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Pharmacies: A Vital Partner in Reopening America

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Now that mitigation efforts to address the COVID-19 pandemic have taken hold, the public and private sectors are joining forces to ensure community health and reopen local economies. Successful initiatives aimed at moving beyond social distancing and mitigation measures require greater collaboration by the private and public sectors to scale COVID-19 testing, surveillance, mitigation and develop future preparedness plans.

The White House Coronavirus Task Force released its blueprint for state testing plans and rapid response programs that reinforces the critical roles of the federal and state governments and the private sector in executing a successful national strategy.[1,2] It envisions greater collaboration and coordination between the private sector and all levels of government to create the requisite infrastructure to reopen the nation's economy, while mitigating and defeating the current pandemic and suppressing future outbreaks.

Community pharmacies should remain a critical centerpiece of the COVID-19 pandemic response and future mitigation strategies. Pharmacies continue to collaborate with state and local public health officials on pandemic surveillance and sharing critical information to inform important state health and economic decisions. As our nation moves forward, we proffer that federal and state governments should enhance engagement with pharmacies across the response continuum from scaling community testing to executing a national pandemic immunization plan.

Executive Summary

As recovery strategies are developed, the Trump Administration, Congress, and governors should take additional steps to ensure that pharmacists and pharmacies are fully utilized to provide essential services and support to the national effort to combat the COVID-19 pandemic. States can further leverage these steps by partnering with community pharmacies to the benefit of their citizens, especially those who are socio-economically vulnerable and medically underserved; and modernizing public health infrastructures by removing any remaining, unwarranted barriers to pharmacy care, coverage and payment.

A. Maximize rapid COVID-19 testing operations across all platforms and venues.

1. Scale rapid COVID-19 testing for businesses and local communities while providing a clear and predictable pathway for testing coverage and reimbursement.
2. Deploy testing in socio-economically vulnerable and medically underserved populations.
3. Provide coverage and provider reimbursement to ensure patients have convenient and affordable access to testing.
4. Enact legislation to provide emergency pharmacist provider status in Medicare Part B for COVID-19 and flu testing in order to reinforce pharmacist authority and provide clear reimbursement for pharmacist services.

B. Support public health surveillance and related contact tracing efforts.

1. Conduct state and local serosurveys for public health exposure assessments.
2. Enhance COVID-19 surveillance efforts by federal, state and local government.
3. Model public health community COVID-19 contact tracing programs after existing private-public programs, such as Hepatitis C and human immunodeficiency virus (HIV), where community pharmacies identify new cases and provide warm hand-offs to enable effective continuity for contact tracing and containment.

C. Prepare now: accelerate access to forthcoming COVID-19 vaccines and treatments.

1. The U.S. Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH) or other appropriate entity, should develop national protocols for healthcare providers, including pharmacists, to initiate COVID-19 treatment when appropriate.
2. States should proactively plan ahead by authorizing pharmacists to initiate treatment as recommended by the CDC.
3. States should take the requisite actions to authorize pharmacists to provide treatment and COVID-19 pandemic vaccine to citizens when appropriate, aligned with the CDC's pandemic plans that rely on pharmacies to scale the direct distribution of forthcoming vaccines.
4. The CDC's Advisory Committee on Immunization Practices (ACIP) should pre-emptively recommend the forthcoming FDA-authorized COVID-19 vaccine at their June meeting.
5. While a COVID-19 vaccine is currently covered under Medicare Part B, steps must be taken to ensure coverage and provider reimbursement by state Medicaid programs and private payers.

Discussion

The health of our nation is intrinsically linked to the health of our economy. Shifting from COVID-19 pandemic response and mitigation measures to recovery strategies must be done safely and deliberately, and such efforts must extend across every state from urban cities to rural settings.[3] To be successful, each state's recovery will need to leverage community partners and assets for COVID-19 testing, surveillance, and containment – essential recovery elements that can only be accomplished on the ground and at the frontlines.[4]

With nearly 60,000 pharmacies across the nation, community pharmacies are seamlessly integrated into neighborhoods across the country. In fact, almost 90% of Americans live within 5 miles of a pharmacy. Neighborhood pharmacists are trusted healthcare professionals, who have demonstrated commitment, ingenuity, and innovation. Compelling and longstanding evidence demonstrates that pharmacist-provided care is a fundamental component to the vitality and sustainability of communities.[5,6,7,8] Over the past 10 years, preventive and chronic care roles of community pharmacists have blossomed to encompass point-of-care (POC) testing for HIV, hepatitis C, flu, streptococcus pharyngitis (strep throat) and tuberculosis in more than 40 states, and initiation of treatment, in 17 of the 40 states, for flu and strep throat among other minor ailments. Community pharmacies stand ready to scale COVID-19 testing and related public health response and recovery efforts to safely and efficiently reopen America.

