

State of Wisconsin
Department of Health Services

Tony Evers, Governor
Andrea Palm, Secretary

TO: Members of the Assembly Committee on Health

FROM: Andrew Hoyer-Booth, Legislative Director, Department of Health Services

DATE: January 20, 2021

RE: 2021 Assembly Bill 5, relating to: facilitating and prioritizing COVID-19 vaccine distribution

Chairman Sanfelippo and members of the committee, thank you for the opportunity to provide written testimony for information only on Assembly Bill (AB) 5.

As Assistant Deputy Secretary (ADS) Olson mentioned during her testimony at the committee hearing last Thursday, the COVID-19 vaccine distribution is a complex logistical undertaking involving federal, state, and local partners. Most importantly, the distribution process relies on sufficient vaccine supply and allocation from the federal government as well as advanced notice of that supply so that vaccinators can appropriately plan their vaccine clinics. These factors will have the greatest impact in the amount of time necessary to immunize our state at the level needed to get back to our Wisconsin way of life and are currently the principal limiting factors.

The provisions in AB 5 do not address this critical limitation, and, in some cases, duplicate existing streams of work. The vaccination effort is evolving rapidly and needs to remain nimble. A great deal has changed since the committee's hearing just 6 days ago and adding legislative rigidity to fluid processes will not expedite vaccine administration.

Assembly Bill 5 proposes a number of changes to the state's current framework for prioritizing individuals eligible to receive the COVID-19 vaccine. It also requires the Department of Health Services (DHS) to implement a statewide platform allowing individuals to make appointments to receive the vaccine and requires DHS to develop and submit, by February 28, 2021, a plan to the legislature to begin vaccination of the general public no later than March 15, 2021.

As it relates to the prioritization of vaccine distribution, AB 5 includes three provisions. First, it requires the Department to include individuals 60 years of age or older in the highest level - phase 1a - of prioritization for the COVID-19 vaccine. Yesterday, DHS announced that Wisconsinites 65 years or older will be eligible for the vaccine starting on Monday, January 25th. This announcement is in-line with recent recommendations from the Health and Human Services Department (HHS) and is lower than the age recommended to states (75+) by the Advisory Committee on Immunization Practices (ACIP) for prioritization within phase 1b. There are more than 700,000 Wisconsin residents 65 years of age or older. Depending on the timing of the passage of this bill, the state may already have expanded to individuals 60 years or older. Alternatively, if the state is still in phase 1b, the differing age recommendations could create confusion for individuals and vaccinators.



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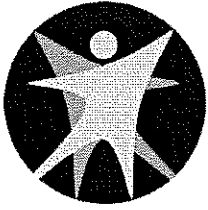
The second prioritization provision requires the Department to allow vaccinators to administer COVID-19 vaccines to individuals in the next level of prioritization, under either ACIP's recommendations or recommendations issued by DHS, if the demand for vaccines in the current level of prioritization is satisfied. Each week, the Department surveys our vaccinators regarding their allocation needs for the following week. This survey includes their ability to store the vaccine and schedule vaccine clinics for eligible groups. While we have expanded eligibility into phase 1b and will continue to expand to additional groups, vaccinators should not be requesting more vaccine than they need. Expanding into phase 1c and beyond when we know there are individuals across the state in phase 1a and first responders such as police and fire that have not received the vaccine is not a prudent approach and may incentivize vaccinators to request more than they can use in a week.

AB 5 would also allow pharmacies participating in the federal Pharmacy Partnership for Long-Term Care Program to administer the vaccine to residents and staff of assisted living facilities before completing administration to all nursing home staff and residents. As ADS Olson mentioned in her testimony last week, DHS has already authorized the partner pharmacies vaccinating for the Pharmacy Partnership for Long-Term Care Program to vaccinate within assisted living facilities if they have additional vaccine. The Department has also authorized the vaccination of residents and staff in attached independent living facilities which are on the same campus as a skilled nursing facility or assisted living facility. This flexibility maximizes efficiency when scheduling vaccine clinics in long-term care settings. Additionally, residents and staff in 89% of the state's skilled nursing facilities have already received their first dose and vaccinations in assisted living facilities will begin more broadly starting next Monday.

With regards to a centralized vaccine platform that can register eligible individuals and connect them with vaccinators, the Department has been working with a vendor to implement a comparable system and anticipates that it will be online in a few weeks. Specifying the exact capabilities of the platform could jeopardize this existing contract and potentially add costs if specific customizations are needed.

Lastly, Assembly Bill 5 requires DHS to submit a plan to the legislature to begin vaccination of the general public no later than March 15, 2021. The Department submitted a vaccination plan to the Centers for Disease Control and Prevention (CDC) in October of 2020. This plan describes our phased approach to the vaccine rollout and why it is necessary until supply increases. It also includes a plan for how the Department plans to scale efforts and administer COVID-19 vaccine to the general public when it becomes more broadly available. This includes utilizing mobile vaccination clinics, community-based vaccination sites, hospitals and health care systems, pharmacies, local and tribal public health and contracting with a vendor to provide mass vaccination clinics. For reference, this plan was shared with the committee following the public hearing last week and it is also available on our website.

Despite the complexity and challenges pertaining to the amount of vaccine the state will receive week-to-week, vaccinators across the state have administered 248,185 doses of COVID-19 vaccine to Wisconsinites. As ADS Olson mentioned last week the Department has a vaccine administration plan and



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is executing on that plan. According to the Bloomberg global vaccine tracker, Wisconsin has administered 56.7% of the doses it's received. This percentage is above the national average and one of the highest rates in the Midwest. Increasing the amount of vaccine coming into our state will accelerate the vaccination of our state's residents. Until then, patience and continued COVID-19 precautions like handwashing, mask wearing, and social distancing will help protect against the spread of COVID-19.



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Wisconsin State Assembly Committee on Health January 20, 2021

Thank you Chairman Sanfelippo and members of the committee for the opportunity to again testify before your committee, I am Kimberly Walz, Regional Director of Government Relations for Walgreens. I represent 8 states including Wisconsin.

Walgreens is proud to be a part of Wisconsin's unprecedented COVID-19 Immunization efforts. As of Monday of this week, we have already immunized over 32,000 residents of your long-term care facilities, with another 177 clinics scheduled in the next 7 days alone.

But there is still work to be done. A lot of work remains to be able to reach the 5.8 million residents across the state that need protection from this devastating virus.

Assembly Bill 4 & 5 greatly enhances the ability of providers, such as Walgreens, to be able to assist with these vaccination efforts in the most efficient way possible.

2021 Assembly Bill 4

We are in support of 2021 Assembly Bill 4, which would codify the ability of pharmacy technicians to administer vaccines. It also allows pharmacy students who have completed 2 years of school to administer vaccines under the supervision of a health care professional authorized to provide the vaccine.

Currently the majority of our COVID vaccination efforts are at clinics onsite at long-term care facilities. As we move into additional phases, we will have on-site clinics at facilities such as schools, government buildings and/or businesses. We will have in-store vaccinations and we will assist with mass immunization efforts at state or city-wide clinics.

The ability to have pharmacy technicians and pharmacy students assist is crucial. It would be impossible to have the majority of all of these immunizations occur in a timely manner with just pharmacist support.

We currently have 300 pharmacy technicians who are able to administer the vaccine through a temporary order with another 800 completing their training. Assembly Bill 4 codifies this authority for this crucial staffing resource.

This is important not just for the COVID vaccine, but also the flu vaccine. Typically, during flu season, we dramatically increase the number of pharmacists on staff during the months of August – September. In Madison alone, this is over 60 pharmacists needed to meet the demand over two months for flu vaccines. This bill would allow us to have greater flexibility with our pharmacy technicians and with pharmacy students to assist in these efforts.



2021 Assembly Bill 5

Walgreens is in support of efforts to allow for the most efficient and effective mechanism to immunize the populations. Assembly Bill 5 contains provisions that would enhance our ability to provide immunizations to Wisconsin Residents.

In Section 2, the bill allows for the administration of vaccines to individuals in the next level of prioritization if adequate vaccine resources are available. This flexibility is important, as there are often regional variations in how quickly vaccines are administered, often dependent on external variables. We support this added flexibility that allows us to utilize remaining doses on populations eligible in future phases.

Section 3 allows pharmacies to simultaneously administer COVID vaccines in other registered long-term care facilities other than nursing homes if it allows for greater efficiencies. We are also in support of this section. The state recently granted us the authority to administer in facilities outside of Skilled Nursing Facilities and we are eager to vaccinate these vulnerable populations as quickly as possible.

Section 6 allows for faster processing of applications for vaccinators. As we move into future phases, the ability for additional providers, including additional pharmacies, to be a part of this monumental task is mission critical. Allowing applications to be processed faster would allow more providers to be brought into the vaccination process sooner, allowing for faster immunization of the public.

We are neutral on Section 1 (Prioritization) as we believe the states are best equipped to determine their most at-risk populations.

We are also neutral on Section 4 (Centralized Vaccine Administration Process) and Section 5 (Vaccine Administration Plan) as we believe the state, whether it be HHS or the legislature, can best understand the internal and forward facing processes necessary for administration.

As I mentioned last week, we are proud to be a part of this effort. Walgreens was recently selected by the Federal Government to be the federal partner for 1b in the State of Wisconsin and we look forward to continuing to build a healthier Wisconsin alongside you.

COVID-19 vaccines will eventually be available in all of Walgreens more than 9,000 store locations once they become available for mass administration. At that time, individuals will be able to schedule vaccination appointments through the Walgreens app or online.



Wisconsin Assembly Committee on Health:

2021 Assembly Bill 5 (LRB 1510/1)

Testimony Submitted by:
John Sauer, President/CEO
LeadingAge Wisconsin
January 20, 2021

Good afternoon Chairman Sanfelippo, Ranking Member Subek and members of the Assembly Committee on Health. My name is John Sauer and I have the privilege of serving as the President/CEO of the LeadingAge Wisconsin, a statewide Association representing mission-driven nursing homes, assisted living facilities and other community-based providers in Wisconsin. In total, the Association represents over 550 nursing home, assisted living, senior housing, and other community-based providers serving older adults and individuals with a disability throughout the State.

We appreciate this opportunity to provide comments on 2021 AB 5. Our comments are directed to page 3, Section 3 of the AB 5.

LeadingAge Wisconsin supports Section 3 of AB 5 which would specifically allow pharmacies operating under the federal Pharmacy Partnership for Long Term Care to simultaneously administer the SARS-CoV-2 coronavirus vaccines to assisted living facility residents and staff and any other long-term care facility residents or staff included under the program. This provision would ensure that all individuals residing on a campus with more than one level of care/service could receive the vaccine on the same day. For example, we believe Section 3 would have addressed situations in which the pharmacy visited a long-term care campus to vaccinate the nursing home residents but assumed they could not at the same time also vaccinate assisted living or independent living residents residing on the campus (Note: The assisted living residents will be covered under Part B of the Pharmacy Partnership program which begins on January 25, 2021). Thus, the intent of Section 3 is to avoid unnecessary visits to long-term care campuses and enable the pharmacies to more efficiently vaccinate older adults.

