP) Act was amended to allow pharmacists the ability to vaccinate children down to the age of 3 with ACIP recommended vaccines. However, for this to reach its potential impact, pharmacists must be enrolled and able to provide vaccinations to VFC enrolled children. This would not only help to increase access to routine vaccines but help to gain back some routine vaccination ground that was lost as a result of the COVID-19 pandemic.

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.
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. Pharmacists often only receive reimbursement for the drug itself, and state and federal systems typically pay physicians more for vaccinations in a primary care setting versus at a pharmacy. For each vaccine, VFC providers lose approximately $5-15 dollars.

Administrative Barriers | The high administrative burden of enrolling and participating in VFC can often prevent pharmacists from participating in the program. 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. For pharmacists to be able to give VFC-enrolled children the COVID-19 vaccine, they must enroll in both the VFC program and the COVID-19 vaccination program and follow each program’s requirements, which vary slightly from program to program. This creates an additional challenge for pharmacists because of the increased complexity of having to enroll and follow the requirements of each individual program.

State Limitations | Part of the VFC Program requirements is that pharmacy sites must have provider visits to document compliance. This makes it more difficult for states because they often do not have enough personnel to be able to keep up with the VFC-required compliance visits. If VFC program expansion and uptake were to increase, some states may have a substantially harder time keeping up compliance visits if the number of VFC providers were to dramatically increase. States would need additional resources given to them in the form of additional personnel or via contractors to support an increase in VFC providers. In addition, individual states often have separate rules and regulations for pharmacists to participate in the VFC program, which makes it harder for pharmacies that operate in multiple states to stay in compliance with each individual state’s regulations.

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.

Lowered Age Restrictions | In 27 states, pharmacists can administer vaccinations at any age, allowing pharmacists to vaccinate younger children. As of August 2021, all 52 states can administer CDC recommended vaccines to children down to the age of 3. In Alaska, pharmacists can prescribe and administer all CDC recommended vaccinations without a protocol or prescription to any age group, resulting in higher overall immunization rates.

FACTORS FOR SUCCESS

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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 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