There is substantial consensus that molecular and serologic testing, along with surveillance, mitigation, and containment initiatives, are critical elements to the nation's recovery.[9] Colleagues from the Johns Hopkins Center for Health Security and the Association of State and Territorial Health Officials (ASTHO) agree that to defeat COVID-19 epidemics, the United States needs the following, among other things: (1) convenient access to POC testing; (2) widespread serologic testing to determine infection rates, patterns and immunity; and (3) ability to trace all contacts of reported cases.[10] To augment these elements, many experts also call for the establishment of a national COVID-19 Surveillance System to achieve containment and prevent future outbreaks.[11]

This paper outlines three key operational considerations for the Trump Administration, Congress, and governors as they develop recovery plans aimed at unlocking the national economy and local economies while still protecting the health of communities. As states consider future actions, thought leaders should strive toward uniformity to the greatest extent possible, as doing so allows for more seamless participation from private sector partners, especially those operating across multiple states.

1. Scaling of Rapid COVID-19 Testing Operations from Community Pharmacy Businesses to Socio-Vulnerable Populations

The vast expansion of community COVID-19 testing capacity and access is essential. That message has been echoed loud and clear by public health and business leaders and is front and center in the White House's Blueprint: Opening Up America Again.[12,13] To meet the demand from government, employers, and individuals, pharmacies already are scaling testing with plans to double output of tests in just a few weeks from the benchmark of 4 million tests per month set on April 27, 2020. Federal officials anticipate that by leveraging the full capacity of testing settings and available technology, as many as 2 million tests per week could be conducted across the country by the end of May 2020 to give the American people confidence that we can reopen businesses and local economies more broadly.

The White House also recently reaffirmed the U.S. Department of Health and Human Services' (HHS') April 8, 2020 guidance, authorizing pharmacists to order and administer COVID-19 tests, including serology tests. In so doing, the White House requested that governors fold neighborhood pharmacies into their testing plans broadly, and also through their state Medicaid programs to extend the reach of public-private partnerships to some of the most vulnerable and at-risk populations. Recently, the Bipartisan Policy Center's Rural Health Task Force published recommendations emphasizing the need to leverage existing community healthcare providers in rural health areas. The Task Force recommended removal of legislative and regulatory barriers preventing providers from utilizing their full skillsets and to expand Medicare provider types to also include pharmacists as vital team members needed to sustainably increase access to care.[14] Pharmacies already reach underserved and vulnerable communities, sometimes as the only local provider of care. Thus, leveraging pharmacy-based testing is imperative to reach more citizens in neighborhoods nationwide, including minority communities disproportionately impacted by the virus.

As the federal government noted, 68% of the commercial POC testing sites are in areas of moderate or high social vulnerability, with 22% serving the highest socially vulnerable communities.[15] Chain pharmacy executives have echoed similar remarks, noting that the

virus disproportionately affects minority communities, and pledged further commitments to partner with others and implement capabilities to close the gap. By utilizing pharmacies, testing capacity can be meaningfully extended to more communities with the greatest needs for testing access. Several industry leaders have already made commitments to rapidly expand pharmacy testing operations – in some cases doubling or tripling output, offering tens of thousands of tests per week and opening sites in every state and more than a thousand locations by the end of May 2020. Many more neighborhood pharmacies – chain and independent – stand ready to immediately scale COVID-19 testing as more commercial testing supplies becomes available across the United States. This ability to scale is possible because pharmacists currently provide a variety of CLIA-waived tests to patients for flu, HIV, hepatitis C, tuberculosis, strep throat, and others in more than 40 states.[16,17] Since the onset of the COVID-19 pandemic, almost 30 states have taken affirmative action to ensure pharmacists and pharmacies have full ability to order and administer COVID-19 testing and expand capacity. However, some unintended state specific restrictions still impede broader testing.