It should be noted the Department of Health Services (DHS) has announced it has directed the pharmacies operating under the Pharmacy Partnership program to administer the vaccine to all residents and staff on the long-term care campus, including residents of the nursing home, assisted living and/or independent living facilities. We understand this policy is now possible because the State has banked or reserved a sufficient number of vaccines necessary under the parameters set forth by federal Pharmacy Partnership program.

Again, thank you for the opportunity to share my remarks today. I am happy to address any questions you may have or provide additional information to the Committee as requested.



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Memorandum

January 20, 2021

TO: Assembly Committee on Health
FR: Kristine Hillmer, President and CEO
RE: Comments on Assembly Bill 5

The Wisconsin Restaurant Association represents over 7,000 restaurant locations statewide. Our organization represents all segments of the restaurant and hospitality industry; our membership includes food establishments of all types and sizes, such as seasonal drive-ins, supper clubs, diners, locally owned franchisees, fine-dining and hotels/resorts. Over 75 percent of our membership are independent restaurants. Regardless of ownership type, all restaurants are the cornerstones of their neighborhoods and communities. Restaurants not only provide great food, drink and hospitality, they support schools, teams, charities and churches with fundraising and donations. They provide meeting places to celebrate, mourn and organize, or just provide a safe, tasty meal for a busy family.

We know you are aware of the toll the COVID-19 pandemic has taken on the entire hospitality and tourism industry. The vast majority of restaurants have seen steep declines in their sales, price increases in supplies and services and in some places, severe restrictions on their ability to be open and safely serve customers. It seems like every time we turn on the news or read publications, public health officials across the country are scapegoating restaurants and other public facing businesses as places to avoid, or even worse, close in order to protect the public.

The Marquette Law School poll states that over 50 percent of Wisconsinites are not willing to dine in restaurants. Like many of you, we hope that the roll out of vaccines across the state will help Wisconsin beat back this virus and help consumers and businesses start to recover from the emotional and economic havoc it has played upon us all.

The WRA supports AB 5 because it follows federal recommendations. Attached to this testimony, you will see the letter we sent to DHS Secretary Palm about the need for Wisconsin to utilize the Department of Homeland Security Cybersecurity & Infrastructure Security Agency's guidance on who should be deemed as essential workers. This guidance was used by the Center for Disease Control's Advisory Committee on Immunization Practices (ACIP) to issue its recommendations for vaccine prioritization. We support AB 5, because it allows those who possess vaccines to use common sense and distribute vaccines to those who need it utilizing the ACIP guidance issued by the CDC in addition to state guidelines. Unlike the Department of Health Service's current SDMAC plan under consideration, many of the essential workers defined in phase 1B of the ACIP plan, are not included in SDMAC's plans for vaccine distribution in Wisconsin. As we asked in our letter to Secretary Palm, we are very concerned by the SDMAC's significant deviation from federal recommendations.

While we are disappointed that ACIP moved restaurant employees to phase 1C, rather than keeping them with the rest of food workers in phase 1B, the federal guidance does provide a plan that uses a consistent

rationale in fighting this disease and provides prioritization of vaccine rollout in a way that protects essential workers and the most vulnerable. AB 5 does allow Wisconsin to fix that error in judgement by ACIP and confirm that restaurant workers are included in phase 1B

On page 2, line 15 and page 3, line 1, the bill lists food and agricultural worker as an essential worker. Based on Homeland Security's CISA agency guidance, restaurant workers would be included in this group. We ask that the committee consider either referencing the CISA definitions or further defining food and agricultural worker. While we know that a restaurant worker is included in that category, not every vaccine provider in Wisconsin will understand it.

We are concerned that AB 5 has a timeline that requires DHS produce a final statewide plan by March 15. The information from Homeland Security and CDC has been available for many months. We would argue the department has had the federal guidance since last fall and it should be able to produce a plan for the state in a quicker manner. Our employees and customers need access to vaccine now – if we keep pushing the implementation timeline out more months, more folks will permanently lose their livelihoods or worse, their lives.

Thank you for the opportunity to provide you input on this bill. Please contact us with questions you may have.



MEMO

TO: Assembly Committee on Health
FROM: Chris Reader, Senior Director of Workforce and Employment Policy, WMC
RE: Testimony in support of Assembly Bill 5
DATE: January 20, 2021

Chairman Sanfelippo and members of the committee, thank you for the opportunity to testify on Assembly Bill 5 this afternoon. I am before you today on behalf of the members of Wisconsin Manufacturers & Commerce (WMC) to offer our support for Assembly Bill (AB) 5, in particular the requirement that the Department of Health Services follow the federal Advisory Committee on Immunizations Practices (ACIP) recommendations on frontline essential workers.

WMC has 3,800 member employers from every corner of the state, of all sizes, and from every sector of the economy. Approximately half of our members are manufacturers, the backbone of our state's economy. With two vaccines now being distributed, and additional vaccines close to having federal approval, manufacturers are closely watching the state vaccine prioritization process so they can begin normalizing workplaces once again.

Our members were disheartened to see that manufacturing employees were excluded from Phase 1 B of the State Disaster Medical Advisory Committee Vaccine Subcommittee's (SDMAC) initial vaccine distribution recommendations.

A great number of Wisconsin manufacturers have continued their operations as essential employers throughout the COVID-19 pandemic, keeping their employees safe by putting in place necessary safety procedures to mitigate the spread of COVID-19 in the workplace. By keeping their operations going, manufacturers helped keep the economy going during the pandemic. When the state called for more personal protective equipment (PPE) resources, manufacturers stepped up to meet the need and provided vital products and supplies to help keep Wisconsin businesses and residents safe, sometimes transforming operations to manufacture more PPE. Due to these efforts, manufacturers have helped ensure that Wisconsinites have access to the goods and services they have depended on throughout the last very difficult 10 months.

The ACIP recommendations recognize the essential role of manufacturers and others and identified them as a high-risk category because their work-related activities must be performed in person and in close proximity to others. In particular, ACIP included workers who they found to be essential to the functioning of society and also at a substantially higher risk of exposure within their definition of frontline essential workers. This recommended list includes first responders, education, food & agriculture, manufacturing, corrections workers, USPS workers, public transit workers, and grocery store workers.

Yet, despite stepping up and keeping the economy and the supply chain strong during the health pandemic, and despite being part of the federal ACIP recommendations, manufacturers have to date been excluded from the state's vaccine distribution plan for Phase 1B. Hundreds of thousands of manufacturing workers are essentially being told by the state that they are not critical. This is wrong. If any group of essential workers has earned their spot in the Phase 1B distribution, it is manufacturing workers.

In early December and again last week, we sent letters to DHS urging the department to follow the Essential Critical Infrastructure Workers Guidance Version 4.0 from the federal Cybersecurity & Infrastructure Security Agency (CISA) when developing the vaccine distribution plan for Phase 1B. We also submitted comments this week urging the vaccine subcommittee to follow the federal guidance and ensure manufacturers are part of the frontline essential worker group. While we appreciate the work put into the vaccine distribution plan by the Department, it is an imperative that the final plan follow the ACIP recommendations and include ACIP recommendations for Phase 1B. If it does not, we ask this committee to pass AB 5 to ensure that frontline essential manufacturing workers are included in Phase 1B.

Thank you for the opportunity to testify on this important bill.



State of Wisconsin
Department of Health Services

Tony Evers, Governor
Andrea Palm, Secretary

TO: Members of the Assembly Committee on Health

FROM: Lisa Olson, Assistant Deputy Secretary, Department of Health Services

DATE: January 14, 2021

RE: Informational Hearing on Distribution of the COVID-19 Vaccine

Good morning, Chairman Sanfelippo and members of the Assembly Committee on Health. My name is Lisa Olson and I am the Assistant Deputy Secretary at the Wisconsin Department of Health Services (DHS). I appreciate the opportunity to provide testimony to the committee on this historic vaccination effort.

The State of Wisconsin and the entire nation has been battling the spread of COVID-19 for nearly a year. Our educators are keeping kids safe while teaching over Zoom, or distanced in classrooms. Our businesses are finding innovative ways to serve their communities. State and local public health professionals, health care workers, staff in long-term care facilities, and first responders have also been on the front lines of this effort. While the virus continues to spread and these professionals continue testing, contact tracing, and providing direct patient care, we are now also asking them to play a major role in vaccinating our residents. On behalf of the Department, I'd like to thank all of our partners and the public servants dedicated to this response for their unrelenting work as we try to get back to our Wisconsin way of life.

At the start of last week our vaccinators had administered roughly 80,000 doses. By Monday of this week that number had grown to 163,000. As of this morning, 195,152 doses of COVID-19 vaccine have been administered to Wisconsinites. 26,684 of those are second doses. This is a great accomplishment, but it is not enough. Last week, we had more requests from our vaccinators to immunize Phase 1a health care workers than we had vaccine to send to them. We need more vaccine from our federal partners.

President-elect Biden has said that he will release second doses of vaccine to states as soon as possible and we are learning more details of his plan in the coming days. On Tuesday, we received communication from the federal government that they intend to release second doses of vaccine that they had previously held back. We are still waiting to learn certain information from the federal government about whether, how much, and when we will receive an additional bolus of vaccine, and whether that pace will keep up or if this is a one-time infusion of vaccine.

At our twice-weekly vaccine media briefings, you have heard us say that in order to have a successful vaccine program, we need three things: public demand for vaccine, adequate vaccine supply, and a system to distribute and administer the vaccine. We know the demand exists – this is great news. We are eager to receive more vaccine supply, and are waiting with great anticipation for additional vaccines to receive an Emergency Use Authorization from the FDA. I will focus the majority of my testimony for



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the committee on the system that has been developed in Wisconsin to distribute and administer the vaccine recognizing that supply limitations impact how quickly the state can move through phases of administration.

Roles and Statewide Response

The Federal Government is responsible for independently reviewing and authorizing COVID-19 vaccine for use in the United States. They are also responsible for allocating vaccine to states, and currently allocates COVID-19 vaccine to each state by its total population on a weekly allotment.

At the state level, we are responsible for allocating and, in the case of Pfizer, distributing the vaccine we receive from the federal government. We offer technical assistance and logistics support to vaccinators. We deliver public information. We make decisions on the prioritization of vaccine as a scarce resource. We also are responsible for filling gaps that cannot be met by local resources. Finally, we are responsible for managing the additional lines of effort within the COVID-19 response.

The Evers Administration has taken an all hands on deck approach in response to COVID-19. The Governor activated the State Emergency Operations Center in March of last year, and it has remained activated at a level one emergency since that time. Staff from the Department of Health Services, the Wisconsin National Guard, Wisconsin Emergency Management, the Department of Administration, and other state agencies have provided countless staff hours throughout the pandemic. These agencies make up our COVID-19 Vaccination Task Force.

The goal for the COVID-19 response is to vaccinate at least 80% of the people in Wisconsin. This is a complex undertaking that will require collaboration across sectors and active participation from healthcare, pharmacies, public health, and many others.

