WIG Summer Summit Series
June 29, 2021
“Advanced Recycling: Fact vs. Fiction”
“Beyond the Prep Act: Ensuring Pharmacists Can Continue to Support Community Health”

Featuring:
West Virginia State Senator Patricia Rucker, Eastern Regional Director, WIG Board of Directors (moderator)
Prapti Muhuri, Manager of Recycling and Recovery, American Chemistry Council
Jodie Morgan, CEO, GreenMantra Technologies
Christie Boutte, Senior VP, Reimbursement, Innovation and Advocacy, National Association of Chain Drug Stores
Kayla McFeely, Director of Pharmacy Care, Health and Wellness Programs, National Association of Chain Drug Stores

Senator Nancy Todd: Welcome, and thank you for joining us today! I’m former Colorado Senator Nancy Todd, Interim Executive Director at WIG. Women In Government is a nonprofit nonpartisan organization guided by an all-legislator board of directors.

Now, I’m delighted to introduce our moderator for today’s session, West Virginia Senator and WIG Board Member Patricia Rucker. Please take a moment to see her bio in the Chat Box. Patricia, the floor is yours, and ladies, get ready for a wonderful program!

Representative Patricia Rucker: Thank you so much, Nancy, and thank you to everyone joining us for today’s double-header program. Before we get started, please introduce yourselves in the Chat Box. If you have questions or comments, write them in the Chat Box at any time, selecting “To: Everyone.” Please select “Speaker View” from the Zoom View Options for the best view. We’d love to see you tweeting with the hashtag: #WIGSummerSummit

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Now, on to today’s first program Advanced Recycling: Fact Vs. Fiction. Please join me in welcoming our two panelists and we’ll post their full bios into the Chat Box. First up is Prapti Muhuri, Manager of Recycling and Recovery at American Chemistry Council. After her, we’ll hear from Jodie Morgan, CEO of GreenMantra Technologies.

Prapti, the floor is now yours!

Prapti Muhuri: Thank you so much, Senator Rucker and Senator Todd, for the kind remarks. Again, my name is Prapti Muhuri and I’m with the Plastics Division at the American Chemistry Council, and I’m really pleased to be a part of today’s session.

We know that plastics are a very versatile material that's used in our everyday lives, and it's a key material in modern innovations such as electric cars, solar panels, wind turbines, and you know, plastics even help reduce fuel usage and food spoilage. And it’s evident that it’s the material choice for so many varied applications.
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But in the same token, we’ve faced a lot of challenges of being able to successfully recycle plastics after they've been used. As folks know, since the implementation of China's National Sword, our industry has been really challenged with providing domestic solutions for recycling used plastics.

And this has also presented us with an opportunity to create more manufacturing jobs domestically as well as helping individual states achieve their high recycling targets and waste diversion goals. So today, we want to talk a little bit about how advanced recycling can play a prominent role in tackling some of those issues.

Many of you might be wondering what is really advanced recycling. Well, it encompasses kind of a broad range of technologies that can used plastics and turn them into either their original building blocks or leverage chemistry in a certain way to produce a wide range of products. That could be feedstocks for new plastics and chemicals that go into the products we use every day or even specialty products that go into applications - for example, building and construction and so much more.

And so, I’d like to turn it over to Jodie Morgan who's the CEO of GreenMantra technologies to kind of describe in a bit more detail the types of advanced recycling processes that exist and the specific ones being implemented by her company. And then we'll go into a kind of a fun fact or fiction poll game and test some of the knowledge of the audience, and we’re happy to indulge your questions as well.

Thanks, Jodie, and I turn it over to you.

**Jodie Morgan:** Thanks, Prapti. So, I wanted to do a little bit of a deeper dive into the landscape that is advanced recycling, and I’ll you start out by saying that you know we believe fundamentally that advanced recycling is really critical to helping to compliment mechanical recycling and to solve the plastic waste problem that we have and making sure that the plastic that we use doesn’t end up in our oceans and in landfills.