In addition to the landmark guidance provided by HHS, Congress and the Trump Administration should move quickly to enact legislation to establish pharmacists as providers in Medicare Part B for the purposes of COVID-19 and flu testing. This would further bolster an important access point for care for those afflicted by COVID-19 as well as supplement a national health care system that is severely overburdened and overtaxed by the response to the virus. The legislation would further reinforce HHS' guidance as well as provide clarity on pharmacy reimbursement for such services. This action is especially important to ensure proper patient care as pharmacies test patients that present symptoms common to both COVID-19 and flu. This will be an even more critical need as the seasonal flu arrives in the fall.

COVID-19 Testing Molecular Testing: There are multiple COVID-19 tests for different platforms and settings allowing broader access to the public. Pharmacies and pharmacists are providing molecular tests to individuals via mobile and outdoor testing models – a strategy consistent with federal infection control guidance – which reduces strain on other healthcare settings during this pandemic response, such as clinics, urgent care, and emergency rooms. Further, patients benefit from increased access, with more testing options becoming available

through pharmacies in neighborhoods during non-traditional office hours. As of April 27, 2020, more than 70 of these pharmacy locations existed across several states, with that number anticipated to rise rapidly into the thousands across all 50 states and Puerto Rico by the end of May 2020.

As a result of robust public-private partnerships, the commercial availability of testing supplies and innovative testing technologies will continue to rapidly expand to meet the needs of states for months. Here are some ways that pharmacies are delivering these COVID-19 tests to healthcare workers, first responders, symptomatic patients, and others who may be eligible for testing:

- Individual remains in car, while pharmacy staff:
  - Administers rapid POC test and lab partner or pharmacy provides results;
  - Provides self-swab test kits, collects specimen and sends it to partnering laboratory for coordination/analysis; or
  - Collects nasopharyngeal specimen and sends specimen to partnering laboratory for coordination/analysis.
- Individual remains home and conducts a test authorized for home use, in coordination with telepharmacy or telehealth to provide remote care while physically distanced.

Serologic Testing: For serology or antigen testing of asymptomatic, recovered individuals or the general public, tests may occur inside the pharmacy, as these individuals pose little or no risk of transmitting the virus to others. Such tests are critical to state and regional decision-making about loosening social distancing requirements and reopening businesses with confidence. As the technology for serologic POC tests continues to evolve, pharmacists stand ready to conduct such tests. Most of the POC serologic tests are similar to a home diabetic finger prick blood screen where small drops of blood are mixed with a reagent in a POC testing device that resembles a pregnancy stick. The U.S. Food and Drug Administration (FDA) has yet to approve a CLIA-waived COVID-19 serology POC test; however, the agency anticipates a CLIA-waived POC test or home serologic test will become authorized shortly. CLIA-waived POC serologic testing will also be an important tool to monitor community

exposure patterns and conduct public health assessments in an effort to broaden population screening beyond the current testing methods conducted in laboratories.[18,19] Given the convenience and simplicity of using FDA-approved home tests, pharmacists should be leveraged to expand access to testing via telepharmacy. Pharmacists can support patients through the end-to-end testing process; thereby increasing access to care, especially for rural and medically underserved populations.[20] As states continue to practice social distancing measures, utilizing telepharmacy to enhance testing capacity provides great benefits to our citizens and the nation.

As a tool to reopen communities, some have argued for development and use of a "health passport" that would identify whether a person has antibodies to the novel coronavirus, among other relevant information. If such a concept were adopted in the United States, an infrastructure would need to be developed to ensure that: health disparities were not exacerbated for socio-economically disadvantaged and vulnerable communities and vaccination status for flu, pneumonia, or other pertinent immunologic information, could help to empower a subset of the population to return to work or travel with minimized risk. To date, one country has implemented a passport concept, while others are exploring similar concepts like electronic wristbands or use of cell phone data to indicate health status.[21,22,23] The evidence on such concepts is still inconclusive. It is not clear how long COVID-19 immunity may last, but for SARS and MERS, antibodies were found for 2 and almost 3 years respectively.

Actions to Support Community Pharmacy Testing

- States should remove any remaining impediments to community pharmacy testing (e.g. laboratory requirements, clear runway to order and test, biomedical waste issues, et al.).
- States should ensure community pharmacy testing is available in state Medicaid programs to address at-risk and vulnerable populations.
- States should facilitate partnerships among community pharmacies, local businesses, and public health officials to unlock the state's full capacity, especially as businesses are restarting their workforce.
- States should deploy community pharmacies to test specific socioeconomic, at-risk and medically underserved populations.
- States should ensure scalability and sustainability of testing and establish coverage and reimbursement of pharmacy testing.