At the local level, our local health departments are working directly with the vaccinators in their area to pair eligible individuals with vaccine. In most cases, the local health departments are also vaccinators, and all are working with their pharmacy partners, and health care partners to ensure everyone eligible and interested in receiving vaccine has a place to go. In the event there is a gap, the State has mobile vaccine teams that can support local efforts.

Finally, our vaccinators, are responsible for proper storage and handling of vaccine, and safely and efficiently delivering as many shots into the arms of Wisconsinites as possible.

Vaccine Allocation and Distribution System

There are currently two COVID-19 vaccines, from Pfizer and Moderna, which have received emergency use authorization from the Food and Drug Administration (FDA) to be administered to citizens across the country. Each week, the federal government allocates vaccine to every state based on population. The Department then surveys our vaccinators regarding their allocation needs for the following week. This survey includes their ability to store the vaccine and schedule vaccine clinics for eligible groups. As we



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work through those requests, we compare it to the allocation we will receive from the federal government. At this point, we are told on a week to week basis how much vaccine we will receive.

We are not receiving enough at this point to keep up with the demand, even within Phase 1a which includes frontline healthcare workers and residents in long term care. When the allotments are finalized, they are entered into a federal system called Tiberius, and ultimately distributed to locations across the state.

Because of the different storage requirements for each vaccine, the COVID-19 Vaccination Task Force prepared a distribution system that included hubs with ultra-cold storage capabilities to store Pfizer vaccine and a system for transporting vaccine to spoke sites throughout the state. The Moderna vaccine is shipped directly to vaccinators.

Wisconsin currently has over 1,200 vaccine providers that are officially trained, registered and able to administer the COVID-19 vaccine. This includes local and tribal public health departments, hospitals, pharmacies, community health centers, rural health clinics, and more. We will continue to increase the number of vaccinators to ensure that as supply increases, there are adequate numbers of individuals ready and able to administer vaccine.

DHS has also signed a contract with a vendor to host mass vaccination clinics once more vaccine is available to the state. Mobile teams are ready to fill gaps where they might exist.

We have the vaccinators, we have the system in place, what we need is more vaccine.

Phasing

The State of Wisconsin, consistent with guidance from the Centers for Disease Control and Prevention (CDC), is implementing a phased approach to administering COVID-19 vaccine. Because demand for the vaccine is currently outstripping available supply, prioritization of vaccine is necessary. In our survey that went out Monday, we included law enforcement and fire, alongside the Phase 1a providers those groups eligible to receive vaccine next week. Health care workers affiliated with a health system or health department are receiving the vaccine at their place of employment. For those workers within Phase 1a that are unaffiliated with an organization administering vaccine, we have provided guidance on coordination of vaccine to ensure everyone who wants one can get one. Local health departments, who have had a longstanding role in mass vaccination efforts in Wisconsin, will play a lead role coordinating for unaffiliated Phase 1a individuals. Hospitals, clinics, and pharmacies are also critical partners in this effort. State mobile vaccine teams will help fill gaps where necessary.

Staff and residents of long-term care facilities are largely being vaccinated through the Federal Pharmacy Partnership Program.

The Department is making our prioritization decisions based on guidance from the CDC, ACIP, and our State Disaster Medical Advisory Committee. We continue to move through the phases in order, and will



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make additional groups eligible based on both supply projections as well as progress related to the current eligible group. We will never wait until an entire group is complete before opening up to the next as we need to keep moving, but the prioritization still remains.

Pharmacy Partnership Program

As mentioned, the Federal Pharmacy Partnership for Long-Term Care is providing onsite vaccinators for staff and residents of Wisconsin's long-term care facilities. CVS and Walgreens pharmacies have been contracted to offer onsite COVID-19 vaccination services to nursing homes and assisted living facilities that participate in this program. This program began vaccinating at skilled nursing facilities on December 28th.

Each state was required to select one vaccine – we chose Moderna – and reserve 50% of the doses it will take to cover all Skilled Nursing, and 50% of the doses it will take to cover all Assisted Living Facilities before it can start those programs. Beyond Skilled Nursing Facilities, we now have enough vaccine in the bank to begin the Assisted Living Facility program, and CVS and Walgreens are already scheduling their work with the Assisted Living Facility as we speak.

Of the 356 Skilled Nursing Facilities enrolled in the pharmacy partnership program, today, 250 facilities and 24,355 residents and staff have completed their first dose and we anticipate that first doses for all Skilled Nursing Facilities will be completed by the end of the month.

Next Steps

While the COVID-19 vaccine provides hope that we can return to life as it was pre-COVID, I would be remiss if I did not remind committee members that we need to remain vigilant in stopping the spread of COVID-19. The state is still seeing roughly 3,000 new cases each day. Wisconsinites should continue taking precautions to help protect themselves and their family and friends by staying home when possible, washing their hands, keeping six feet apart from others, and wearing a mask whenever they have to go out.

I would be happy to answer questions from committee members at this time.



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**Wisconsin State Assembly
Committee on Health**

A Discussion on Wisconsin's COVID-19 Vaccine Distribution January 14, 2021

Thank you Chairman Sanfelippo and members of the committee for the opportunity to testify before the your committee today about our COVID-19 Vaccination Efforts. I am Kimberly Walz, Regional Director of Government Relations for Walgreens. I represent 8 states including Wisconsin.

Walgreens and CVS are here today with a common goal, to get as many residents immunized as quickly as possible – especially our most vulnerable.

We take immense pride in being a part of protecting our communities from COVID-19 and helping the country take this first step toward emerging from this pandemic. Walgreens is supporting Operation Warp Speed, together with the CDC, the Department of Health and Human Services (HHS) and state and local governments, to administer vaccines as quickly as possible to Americans. As a part of the Federal Long Term Care Facility Partnership, we are providing vaccinations at over 35,000 Long Term Care Facilities across the country. Through this partnership our team members, our pharmacist and our technicians are able to go on site to skilled nursing and other long term care facilities to administer vaccinations to both residents and staff.

With a footprint of 226 stores in Wisconsin, our team members are embedded in communities across the state. Our teams don't think of this as just the Long Term Care Facility partnership - we know we are immunizing your parents, our retired former teacher, our neighbor's grandparents, an old friend. We know that with every vaccine we administer we are bringing that resident one-step closer to being able to hold their loved ones again. And we take that personally.

In Wisconsin, Walgreens has been assigned 2,933 Long Term Care Facilities (LTCF) across the state. This includes 200 Skilled Nursing Facilities and 2,733 facilities including Assisted Living, Senior Residential Facilities, and homes for the Intellectually and Developmentally Disabled.

For each LTCF we schedule three on-site clinics to allow for staff staggering of doses. Each clinic is scheduled to account for the 28 days necessary between dose 1 and dose 2.

Our prioritization for scheduling reflects the state activations for each type of facility. The State of Wisconsin activated Skilled Nursing Facilities on December 28th and all of our initial immunization efforts have been at these facilities. The remaining LTC facilities are activated as of January 25th.

For Skilled Nursing Facilities we have completed over 12,000 vaccinations. We will have completed 100% of the first clinics (with the first doses) by January 25th. (As of today that number is 60%). Our estimated date of completion for all three clinics for the Skilled Nursing Facilities is March 23.



Now that the state has activated the remaining Long Term Care Facilities, we are actively scheduling these facilities. We anticipate that all of these facilities will have their first clinic (and first dose) completed by February 28th. We are hoping to have all three clinics completed for these facilities by April 25th.

We stand committed to vaccinating the Long Term Care Population as quickly as possible and Walgreens will continue to work with state as they finalize their Phase 1b and 1c plans to administer COVID-19 vaccines to additional vulnerable populations, which may include essential workers and people ages 75 and older.

COVID-19 vaccines will be available in all of Walgreens more than 9,000 store locations once they become available for mass administration. At that time, individuals will be able to schedule vaccination appointments through the Walgreens app or online.

Since the onset of the pandemic, Walgreens has helped accelerate the availability of COVID tests, ensured access to essential medicines and products, ramped up the company's annual flu immunization program, and served as a safe and trusted source of information and resources. We are proud to continue to be your trusted partner as we work together to end this global pandemic.



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Assembly Committee on Health
A Discussion on Wisconsin's COVID-19 Vaccine Distribution
January 14, 2021

Good morning Chairman Sanfelippo and members of the committee. I am Larry Lewis, Director of State Government for CVS Health for portions of our Great Lake Region. I appreciate the opportunity to testify today regarding the important work CVS Health is currently doing to administer COVID vaccine in Wisconsin.

CVS Health is a diversified health services company with nearly 300,000 employees united around a common purpose of helping people on their path to better health. Included in these services is CVS Pharmacy which boast more than 9,900 retail locations across the country. In fact, nearly eighty-six percent (86%) of the U.S. population resides within 10 miles of CVS Pharmacy. In Wisconsin we have approximately 1,500 CVS colleagues and 83 retail locations across the state. We are currently leveraging our sizable assets in Wisconsin to support the Federal Pharmacy Partnership for Long-Term Care Program for COVID-19 Vaccination. Under this partnership our CVS colleagues are currently provide on-site vaccination of residents and staff at more than 150 Skilled Nursing Facilities (SNF) in the state. By the end of this week we will have administered more 12,500 first doses of vaccine and plan to complete the first round of vaccine clinics at these facilities before the end of January. Upon reaching this point we will have moved into the second phase of the vaccine partnership program and begun administering vaccine to Assisted-Living and other facilities.

While we remain lasered focused on completing the important task of vaccinating long-term care facilities, CVS is planning and preparing to deploy broader vaccinations outside this setting as more vaccine becomes available. We plan to use our national CVS Pharmacy footprint which will ultimately give us the capacity to administer close to twenty-five (25) million vaccines per month across the country. For these in-store immunization we will take advantage of our existing Minute Clinic platform to schedule and communication with individuals seeking vaccination.

In an effort to create transparency and provide education around the vaccine process, CVS has established several online resources. The following links provide information on the process for the Long-Term Care vaccination program, daily vaccination totals, and several informational tools about the vaccines themselves.



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Suite 2100
Chicago, IL 60606

Larry Lewis Jr
Director, State Government Affairs
Phone: 312.928.3259
Fax: 860.907.4950

<https://cvshealth.com/covid-19/vaccine-information/vaccination-data>

<https://www.omnicare.com/covid-19-vaccine-resource>

CVS take great pride in working with the CDC along with states and local government to administer this much needed vaccine in Wisconsin and across the country. Chairman and members of the committee, thank you again for the opportunity to present this testimony. I welcome the opportunity to answer any questions you may have.



TO: Members, Assembly Committee on Health

FROM: Danielle Womack, MPH
Vice President, Public Affairs
Pharmacy Society of Wisconsin

DATE: January 14, 2021

SUBJECT: Wisconsin's COVID-19 Vaccine Distribution

Thank you, members of the Assembly Committee on Health, for inviting me to speak to you today about the distribution of the SARS-CoV-2 vaccine in Wisconsin. On behalf of the Pharmacy Society of Wisconsin (PSW) and our 4,500 members, we appreciate the opportunity to share the pharmacy professionals' experiences across the state and provide recommendations for action moving forward to ensure efficient, safe, and equitable vaccine distribution.