So, advanced recycling is a a new concept for many people, but basically we all do the same thing - all the companies that are working in this space. So, we take post-use plastic and we use it as a resource to create other products and there's a continuum which you can see on the slide in front of you. So on one end of the slide we have purification and the other we have pyrolysis. But let's start by explaining why we have Legos on the slide. So, plastic is a really long chain molecule, and so it’s represented by that Lego tower. And what each of us does is we take that Lego tower and we process it. In purification, what you do is you take out all of the things that were put into plastic to make it perfect for its first use – say, color. On the other end of the spectrum, you take that long chain and you break it all the way down into the individual little bricks, so the individual Legos. And then that product can be further process to become plastic again or to become other functional products.

**GreenMantra** is in the middle, so we take that long Lego tower and we use a Lego guy - he's a catalyst - and he just makes a couple of breaks in that chain, and we produce a whole new line of products. And these products are called additives. Again, a lot of people don’t know what that means. The way that I usually explain it is it’s like yeast. So, if you have dough and you add yeast - so it's a small part of your recipe - you get bread versus a cracker. You can’t get the bread without the yeast.
GreenMantra’s products are similar to that, so our customers use our products that a small percentage of their formulation to create dramatically different products as a result of incorporating our yeast into their dough.

GreenMantra’s ambition is to become the leading global green specialty chemical company, and we are well on our way to be able to do that. We have scaled, we are commercial today, we’ve been commercial since 2016, and we operate our facilities 24 seven like any other good manufacturing company. We produce 17,000 batches of product and counting and even if you don't know what a batch is, if you do anything 17,000 times I can give you a good indication that you get pretty darn good at it.

So, we've really de-risked this technology, and one of the things that we're really proud of is that we're able to help people to be more sustainable throughout the entire process. We use post-use plastics that are hard to use. Film, as an example, doesn't go well into a mechanical recycling facility. Or your lip gloss - that container that does not work well in the mechanical recycling, but we love it. It's really perfect for us, so we can use those types of plastic.

Our process is very, very efficient. The products that we make help our customers to reduce the amount of energy that they use, and they can also increase the amount of other types of post-use plastic in their formulations. And then the products that we go into that additive - that yeast – that goes into things like roads or roofing or other plastic parts, and so those bits of plastic then come out of the environment for 10 to 100 years. In each of those stages, we’re really helping to improve the overall sustainability profile.

Prapti Muhuri: Thanks, Jodie, for that wonderful overview. I think we can dive into next star statements that maybe are up for debate or a question that we’d love to ask the audience to test the audience’s knowledge of advanced recycling. There will be a poll that will be popping up on your screen in just a moment. And then, once we get some of those results, we’d be happy to answer whether the statement is indeed fact or fiction.

I think the first question is already queued up. “Advanced recycling technologies have been around for decades.” It looks like we have the results. 75% of you stated that that's a fact, and 25% stated that was fiction. Jodie, maybe you could provide a little bit more context on why the statement is indeed fact.

Jodie Morgan: Yes, this is a fact. Advanced recycling has been around for decades, and like all new technologies, whether it's producing tie backs or whether its solar, it will change and evolve over time. But one of the things that's been really significant over the past few years is the amount of increased innovation and also the commercial advancements. Prapti had mentioned earlier about the China National Sword policy, and since that happened about four years ago, there’s been a significant amount of investment. About $5 billion dollars of investment has been announced and advanced recycling to help take care of some of these problems.

As of today, with just what is already existing but also planned in the U.S., we have the potential to divert about 7 billion pounds of used plastic. So, how do we put that into perspective? That's about 28,000 Statues of Liberty. I'm not sure I can even picture that either, but it's a lot. GreenMantra has already processed 17 million pounds of plastic waste and counting.
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Prapti Muhuri: Thanks Jodie and, yes, as you can see, here we tried to create an anecdote that is somewhat relatable. As Jodie mentioned, these are announced investments towards modernizing advanced recycling technologies that have been publicly announced in the U.S., so a lot of momentum there and in the innovation.

Now to the second statement. “Advanced recycling leads to the burning and incineration of plastic waste, instead of being recycled.” It looks like an overwhelming majority of you answered that correctly. 90% stated that it is fiction, and you are correct. This group clearly encompasses a lot of smart people! So, Jodie, why don’t you walk us through a little bit why this is indeed fiction and maybe comment on a little bit about the processes that GreenMantra employs today.