2. Pharmacies Well-Positioned to Support Public Health Surveillance and Related Contact Tracing Efforts

To enhance surveillance models to monitor COVID-19 transmission, states also will need appropriate rapid response programs to contain and conduct contact tracing of COVID-19-positive patients. The White House blueprint explains how contact tracing efforts need to be strengthened to help prevent or contain further outbreaks, especially in vulnerable populations. As one of the most frequently visited and trusted members of the healthcare team, pharmacists are well educated and trained to assist in contact tracing by providing warm hand-offs to public health partners.

Equally important is the need for the federal government, namely the CDC, to enhance private-public partnerships to develop a national surveillance COVID-19 system. Strong partnerships among pharmacy and public health agencies already exist. These relationships were strengthened after the 2009 H1N1 pandemic response[24] as a result of the tremendous value community pharmacies brought to this CDC-led effort. Today, pharmacies routinely share testing data with public health and primary care physicians. These healthcare entities already comply with test data reporting requirements by state, local, and federal mandates, and provide vaccination data to state registries and controlled substance data to state prescription drug monitoring programs. A national COVID-19 surveillance system would allow for data reporting into a single, unified national repository to be shared with appropriate states and localities. For entities, such as pharmacies, hospitals and health systems that operate across multiple states, a single, unified national data reporting repository would allow for more seamless information sharing with fewer administrative burdens.

In addition, several public health programs have engaged community pharmacies. For example, in public health HIV and hepatitis C programs across the country, community pharmacies not only test for these conditions, they also provide warm hand-offs to local and state public health officials for patients who screen positive.[25,26] The models for these important public health programs can easily serve as the foundation for local and state COVID-19 Test, Track, Trace and Isolate Programs. As such, pharmacies will support

seamless continuity of patient care while also sharing data for disease surveillance with public health officials, enabling them to effectively and efficiently monitor, track, and trace positive COVID-19 cases in a timely manner. Community pharmacies can therefore serve as an essential bridge between patients with a reactive test in the community and public health officials working to contain the spread of COVID-19.

For citizens residing in medically underserved areas and for socio-economically vulnerable, at-risk populations, numerous social determinants of health prevent them from receiving the necessary testing and care they deserve. Not only can neighborhood pharmacies provide these populations with access to needed testing services, they also can support contact tracing efforts that contribute toward equitably implemented public health disease surveillance efforts in communities across the nation. Leveraging pharmacists to perform COVID-19 testing will also increase the number of reporting entities within communities and states, leading to clearer snapshots of how cities, counties and states overall are dealing with the pandemic. Another worthy consideration is to link complete data sharing to payments to healthcare professionals to accelerate progress in building surveillance systems. Key data elements include transmitting interoperability information, such as test results, symptoms, and date of onset, among others. This is information that pharmacies can easily gather as frontline caregivers and send along electronically to a national surveillance system.[27] Lastly, in order to ensure seamless and coordinated mitigation efforts, it would be helpful for pharmacists to have unrestricted read and write access to the data reporting systems used by physicians and public health officials.

Actions to Further Increase Surveillance and Test and Trace Efforts

- The CDC, in coordination with other public health agencies, should enhance private and public partnerships to develop a national COVID-19 surveillance program, allowing for data reporting into a single, unified repository to be shared with appropriate states and localities. In so doing, consider linking surveillance data to healthcare professional payments.
- Model local COVID-19 contact tracing programs after existing private and public programs, such as hepatitis C and HIV, where community pharmacies identify new cases and provide warm hand-offs to enable effective contact tracing and containment.
- Garner alignment and support for modernizing the public health surveillance system and infrastructure.