I also want to thank the Wisconsin Department of Health Services (DHS) for their ongoing work in coordinating the complicated allocation of the SARS-CoV-2 vaccine and the Office of the Commissioner of Insurance (OCI) for ensuring effective implementation of the CARES Act's vaccination requirements.

Our members have been at the front lines of the allocation and distribution of the SARS-CoV-2 vaccination efforts and will continue to play a crucial role as we progress through the Phases. Our health system providers at the front lines of the fight against COVID-19 serve as hubs, coordinate and administer vaccinations as part of Phase 1a, and treat patients with COVID-19.

Pharmacies serve as a crucial asset and partner in the fight against COVID-19. Providing more flexibility to pharmacies to provide vaccinations is necessary to have more efficient dissemination of the vaccine. While some pharmacies are already involved, enlisting all of our willing, ready, and able pharmacy providers will exponentially increase vaccination opportunities.

As of January 13, Wisconsin has administered 31% of our allocated doses, covering 2.4% of our population. For reference, here are the administration rates of our neighboring states:

State	% of Allocated Doses Administered	% of Population Covered
Iowa	42%	3.6%
Illinois	40%	2.9%
Minnesota	32%	2.9%
Michigan	38%	2.9% ¹

¹ The New York Times. See How the Vaccine Rollout is Going in Your State. Retrieved January 13, 2021, from <https://www.nytimes.com/interactive/2020/us/covid-19-vaccine-doses.html>



However, more than 30 states have administered a significantly larger proportion of their allocated doses. For example, as of January 11, Colorado had received an allocation of nearly the same number of doses as Wisconsin (416,875 and 418,775, respectively) yet had administered 52% of their allocated doses, compared to Wisconsin administering 32%. ***In fact, among states allocated between 360,000 and 460,000 doses, Wisconsin has the lowest administration rate, both in the percentage of population covered and the portion of allocated vaccines administered.***²

Pharmacies are ready to get vaccines into arms. Vaccination is our way out of this pandemic, but we must scale our vaccination efforts to unprecedented levels. Pharmacies are ready, willing, and able to administer vaccines and meet this unparalleled need.

We have identified four priority areas to address the ongoing challenges relating to the allocation and distribution of the SARS-CoV-2 vaccine:

1. Enroll pharmacies as vaccinators quickly to more broadly distribute the vaccine throughout the state.

Unfortunately, countless pharmacies who have attempted to enroll as vaccinators are either awaiting approval or are awaiting the ability to request an allocation of the vaccine. Pharmacies are located throughout urban, rural, and suburban areas of the state and often have evening and weekend hours. Ninety percent of Americans live within 5 miles of a pharmacy. They are a convenient access point, but they must be enrolled as vaccinators and have the vaccine in stock to administer vaccinations.

Pharmacists, pharmacy students, and pharmacy technicians can all administer the SARS-CoV-2 vaccine. That is nearly 15,000 potential vaccinators – but they must have the vaccine in hand.

2. Activate Phase 1b immediately, following in the steps of states like Alaska, Arizona, Colorado, Michigan, New Jersey, and North Carolina.

Our members are ready to provide rapid vaccination to this priority group, significantly increasing overall population vaccination coverage and high-risk individuals' coverage. By deploying vaccine broadly to Wisconsin pharmacies, including pharmacies in rural and underserved areas, and activating an additional group of recipients, the state can empower Wisconsin communities to increase their vaccination efforts exponentially.

It can be difficult for smaller or rural pharmacies to have enough Phase 1a patients to use all allocated doses. Activating Phase 1b is not about letting people “jump the line” –

² The New York Times. See How the Vaccine Rollout is Going in Your State. Retrieved January 12, 2021, from <https://www.nytimes.com/interactive/2020/us/covid-19-vaccine-doses.html>



it is about making more access points available by providing an opportunity for pharmacies to scale this to the populations they serve.

3. Create a streamlined approach for the scheduling of vaccine administration.

Many states have established publicly available processes to identify eligible populations for vaccination and describe how each eligible population can book a vaccination appointment online or by phone, including Alaska,³ Colorado,⁴ Florida,⁵ Louisiana,⁶ Nebraska,⁷ New Mexico,⁸ New York State,⁹ South Carolina,¹⁰ Tennessee,¹¹ Texas,¹² and West Virginia.¹³ Many of these states have the highest percentages of distributed vaccines administered.^{14,15} Wisconsin, which is currently ranked 34th in the rate of distributed vaccines that have been administered, does not currently have a similar process in place.¹⁶

Many counties have turned to third-party platforms, such as Eventbrite, creating processes for scheduling vaccination that are unable to organize to the demand and uses these platforms may potentially violate HIPAA. Organizations have requested support from the state government. Scams have appeared when using these platforms,¹⁷ which further necessitates communication from a reputable source.

³ Alaska Department of Health and Social Services. COVID-19 Vaccine Status Update. COVID-19: COVID-19 Vaccine Information for all Alaskans. <http://dhss.alaska.gov/dph/epi/id/pages/COVID-19/vaccine.aspx>. Accessed January 13, 2021.

⁴ Colorado Department of Public Health and Environment. Vaccine for Coloradans. Colorado COVID-19 Updates. <https://covid19.colorado.gov/for-coloradans/vaccine/vaccine-for-coloradans>. Accessed January 13, 2021.

⁵ Florida Health. COVID-19 Vaccines in Florida. Florida Department of Health COVID-19 Outbreak. <https://floridahealthcovid19.gov/covid-19-vaccines-in-florida/>. Published January 12, 2021. Accessed January 13, 2021.

⁶ Louisiana Department of Health. COVID-19 Vaccination Information: Department of Health: State of Louisiana. COVID-19 Vaccination Information | Department of Health | State of Louisiana. <https://ldh.la.gov/covidvaccine/>. Accessed January 13, 2021.

⁷ Nebraska Department of Health and Human Services. COVID-19 Frequently Asked Questions. <http://dhhs.ne.gov/Pages/COVID-19-Vaccine-Information.aspx>. Accessed January 13, 2021.

⁸ New Mexico Department of Health. Home. NMDOH - Coronavirus Updates. <https://cv.nmhealth.org/covid-vaccine/>. Accessed January 13, 2021.

⁹ New York State. 19 Vaccine: Get the Facts. COVID. <https://covid19vaccine.health.ny.gov/>. Accessed January 13, 2021.

¹⁰ S.C. Department of Health and Environmental Control. SCDHEC. COVID-19 Vaccine Appointments. <https://scdhec.gov/covid19/covid-19-vaccine/covid-19-vaccine-appointments>. Accessed January 13, 2021.

¹¹ Tennessee Department of Health. Getting a COVID-19 Vaccine. Tennessee State Government - TN.gov. <https://www.tn.gov/content/tn/health/cedep/ncov/covid-19-vaccine-information/getting-a-covid-19-vaccine-information.html>. Accessed January 13, 2021.

¹² Texas Department of State Health Services. COVID-19 Vaccine Information. Texas Department of State Health Services. <https://www.dshs.state.tx.us/coronavirus/immunize/vaccine.aspx>. Accessed January 13, 2021.

¹³ West Virginia Department of Health and Human Resources. COVID-19 Vaccine. Department of Health and Human Resources. <https://dhhr.wv.gov/COVID-19/Pages/Vaccine.aspx>. Accessed January 13, 2021.

¹⁴ Adams K, Anderson M. States ranked by percentage of COVID-19 vaccines administered: Jan. 11. Becker's Hospital Review. <https://www.beckershospitalreview.com/public-health/states-ranked-by-percentage-of-covid-19-vaccines-administered.html>. Published January 13, 2021. Accessed January 13, 2021.

¹⁵ The New York Times. Nearly 2.8 Million People in the U.S. Have Gotten a Covid-19 Vaccine. The New York Times. <https://www.nytimes.com/interactive/2020/us/covid-19-vaccine-doses.html>. Published December 17, 2020. Accessed January 13, 2021.

¹⁶ Adams K, Anderson M. States ranked by percentage of COVID-19 vaccines administered: Jan. 11. Becker's Hospital Review. <https://www.beckershospitalreview.com/public-health/states-ranked-by-percentage-of-covid-19-vaccines-administered.html>. Published January 13, 2021. Accessed January 13, 2021.

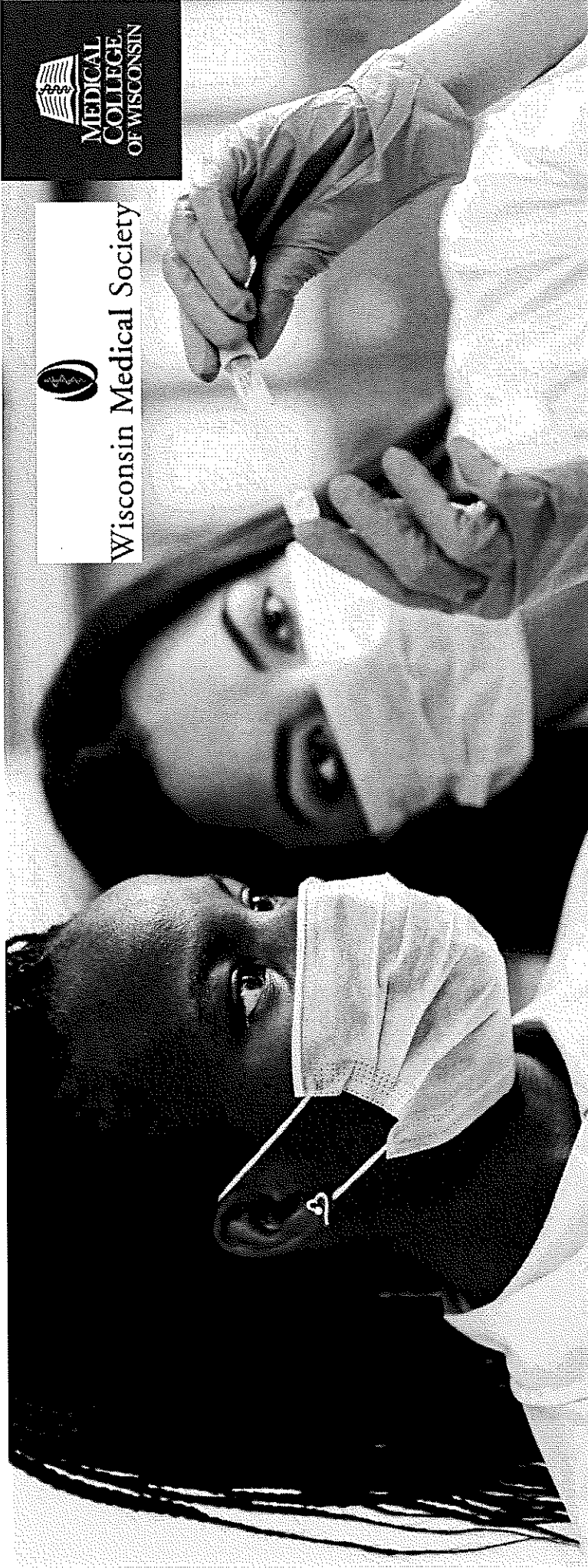
¹⁷ Fortin J. Vaccine Demand Has Health Officials Turning to Eventbrite. The New York Times. <https://www.nytimes.com/2021/01/08/us/covid-vaccine-eventbrite.html>. Published January 8, 2021. Accessed January 13, 2021.