3. Prepare and Plan: Accelerate Access to Forthcoming COVID-19 Vaccines and Treatments via Community Pharmacies

One of the critical lessons learned in this pandemic is that we must prepare and plan for the future. That requires the federal and state governments to establish frameworks, tools, and plans to mitigate not only the existing pandemic, but also to suppress future outbreaks. States should set forth important actions in their recovery plans to proactively care for their citizens who test positive for COVID-19 based on public health recommendations and guidelines. When evidence-based treatment options become available, community pharmacies should have the authority to order and administer COVID-19 tests and when appropriate, provide treatment, much like they do for flu and strep throat. Ample evidence supports the ability of pharmacists to adhere to guidelines for assessing, testing and initiating treatment for certain minor conditions. In fact, 17 states already allow pharmacists to test and initiate treatment for conditions, such as flu and strep throat. Pharmacy-based testing and treatment ensures the patients who require more care are linked appropriately to the care setting that best meets their needs. Where possible, mild and routine cases can be handled by community pharmacists to help preserve capacity at hospitals and urgent care clinics. Further, while we wait for promising treatments and vaccines to be developed, pharmacies and pharmacists should be leveraged to provide mental health screening, administer injectable medications and infusions for specialty medications to support the expected increasing demand for mental health care services.

States must consider how they can best prepare to deliver access to care for citizens when treatment for COVID-19 becomes available. Authorizing pharmacists to initiate treatment based on test results and related recommendations and guidelines, when available, will empower communities nationwide to effectively and efficiently test, treat, and triage citizens appropriately to optimally care for patients across more neighborhoods, while judiciously utilizing inpatient resources. At least two states already confirmed that pharmacists can safely and effectively provide treatment via a CDC or NIH protocol or another deemed manner, once

available. These actions build off a 2015 CDC Pandemic Exercise where the CDC concluded that preparedness planning should consider pharmacies for pandemic vaccination and antiviral medication dispensing.[28]

To ensure proper access, states should require insurance plans and state Medicaid and employee programs to provide coverage and reimbursement for COVID-19 treatment, when initiated by pharmacies. States must plan and act now to ensure patients have accelerated access to forthcoming treatment.

While current efforts remain focused on expanding access to COVID-19 testing and treatment, looking downstream the nation needs to have a clear and predictable pathway for the distribution and administration of any forthcoming COVID-19 vaccine, when FDA-authorized and available. Making a vaccine readily available to the public, as quickly as possible to prevent additional infections and future outbreaks, will be a monumental step towards defeating and containing this pandemic. Plans should be in place to prevent any delay in mass vaccination distribution and administration plans. Hence, in anticipation of a clear and predictable CDC COVID-19 Pandemic Immunization Plan, each state should remove any unintended barrier to the administration of a COVID-19 vaccine by pharmacists and provide a clear pathway for coverage and reimbursement. This process should be free from being encumbered by needless regulatory barriers, unwarranted administrative burdens and unresolved payment and coverage issues. At the federal level, HHS should issue guidance under the PREP Act authorizing community pharmacists to order and administer vaccines to people of all ages, just as the agency authorized pharmacists to order and administer tests.

As aptly demonstrated during the CDC 2009 H1N1 Vaccine Pharmacy Initiative, community pharmacies can safely scale up immunization efforts during a pandemic by using their distribution networks and local presence. The salient aspects of the program were:

- The CDC 2009 H1N1 Vaccine Pharmacy Initiative accounted for 23% of all vaccines distributed at that same time period when delivering such care was relatively new to pharmacies.

- The CDC distributed about 5.5 million doses to 10 large pharmacy chains over a 3-month period, which was in turn distributed to over 10,700 retail stores.

These efforts showcased the meaningful impact pharmacists can have on increasing vaccination uptake during pandemics.

Since 2009, CDC experts have engaged in extensive pandemic vaccine modeling and have quantified the impact of pharmacy vaccine contributions.[29,30,31,32,33,34] One pivotal study indicated that community pharmacies can mitigate against 23.7 million pandemic symptomatic cases, yielding a cost savings of almost $100 billion.[35] Additionally, the model illustrated that by extending pharmacy hours, the nation could make an even greater impact. With respect to this latter point, another study concluded that 30.5% of vaccine doses dispensed during a one-year period by a chain pharmacy were administered during nights, weekends, and holidays. The study also found that 17.5% of all vaccinations were administered during lunch hours of 11am and 1 pm; and uninsured patients were more likely to be vaccinated during off-clinic hours than individuals with insurance.[36] Another pivotal CDC Pandemic Influenza Vaccine Study showed that weekly national vaccine administration capacity increased to 25 million doses per week when retail pharmacist vaccination capacity was included in the model. Importantly, the study also established that time to achieve 80% vaccination coverage nationally was reduced by seven weeks, assuming high public demand for vaccination.[37] Thus, it is clear that pharmacies should continue to play a critical role in the forthcoming COVID-19 pandemic vaccination plan to ensure more timely access to the vaccine in neighborhoods across the country. Lastly, today, many community pharmacies also deploy mobile vaccine programs that can be tailored to those in underserved, vulnerable communities.