4. *Ensure the effective positioning of second doses throughout the state.*

The state must ensure that Wisconsin receives enough second doses and suitably position the doses throughout the state. All second dose allocation must guarantee that the patients who have already received their first dose receive their second dose on time. It is not enough to only have the vaccine vials in the state; the state must distribute the second doses adequately.

Vaccination is our way out of this pandemic, and pharmacies are here and ready to help. We know that states that have rapidly expanded their vaccine distribution have done so through their pharmacies' complete engagement. We look forward to continuing our collaboration with policymakers to allocate and distribute the SARS-CoV-2 vaccine effectively.



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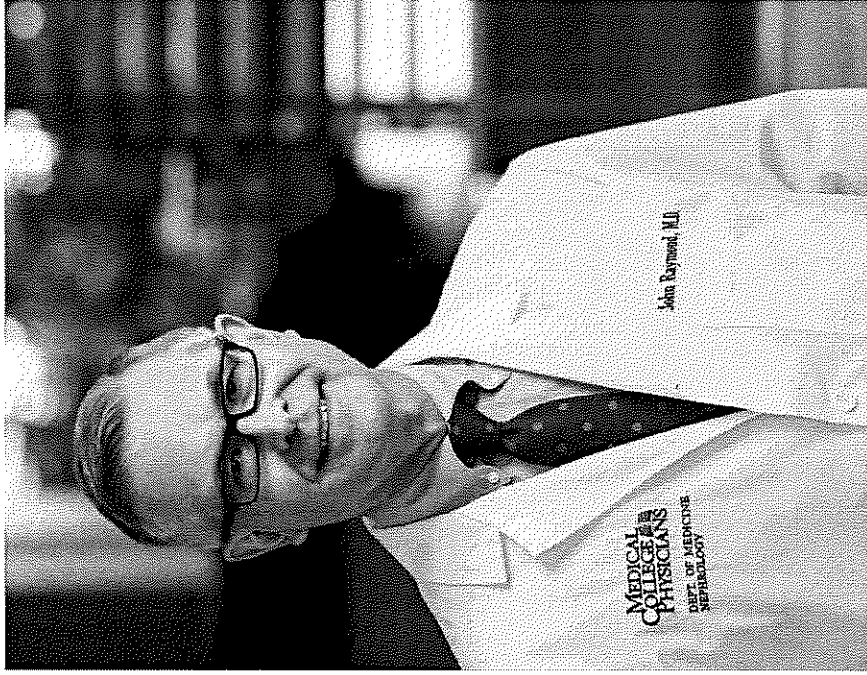
MEDICAL
COLLEGE
OF WISCONSIN

WISCONSIN ASSEMBLY HEALTH COMMITTEE

01.14.2021

Presented by John R. Raymond Sr., MD

Learn more:
[covid19.mcw.edu](https://www.mcw.edu/covid19)



John R. Raymond Sr., MD

President and CEO

Medical College of Wisconsin

Analytics by Ali Nemati
MCW Institute for Health and Equity



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Presented on 1/14/2021

WI COVID-19 DIAGNOSTIC TESTING – 01.13.2021

Learn more:
covid19.mcw.edu

CUMULATIVE PEOPLE TESTED REPORTED AS OF YESTERDAY

Total	2,928,143
Negative	
2,414,873	
Positive	
513,270	

- # of people tested reported yesterday in WI = **7,427**
- Highest single daily total of people tested was **49,029** on 11.19.2020
- Testing capacity: Stable at **59,245**. 137 laboratories currently testing. 16 planning to test.

Presented on 1/14/2021

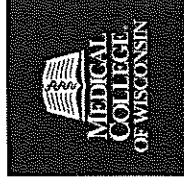
DAILY POSITIVE CASES

Total	2,134
% Case Positivity	28.7%
7-day average	31.9% - trending stable

- Daily cases have exceeded 7,000 five times since the beginning of November
- Previous highest daily positive cases: WI: **7,989** on 11.18.2020



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WI HOSPITAL COVID-19 INDICATORS – 01.13.2021

Learn more:
[covid19.mcw.edu](https://www.mcw.edu/covid19)

Cumulative Patients: 22,705
Trending downward
(4.4% of positive cases)

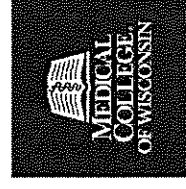
Inpatients: 988
Decreasing: down 140 w/w
(Previous high: 2,277 on 11.17.2020)
(Low: 235 on 7.05.2020)

ICU Patients: 225
Decreasing: down 18 w/w
(Previous high: 456 on 11.16.2020)
(Low: 65 on 7.05.2020)

ICU Capacity: 259
Available ICU Beds
Increasing slowly

Ventilator Capacity: 1,909
Stable

PPE Trends
Stabilizing
Most critical needs:
Gowns, goggles and paper masks



WI VARIOUS COVID-19 INDICATORS – 01.13.2021

Learn more:
[covid19.mcw.edu](https://www.mcw.edu/covid19)

% OF CASES BY RECOVERY STATUS

Recovered
93.6%

Active
5.4%

Died
1.0%

CUMULATIVE DEATHS

5,248

Male: **54.2%**
Female: **45.7%**

Black/African American*: **7.1%**
White: **84.5%**
Hispanic/Latinx*: **6.0%**

POSITIVE CASES

Doubling time (days): **50.4**
favorable

7-day growth rate: **0.5%**
Decreasing

R number: **1.03**
Stable



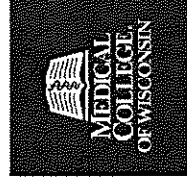
VACCINE DISTRIBUTION – A MARATHON NOT A SPRINT

Learn more:
[covid19.mcw.edu](https://www.mcw.edu/covid19)



Presented on 1/14/2021

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COVID-19 VACCINE PROGRESS

Learn more:
[covid19.mcw.edu](https://www.madison.com/covid19.mcw.edu)

Several safe and effective COVID-19 vaccines are in development

No single drug company will be able to meet the short-term demand; many 100's of millions of doses needed.

Strategy and framework in place to ramp up vaccinations to all Americans

APPROVED VACCINES



PFIZER VACCINE

received FDA emergency use authorization EUA 12/11



moderna

MODERNA VACCINE

received EUA 12/18



VACCINE IN PROGRESS



MULTIPLE OTHER VACCINES

will likely receive EUA over time

NOVAVAX



JOHNSON+JOHNSON & ASTRAZENECA VACCINES

are likely to be next



COVID-19 VACCINE ADMINISTRATION

Learn more:
[covid19.mcw.edu](https://www.dhs.wisconsin.gov/covid19/mcw.edu)

Vaccine Summary

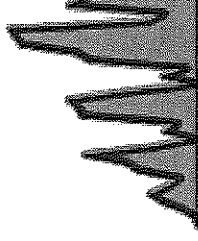
Last updated: 1/13/21

	Allocated		Shipped		Administered
	607,650		373,100		176,165

Pharmacy Partnership Program

Skilled Nursing
 Facilities Assisted Living
 Facilities

57,000 **140,000**



Vaccine Administration by Manufacturer

Pfizer	114,261	Moderna	61,902
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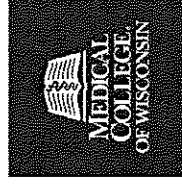
Data for "Allocated" and "Shipped" are updated weekly on Tuesdays. "Administered" data is updated daily.

<https://www.dhs.wisconsin.gov/covid-19/vaccine-data.htm>

Presented on 1/14/2021



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COVID-19 VACCINE SAFETY

Learn more:
covid19.mcw.edu



Vaccine to prevent COVID-19 offer the safest and swiftest approach to end the pandemic.



The safety and effectiveness of the COVID-19 vaccines are assessed and approved by scientists, the medical community, governing bodies like the FDA, etc.



The COVID-19 vaccines underwent testing in trials in which no serious safety concerns were reported.



Testing of COVID-19 vaccines shows that they are effective for diverse ethnic groups, every adult age group and those with existing comorbidities; however, there has not yet been comprehensive testing on pregnant women or children.



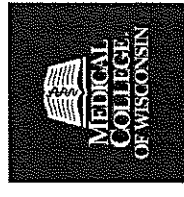
Nine vaccine manufacturers signed a vaccine pledge committing to maintaining high ethical standards, sound scientific principles, and making safety a top priority.

SAFE & EFFECTIVE

Presented on 1/14/2021



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COVID-19 VACCINE DISTRIBUTION

Learn more:
[covid19.mcw.edu](https://www.mcw.edu/covid19)

EARLY 2021*

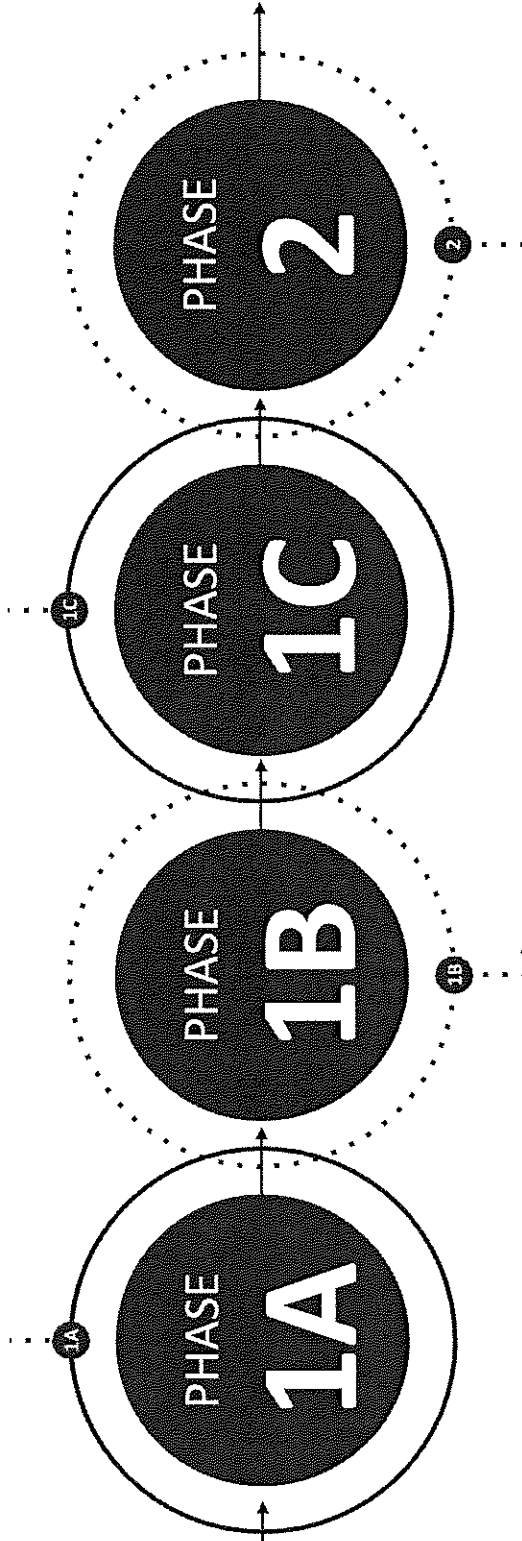
- Healthcare Personnel
- Long Term Care Facilities (personnel and residents)

SPRING 2021*

- 65-74 years of age
- Other Essential Workers
- Individuals w/ high-risk medical conditions

“FRONTLINE ESSENTIAL WORKERS”

as first responders, (firefighters and police officers), teachers and others in education, food and agriculture workers (including grocery stores), correctional facility staff, U.S. postal workers, public transit workers, and some manufacturing (49 million people)



WINTER 2021*

- Frontline Essential Workers
- 75+ years of age (CDC ACIP and DHS SDMAC reconsidering)

SPRING/SUMMER 2021*

- All Adults



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*Phase timing is estimated and subject to change based on vaccine availability and distribution ¹⁰

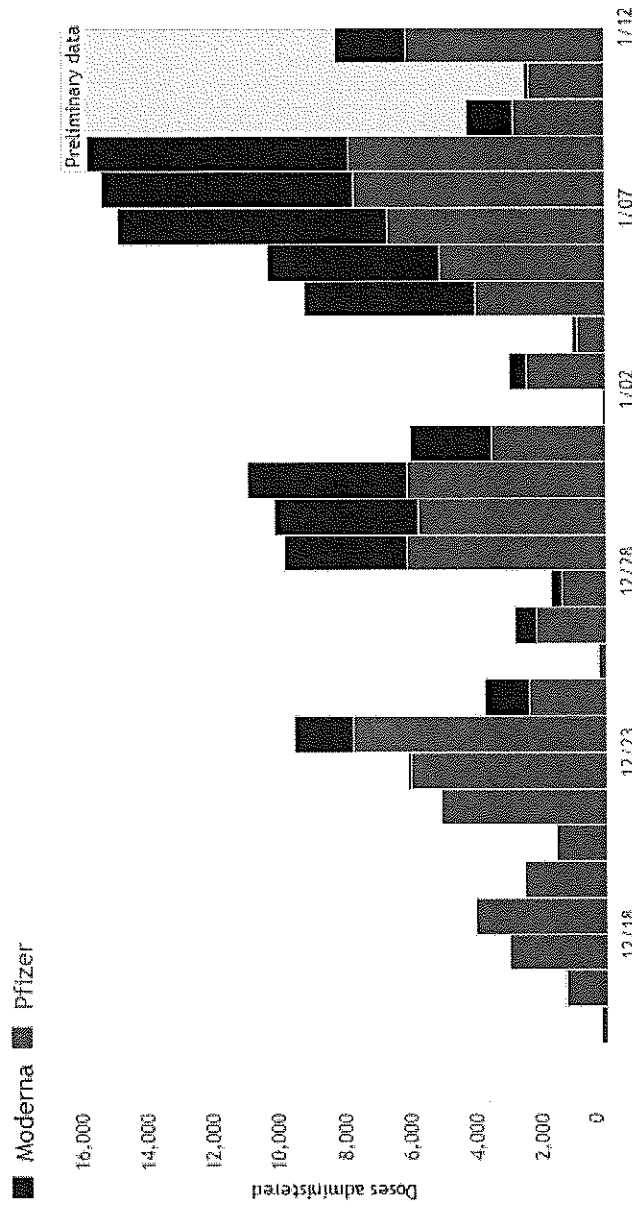
COVID-19 VACCINE DISTRIBUTION IN WISCONSIN

Learn more:
covid19.mcw.edu

- CDC has implemented a policy for vaccine distribution to states per capita
- As of Jan 13, Wisconsin had vaccinated 2.4% of its population
- National average as of 01.13 was 3.1% (receiving at least first dose)
- 163,371 total vaccine doses administered in WI (as of 1/12/21)

COVID-19 vaccines administered per day

Updated: 1/13/21 (Total: 163,371)



<https://www.dhs.wisconsin.gov/covid-19/vaccine-data.htm#day>

<https://covid.cdc.gov/covid-data-tracker/#vaccinations>

Presented on 1/14/2021

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VACCINE COORDINATION CHALLENGES

Learn more:
[covid19.mcw.edu](https://www.mcw.edu/covid19)

Vaccine Logistics are Different from Testing Logistics

- Need space to observe individuals for 15-30 minutes following vaccination
- Social distancing requirements in vaccination clinic and in observation spaces
- Ultra-cold freezing, refrigeration and storage requirements
- Different requirements for Pfizer vs. Moderna vaccines
- Vaccine compounding areas needed

Matching Vaccinators with Those Needing Vaccine Requires Local Effort

- Vaccine Hub security is important, but should not impede matchmaking
- Lessons from 1A distributions may not carry over into subsequent distribution tiers as the population volume grows by phase
- Local effort critical to quickly make matches

One Size Does Not Fit All

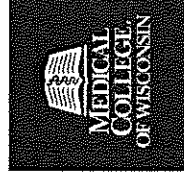
- Scaling from 500,000 eligible in phase 1A to millions of people in areas with maldistribution of health services in 1B and beyond

Presented on 1/14/2021

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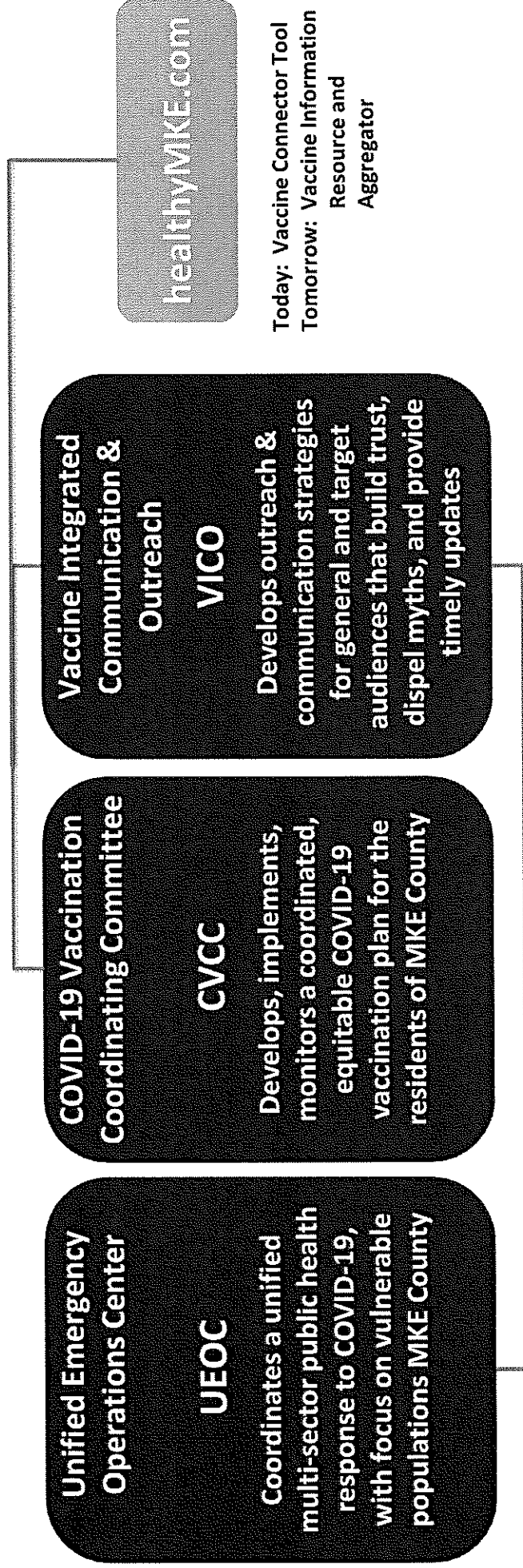


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VACCINE COORDINATION – MILWAUKEE AREA

Learn more:
covid19.mcw.edu



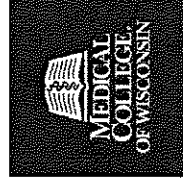
All include representation from government, public health, healthcare, education, and diverse communities



VACCINE COORDINATION – MCW

Learn more:
[covid19.mcw.edu](https://www.mcw.edu/covid19)

- MCW is a vaccine Hub for southeast Wisconsin
- MCW's School of Pharmacy is hosting a Vaccination Clinic for 1A unaffiliated health care providers
- MCW physicians, scientists, pharmacists and leaders continue to serve in thought leadership roles with:
 - Department of Health Services (DHS)
 - State Disaster Medical Advisory Committee (SDMAC)
 - Wisconsin Assoc of Independent Colleges and Universities
 - HERC 7
 - Milwaukee County and all associated municipalities
 - City of Milwaukee Health Department
 - Metropolitan Milwaukee Association of Commerce
 - Dozens of organizations in Wisconsin seeking guidance throughout the pandemic



RECOMMENDATIONS FOR POLICY MAKERS

Learn more:
covid19.mcw.edu

Empower Local Health

Allow Flexibility

Urge Federal Action

Communicate clearly and consistently

Presented on 1/14/2021

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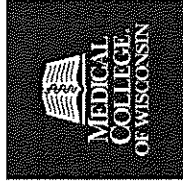
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DATA SOURCES

Learn more:
[covid19.mcw.edu](https://www.mcw.edu/covid19)

- We use multiple external data sources for these presentations
 - Wisconsin Hospital Association: [wha.org/COVID-19Update](https://www.wisconsin.gov/covid-19/index.htm)
 - Wisconsin Department of Health Services: <https://www.dhs.wisconsin.gov/covid-19/index.htm>
 - Milwaukee County: <https://county.milwaukee.gov/EN/COVID-19>
 - Reproductive number calculator: [Rt.live](https://www.nytimes.com/interactive/2020/us/coronavirus-us-cases.html)
 - *New York Times*: [https://www.nytimes.com/interactive/2020/us/coronavirus-us-cases.html](https://www.nytimes.com/interactive/2020/science/coronavirus-vaccine-tracker.html)
and <https://www.nytimes.com/interactive/2020/science/coronavirus-vaccine-tracker.html>
 - Wisconsin Electronic Disease Surveillance System (secure access required)
 - Milwaukee County Unified Emergency Operations Center (secure access required)
 - Centers for Disease Control and Prevention: <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html>
 - Worldometers: <https://www.worldometers.info/coronavirus/>
 - Johns Hopkins: <https://coronavirus.jhu.edu/vaccines>
- Medical College of Wisconsin analytics
 - Institute for Health and Equity
 - Division of Epidemiology
 - Epidemiology Data Resource Center and Geographic Information System





Wisconsin Assembly Committee on Health:

A Discussion on Wisconsin's COVID-19 Vaccine Distribution

Testimony Submitted by:
John Sauer, President/CEO
LeadingAge Wisconsin
January 14, 2021

Good morning Chairman Sanfelippo, Ranking Member Subek and members of the Assembly Committee on Health. My name is John Sauer and I have the privilege of serving as the President/CEO of the LeadingAge Wisconsin, a statewide Association representing mission-driven nursing homes, assisted living facilities and other community-based providers in Wisconsin. In total, the Association represents over 550 nursing home, assisted living, senior housing, and other community-based providers serving older adults and individuals with a disability throughout the State.