Further, vaccination at pharmacies is lower cost for patients and the U.S. health system. In the Department of Defense's (DoD's) final rule expanding the authority of retail pharmacies to provide vaccinations, the DoD estimated saving more than $1.8 million by vaccinating at pharmacies rather than through the medical benefit in the first six months.[38] Community pharmacies are authorized to provide adult vaccines in all 50 states for flu, pneumonia and shingles. However, there are some antiquated state restrictions that still exist, which could prevent pharmacists from immediately providing a forthcoming, FDA-authorized COVID-19 vaccine to all patients. States should take the requisite actions to authorize pharmacies to engage fully with the CDC to execute COVID-19 pandemic vaccine plan to accelerate immunization of its citizens as the treatment becomes available and to ensure pharmacies are included in the direct distribution of the forthcoming vaccine.

Importantly, ACIP, supported by the CDC, should preemptively recommend any forthcoming FDA-authorized COVID-19 vaccine at their upcoming June meeting. This action would have important public health and pandemic containment implications as many state pharmacy vaccine policies are premised on ACIP's recommendations. Thus, if ACIP preemptively recommends FDA-authorized COVID-19 vaccines, pharmacists would be permitted in half of the states to administer the forthcoming vaccine.

Lastly, the federal government should ensure coverage and reimbursement for a COVID-19 vaccine. COVID-19 vaccine administration is currently covered under Medicare Part B. However, more steps are needed to provide coverage by state Medicaid programs and private payers.

Actions to Prepare Now: Accelerate Access via Community Pharmacies of Forthcoming COVID-19 Vaccines and Treatments

- The CDC, the NIH or other appropriate entity, should develop national protocols for healthcare providers, including pharmacists, to initiate COVID-19 treatment when appropriate.
- States should proactively authorize pharmacists to initiate treatment for COVID-19 as recommended by the CDC.
- Insurance plans, such as Medicare, and state Medicaid programs should be required to cover COVID-19 treatment, when initiated by pharmacies, without undue burdens for patients, such as out-of-pocket costs.
- HHS should issue guidance under the PREP Act authorizing community pharmacists to order and administer vaccines to people of all ages without needless restrictions, just as the agency authorized pharmacists to order and administer tests.
- States should take the requisite actions to authorize pharmacies to engage fully with the CDC to execute a COVID-19 pandemic vaccine plan to accelerate immunizations of its citizens as the treatment becomes available and ensure pharmacies are included in the direct distribution of forthcoming vaccines.
- CDC's ACIP should pre-emptively recommend the forthcoming FDA-authorized COVID-19 vaccine at their June meeting.
- While a COVID-19 vaccine is currently covered under Medicare Part B, steps must be taken to ensure coverage by state Medicaid programs and private payers.

Conclusion

As aptly noted by HHS Secretary Azar, "Pharmacists play a vital role in delivering convenient access to important public health services and information. The Trump Administration is pleased to give pharmacists the chance to play a bigger role in the COVID-19 response, alongside all of America's heroic healthcare workers."[39] Pharmacies and pharmacists are privileged to provide expanded access to care while serving their communities and nation during this unprecedented time. As states consider recovery plans to safely reopen, we urge them to recognize the tremendous value of pharmacies and remove any remaining barriers and limitations on accessing COVID-19 testing and forthcoming treatment and vaccines. States should deploy pharmacies and pharmacists to their fullest extent to contain and defeat the COVID-19 pandemic and ensure the health of communities and the health of our nation.

About NACDS

The National Association of Chain Drug Stores (NACDS) represents traditional drug stores, supermarkets and mass merchants with pharmacies. Chains operate over 40,000 pharmacies, and NACDS' over 80 chain member companies include regional chains, with a minimum of four stores, and national companies. Chains employ nearly 3 million individuals, including 155,000 pharmacists. They fill over 3 billion prescriptions yearly, and help patients use medicines correctly and safely, while offering innovative services that improve patient health and healthcare affordability. NACDS members also include more than 900 supplier partners and over 70 international members representing 21 countries. Please visit NACDS.org.

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