We appreciate this opportunity to testify and share our experiences with the rollout of the COVID-19 vaccines to our long-term care provider community.

Please allow me to first offer a brief reflection on our members' journey since March. As you have read and some have experienced firsthand, our providers have been on the frontlines of this battle from day one of the pandemic. Over the past 10+ months, providers have courageously battled the virus while working 24/7 to protect residents and their caregivers from a virus that has proven to be especially harmful to older adults. And this mission continues. Providers are struggling to overcome staffing challenges further exacerbated by COVID-19 exposures; fighting to obtain the necessary personal protective equipment (PPE: masks, gowns, gloves, and facial shields) for our caregivers; regularly administering COVID-19 tests for all workers, often twice a week per federal regulations; and attempting to overcome budget shortfalls driven by sharply increasing COVID-19 related expenses and revenue losses caused by declining admissions. Sadly, the pandemic has imposed severe hardship on our members' residents and their families as facilities are required to limit resident group activities and outings, curtail communal dining and, most significantly, limit in-person visitation opportunities except under certain limited circumstances.

The arrival of the vaccines is truly a celebratory event. In our caregiving world often overcome by COVID-induced despair and anguish, the vaccine offers hope to tens of thousands of individuals residing and working in our State's long-term care facilities.

Today's hearing seeks to learn more about Wisconsin's COVID-19 vaccination distribution process. As you know, there are broadly speaking two ways the vaccine is distributed in our State: The federal Pharmacy Partnership for Long-Term Care program and the public distribution process that includes the "hub and spoke" system. My comments and observations offer below are intended to solely address the federal Pharmacy Partnership program which generally is how nearly 5,000 long-term care facilities are receiving the vaccine.

- The Department of Health Services (DHS) estimates that just under 200,000 long-term care residents and staff need to be vaccinated, including 140,000 in our assisted living and federal HUD housing facilities.
- For apparent logistical considerations (storage, delivery, etc.), the Moderna vaccine has been designated by DHS as the sole vaccine for use by the Pharmacy Partnership program. The Moderna vaccine first received FDA Emergency Use Authorization on December 18, 2020. Ten days later, on December 28th, Walgreens and CVS began putting shots in the arms of nursing home residents and staff (Part A of the rollout). These institutional pharmacies indicate all 358 Wisconsin nursing homes will receive the first-of-three vaccine clinic visits no later than January 25, 2021, or less than thirty days from the initial rollout date. For the most part, our member nursing facilities have been pleased with how Walgreens and CVS have administered the vaccines to residents and staff. Providers report their staff have been professional and respectful in explaining the process and administering the vaccine. Issues that have arisen are related to ensuring quick access to staff and residents' insurance information and documentation and data entries. Our providers estimate over 90% of nursing home residents and 60-65% of their staff are being vaccinated (Note: Some facilities report staff vaccination rates of over 80%. Nearly all facilities suggest more staff will choose to be vaccinated at the next available opportunity. Staff under the age of 18 are not eligible to receive the Moderna vaccine).
- DHS has announced it will begin Part B of the Pharmacy Partnership program on January 25, 2021. Under Part B, assisted living residents and staff will begin to receive the vaccine primarily from Walgreens and CVS. We understand the initial clinic visit to each of the approximately 4,600 assisted living and HUD facilities will take at least 6 weeks, with up to two additional visits to follow (the second visit to administer the second dose will occur 28 days after the facility's initial visit). This means delivering the second Moderna vaccine to all facilities under Part B likely will not be completed until the Spring.
- Is the vaccine rollout happening as quickly as providers had hoped? Given the heretofore unfathomable experience our long-term care residents and staff have endured since March of last year, it is safe to say most of us advocated for the vaccine's arrival to come sooner than was perhaps realistic. DHS tells us that before Wisconsin could initiate Part A or Part B of the federal Pharmacy Partnership program, the State was required to have banked at least 50% of the estimated number of vaccines required for residents and staff. Thus, the Part B rollout to assisted living and HUD housing facilities was delayed until an inventory of 70,000 Moderna vaccines was banked.

- With DHS' activating Part B of the Pharmacy Partnership program coupled with this week's announcement that the federal government will increase the number of vaccines shipped to the States, it would appear that many of the restraints imposed on the vaccine rollout have been lifted, particularly for nursing homes and assisted living facilities. It is important that the State of Wisconsin continuously monitor this program and assess if changes need to be made to accelerate the pace by which older adults are vaccinated.
- As noted above, apparently due to lack of available vaccine inventory and other issues, the rollout of the vaccines to nursing homes, assisted living facilities and independent/senior housing did not happen at the same time. This was unfortunate because many of these facility-types are often co-located on the same campus. So, in the early days of the vaccine rollout under the Pharmacy Partnership program, the vaccinators arrived at campus-based organizations that included a nursing home, assisted living facility and an independent living facility but were only authorized to vaccinate the nursing home residents and staff (including shared staff). As a result, it is expected the vaccinators will have to return to the campus more times than otherwise would have been necessary, if they had been initially authorized to vaccinate all residents and staff on the campus. In addition to being inefficient, residents and their families were frustrated by the missed opportunity to be vaccinated. With the increase vaccine availability, DHS announced yesterday that vaccinators will be authorized to vaccinate all staff and residents on such campuses, meaning these independent residents and staff are now covered under the Pharmacy Partnership program. We are thankful for this change.
- Because older adults with multiple co-morbidities living in congregate settings are highly susceptible to COVID-19, our request is for the vaccines to reach these residents as soon as possible. In addition, as we advance further into the State's vaccine rollout timeline, we should be aware the Pharmacy Program for Long-Term Care is time limited. The federal program authorizes Walgreens and CVS to visit each of the long-term care facilities up to three times. Once this is accomplished, we understand the Pharmacy Partnership program will be terminated and these facilities will have to access the vaccine through the general distribution system. Providers are particularly interested in plans to ensure vaccines remain available to their residents and staff. Our hope is that DHS and the federal government view the current vaccine rollout process as being both flexible and fluid. If there is a way to accelerate the process of delivering the vaccine to our residents and staff, those options should be continuously considered and evaluated. Once the Pharmacy Partnership programs ends, if not before, our State's community pharmacies, the institutional pharmacies and appropriate health care providers could assume a more direct role in vaccinating the high-risk long-term care population and their caregivers.

Again, thank you for the opportunity to share my remarks today. I am happy to address any questions you may have or provide additional information to the Committee as requested.

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Good morning Chairman Sanfelippo, ranking member Subeck, and members of the Assembly Committee on Health. My name is Chris Borgerding and I am the Director of Government Services for the Wisconsin Dental Association.

I want to thank you for affording me time today to brief you on how the vaccine rollout is impacting unaffiliated health care providers like dentists and their clinical staff.

The WDA over the last few months has been actively working to ensure that unaffiliated health care providers are prioritized in vaccine distribution. Early on in the process, recognizing the extreme transmission risks in a dental office, dentists and their clinical staff were designated as Phase-1A health care providers. In March, The New York Times listed dentistry as one of the professions at the highest risk of COVID-19 infection.

Since day one, the consistent message that has been conveyed to us is to work with our local public health departments. Immediately upon receiving that message, we contacted every local public health department in the state letting them know that we could connect them to WDA member dentists and their clinical staff in a moment's notice. Of the 80 or so public health departments, roughly half have gotten back to us requesting our assistance.

The WDA is very appreciative of the efforts being taken by local public health departments. The logistical undertaking they are now managing is nothing short of impressive. Because of the passion and ingenuity of many of these local public health departments, dentists and their clinical staff are receiving the vaccine in various counties around the state. With that said, we are still hearing from counties about the lack of direction and communication they are receiving from the state. We are hoping that the flow of information will increase.

The WDA would also like to commend and recognize the health systems that are now stepping up to fill obvious voids around the state. Every day, I am in contact with various health systems connecting them to my members to help facilitate vaccines. These health systems have gone through the wringer over the last year but are now stepping up and assisting the community in heroic ways.

It is our hope that unaffiliated phase-1A health providers remain a priority for the administration and legislature and are not forgotten about. There is still a large population in phase-1A that remains unaccounted for, or unvaccinated. These are providers, like dentists and dental teams, who are providing care on the front line every day to unmasked individuals.

Finally, I want to close by thanking the Assembly for their support of allowing dentists to assist in vaccination efforts in AB 1. As the vaccine rollout in Wisconsin trudges along, we are hearing more and more about the lack of vaccinators in Wisconsin, which ultimately impacts the efficiency of the process. States that are reducing barriers for health care providers will be able to vaccinate willing populations more expeditiously, getting their states back to normal quicker.

I want to thank you for allowing me the opportunity to testify today. At this time I can answer any questions you may have.

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**Assembly Committee on Health
PUBLIC HEARING**

Thursday, January 14, 2021
10:00 AM
411 South

A Discussion on Wisconsin's COVID-19 Vaccine Distribution

- Thank you for the invitation. My name is Darren Rausch, Health Officer/Director of the City of Greenfield Health Department serving a community of 37,000 residents in suburban Milwaukee County
 - I am pleased to join the public hearing today
 - I hope to lend the local public health department perspective to this important discussion
- The perspective I bring today is as a local public health official and public health scholar
 - Professionally, my full-time role is as local health officer at the City of Greenfield Health Department in suburban Milwaukee County
 - During the COVID-19 pandemic, I have worked with colleagues in health departments across Milwaukee County – as well as with other county partners – to create the Milwaukee County Unified Emergency Operations Center (UEOC)
 - Within the UEOC we've been working collectively to tackle the COVID-19 pandemic by strengthening our collective power across the county and across sectors; similar efforts are occurring in other parts of the state, both in local counties and regions
 - Additionally, I am an adjunct faculty member of the UW-Milwaukee Zilber School of public health in addition to being a current PhD candidate at UW-Milwaukee as well.
 - Formally, I am here to represent the Wisconsin Association of Local Health Departments and Boards (WALHDAB)
 - WALHDAB is the statewide leader and voice for local governmental public health
 - Within the organization, I am active as
 - A member of the COVID Committee
 - President-elect
- The role of local health departments in the COVID-19 pandemic is multi-faceted, including several key roles in management of the pandemic, disease investigation, and vaccination.
 - In the early months, our focus was primarily disease investigation and contact tracing
 - This included the management of the public health emergency in our respective jurisdictions
 - Also included assisting with coordinating testing and response within the community
 - This important work continues today, and will throughout the pandemic, because disease investigation, contact tracing, and testing remain effective tools to contain COVID-19
 - In summer, we needed to also begin planning for a COVID-19 vaccination campaign
 - Our effort builds on prior planning and exercising occurring over the past 18+ years

- Draws from previous similar experiences (H1N1 is most recent in 2009-2010), but our annual influenza vaccination clinics are mini-clinics that keep our plans fresh and current.
 - Our primary focus is on coordinating vaccine distribution plans in community in a way that is safe, quick and efficient
- The formal process for local health departments to obtain vaccine began in October
 - First, we needed to complete an application to become an approved vaccinator
 - Worked to identify populations in our communities that met anticipated priority groupings
 - Additionally, preparing and organizing for local vaccination included the ordering of vaccine supplies
 - Not only medical supplies, but also
 - Other supplies and equipment to support vaccination efforts
- The weekly ordering process for local public health opened the first week of January, after a focus the first few weeks on hospitals and healthcare systems
 - Process begins each Monday with a weekly survey sent to the Department of Health Services (DHS)
 - DHS is the gatekeeper since vaccine is allocated to the State by the federal government to the State
 - The survey collects key information on the site and the number of vaccines needed for the following week
 - This focus emphasizes completing vaccinations (“shots in arms”) rather than having vaccine sit in a freezer
 - Vaccine allocations are typically approved very late in the week – typically Friday – and arrives at local health departments early the following week
 - This permits the scheduling of clinics for the week with an assured amount of doses available
 - Mondays become an opportunity to reach out to the prioritized residents and/or employees in the jurisdiction who are eligible for vaccination; for Greenfield, this has meant scheduling clinics on Wednesdays and Thursdays weekly
 - It is important to recognize community partners helping in vaccination planning efforts
 - In Milwaukee County, we’re using a cross-sector partnership between health departments, human services, health care and others
 - Volunteers are important for our vaccination clinics, and include persons from other city departments, community volunteers, retired healthcare workers, students, and others
 - While local health departments are a large part of our state’s vaccination efforts, we are not the only. Many of those partners are also here with use today and we look forward to our continued work with all of them.
 - hospitals and health care systems (who are very active in Phase 1A)
 - pharmacies, healthcare clinics, federally qualified health centers, and others
 - And certainly all of the individual community volunteers who help staff our clinics
 - No one department can “do it all” in their community
- Each week, we’re also actively planning for future phases

- Most immediately, this week's announcement of expansion to police and fire
- Other populations in the SDMAC Phase 1B priorities: over 70 years, public-facing essential workers, school personnel)
 - 1B would include well over 450,000 persons statewide
 - Larger clinic operations will be required to vaccinate the larger anticipate volumes
- Lastly, let me focus on the needs (both short and long-term) for local public health in COVID-19 vaccination efforts
 - Vaccine supply has been the most limiting factor thus far; I repeat, vaccine supply from the federal government has been the limitation in getting "shots into arms"
 - Clearer communication to/for the public is VERY important
 - Currently, each health department is receiving dozens to hundreds of calls per day from residents
 - We need strong, clear and coordinated statewide messaging to inform residents
 - Support more points of access to vaccine (e.g., the pharmacies (was they are present) as a partner that is willing and able to help in the community, healthcare system, others)
 - Local public health was never anticipated to be the only vaccinators in the community
 - Significant vaccinations occur regularly for seasonal influenza through local healthcare systems and pharmacies; these organizations must be provided vaccine ASAP and definitely as Phase 1B begins
 - Human resources (including volunteers) (some departments have used retired physicians and nurses from WEAVR, others are using EMS personnel, nursing students, and others)
 - Funding
 - Local public health has been long underfunded nationally and statewide throughout my career
 - Local health departments are heavily reliant on federal allocations to combat the COVID-19 pandemic
 - Additional allocations were announced publically by Governor Evers yesterday - \$86M for local public health
 - These funds are dedicated to off-setting COVID-19 related expenses, such as vaccine administration
 - Also continue to support testing, disease investigation, and contact tracing
 - For Greenfield, this amounts to an allocation of \$439,000 through October 2022
 - Is this sufficient? I cannot say with absolute certainty.
 - So much depends on factors that are a bit unknown as we expand into the next phases
 - Do I need to rent commercial real estate?
 - Do I need to procure additional supplies?
 - Do I need to hire additional staff?
- Public Health has been preparing for a pandemic
 - We're well positioned for success with COVID-19 vaccination efforts if provided the tools and resources I mentioned above
 - This work is not easy, and will continue to be challenging going forward, but we can recognize how much has been accomplished so far

- Over the years, we've worked annually with community partners – including hospitals, healthcare systems, pharmacies, and others – to plan for our current reality
- The participants on this public hearing are committed to COVID-19 in our communities, regions, and statewide
 - This commitment underscores how partners have stepped up and have working together for months
 - We're months in, and vaccination provides a glimpse of the light in controlling the COVID-19 pandemic in Wisconsin
- Thank you for the opportunity to speak today.
 - I'm happy to take any questions or comments from the Committee



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Testimony Before the Assembly Committee on Health Public Hearing: Discussion on Wisconsin's COVID-19 Vaccine Distribution

**Eric Borgerding, President/CEO
Ann Zenk, Senior Vice President Workforce & Clinical Practice
Wisconsin Hospital Association**

January 14, 2021

Chairman Sanfelippo, Ranking Member Subeck and members of the Assembly Committee on Health. My name is Eric Borgerding and I am the President/CEO of the Wisconsin Hospital Association. I also have with me Ann Zenk, who is first and foremost a nurse and nurse leader and also serves as WHA's SVP for Workforce and Clinical Practice and is playing a key role in our vaccine engagement. We appreciate this opportunity to testify.

Wisconsin hospitals and health systems have now spent nearly a year entrenched in all aspects of the COVID-19 pandemic, the enormity and impact of which are hard to overstate. We should all be very proud of Wisconsin's hospitals and all the dedicated nurses, doctors, technicians, custodians, administrators, aids, food service workers and many others working to keep us healthy and safe. They have daily seen and deeply felt the impacts of this pandemic and have stood witness to the thousands of their fellow Wisconsinites it has taken.

As hospitals and health systems have been on the front lines of caring for those afflicted with this virus, so too are they again on the front lines of preventing this virus through vaccine administration. As they have with all aspects of COVID, our members are leaning-in to their role, especially during these initial stages of vaccine deployment, and as the State of Wisconsin ramps up, creates and aligns the assets around its broader, multi-faceted vaccination strategy.

Depending on various assumptions, we calculate that Wisconsin will need to administer between 28,000 and 38,000 doses per day to successfully vaccinate 2.5 million people with two doses of vaccine by June 30. This is an immense, but achievable, challenge if we move forward in a pragmatic, coordinated and adequately resourced manner.

During a recent COVID briefing, DHS Deputy Secretary Julie Willems Van Dijk said "A shot in an arm is protecting a life." WHA could not agree more. To do so, we support implementing a vaccine strategy that:

- Has as its primary goal vaccinating as many people as quickly and safely possible
- That is flexible and acknowledges the prudence of variation and phase overlap

- Develops and leverages all vaccinator assets to the fullest extent.
- And is driven by the principle that each day additional people in a community are vaccinated, that community is safer than the day before.

On January 8, Governor Evers and eight other governors sent a letter to HHS Secretary Azar and Operation WarpSpeed's General Gustave Perna asking for immediate release of additional supplies of the life-saving vaccine. The letter quotes General Perna saying "a vaccine sitting on a shelf is not effective."

Soon after this letter, in fact in his announcement Tuesday, HHS Secretary Azar stated, "We need doses going to where they'll be administered quickly and where they'll protect the most vulnerable." WHA agrees and this is the primary reason we believe the state's vaccine allocation strategy should be flexible, allowing areas of the state that are ready to move ahead to do so by vaccinating the elderly and other key populations who can quickly and efficiently be vaccinated.

The often-cited national Advisory Committee on Immunization Practices, or ACIP, determined in its guidelines to states that it is not necessary to vaccinate all individuals in one phase before transitioning to the next. Secretary Azar reinforced this expectation earlier this week when he urged states not to overly manage the process but to allow people in lower-prioritized groups to be vaccinated rather than delaying vaccination. "Faster administration could save lives right now, which means we cannot let the perfect be the enemy of the good," Azar said. We agree.

Further substantiating this point of view, also on Tuesday HHS announced that in two weeks states will have their vaccine allotment rebased using two factors: the state's 65+ and older population and the pace at which vaccines are being administered. For Wisconsin, we believe this means carefully leveraging, our existing hospital and health system capacity, but also underscores the need for the state to bring its new, frequently mentioned, vaccinator partners and assets on-line and deployed very quickly.

Looking not much further down the road, the capacity and infrastructure to achieve a more rapid and larger scale of vaccination is a critical consideration. No single entity or sector has done more to respond to all aspects of COVID in Wisconsin than our hospitals and health systems. And now they have been and will continue to play a critical role in ramping up vaccination, especially for those that have or will fall within their immediate, known and expanding spheres. And as they have done with testing, they will again be called upon, and will again take on, a key role in vaccinating larger population segments within their communities. Many are anxious to move forward, to do so they need either vaccines, resources, ready-to-go community vaccinator partners, regulatory clarity or all of the above to assure the capacity meets the demand.

To that point, it will also be absolutely critical that the state continue quickly standing up, resourcing, coordinating and rigorously engaging an all hands-on the so-called deck. Over 1200 entities have now been enrolled by the state as vaccinators, including hospitals, pharmacies, clinics, FQHCs and local public health departments. Many (like the PSW) are chomping at the bit to be a larger part of the state's vaccine strategy and we commend them for stepping up and embracing this role, with many of those saying "give us more to do!"

We noted with great interest the announcement yesterday of \$86 million in funding the Evers Administration is allocating to local and tribal public health departments. The local public health

infrastructure, working closely with community vaccinators, must play a key role in coordinating community vaccination strategies as well as administering actual vaccine. The \$86 million investment, earmarked for COVID-related expenses, including vaccine administration, is an indication of the key role public health will play in greatly expanding the capacity to give vaccinations and as the state moves forward with broader, community-wide vaccination.

We also know that many are coming forward to offer additional assistance, such as the Alternative Care Facility in West Allis and the University of Wisconsin System (which is partnering with one of our members right now). We commend the state's plans to contract for mobile vaccination and mass vaccination clinics, and eagerly await the details and deployment.

There is a light at the end of the tunnel. We will get there, and WHA and our members remain unfalteringly committed to working with the many partners, and moving parts, to make it happen.

We appreciate the hard work of all those, both inside and outside government, who are engaged in creating and executing Wisconsin's COVID strategy. Carrying out a plan for a vaccine that requires two doses, has inherently transportation, storage and other logistical challenges, involves multiple levels of government and shifting guidance and variables is a massive undertaking. We know everyone is working hard and at the end of the day, all want Wisconsin to emerge from this awful pandemic as soon as possible.

We want to thank the people of Wisconsin who continue to endure all of this and take the steps needed to slow the spread of COVID. We still need to stay vigilant, and it is appreciated.

I can't let any opportunity go by without thanking the health care heroes of Wisconsin who at every level have endured challenges and hardships over the past 10 months as never seen before, and hopefully soon, will never see again. Hospitals and health systems, and those who keep them open and providing care, continue providing exceptional patient care under incredibly challenging circumstances and uncertain, changing rules. They will again be there for Wisconsin as an essential and critical element of the next phase of the state's response to this public health crisis.