Jodie Morgan: Yeah, absolutely. With advanced recycling, there are companies that do use thermal energy - so think heat. But if they do, it’s typically done in the absence of oxygen. So, that means there’s no combustion, and in fact, the reality is that if we go all the way to burning the plastic, we take away a lot of the value that that feedstock provides to produce other products.

If you remember the Legos, what we try to do instead of that is really control it, and just make a couple of cuts and break down that chain. GreenMantra uses a combination of heat and pressure and our catalyst the Lego guy. And so, think about like an InstaPot. You don’t heat it any higher than the temperature that you might in your oven, but that additional pressure helps it to cook faster, and it also makes it very controlled. We don’t want to burn the feed stream. We want to turn it into something more valuable.

Prapti Muhuri: Thanks, Jodie. This one reads, “Advanced recycling technologies are not economically viable in a commercial setting and can only be done in a specialty lab setting.” It looks like 70% of you say that that’s fiction, and that is indeed correct. Jodie can walk us through why that is indeed fiction.

Jodie Morgan: Yeah absolutely. So Closed Loop, which is a New York investment company, does a lot of work in this space trying to make sure that we’re adding data and information to the dialogue. One of the things that they did recently is they did an analysis and determined that there’s $120 billion dollars of economic opportunity that’s associated with advanced recycling. So, a huge amount of opportunity for the U.S. Several of the companies in this continuum that we talked about are already into the final phases of construction and commissioning.

In GreenMantra, we’re a bit further. As I mentioned, we’ve been commercial for five years and we’re continuing to grow. We’re also profitable, and so, in addition to diverting the waste, we are also contributing back into the local economies with important jobs and also with a profitable business model. The industry is still in an early stage. We shouldn’t ask too much of it, and companies will continue to develop and move along. But there’s hard evidence now that these companies can not only grow and survive but thrive and become profitable and contributing.

Prapti Muhuri: Thanks, Jodie. I appreciate that context. And if we could kindly just cursor over to the results of that statement so the audience has a visual explanation as well that Jodie just walked us through. We’d be happy to indulge additional questions that may arise after the fact vs fiction session.
So the next statement, “Advanced recycling will decrease emissions in the manufacturing process and contribute to improving the environment.” It looks like we have that overwhelming 96% who stated that it’s a fact, and that is correct. Advanced recycling facilities have been found to actually have lower emissions than other well-regulated facilities: food processing, auto manufacturing, hospitals, and universities.

There was actually a report that was done recently by a sustainability firm called Good Company and we’ll be happy to share that link to the report in the chat as well. The company collected data on air emissions for specific types of advanced recycling technologies, mainly pyrolysis companies in the U.S., and found the emissions to be lower or very similar to many of the common manufacturing and industrial facilities that we know today. These facilities are regulated by the U.S. federal Clean Air Act and have a lot of controls and processes in place to make sure that hazardous pollutants are not concerned or emitted by these facilities. So very environmentally friendly. Jodie, is there any other additional info that you could provide on emissions – specifically GreenMantra’s process?

Jodie Morgan: Yeah, we actually recently completed a life cycle analysis and what we were able to demonstrate is that our process can reduce the carbon emissions by 73%. I know some of these numbers are hard to get your hands around. Basically, if we produce 1,000 metric tons of our product, it’s the same as taking 350,000 cars off the road for a year. So, it has a really significant positive impact, and we are not the only ones that can demonstrate this value.

Prapti Muhuri: Thanks, Jodie. I appreciate the additional data points. I think we have one last question and that’s “Policymakers have no interest in advanced recycling, and there has not been any legislation on this topic of the last few years.” It looks like 88% of the audience has stated that is fiction, and you are correct. Jodie, maybe you could walk us through a little bit about what the momentum has been around the interest in advanced recycling from U.S. policymakers.

Jodie Morgan: Yeah, I’m obviously really thrilled with this progress that’s being made. 14 states - five of those just since January of this year - have updated their laws to recognize advanced recycling, making sure that these technologies are regulated as manufacturing. The thing that’s so interesting about this space is that this is a new leg to manufacturing. And for most of us - I’ve been in manufacturing for 35 years - we understand that these are really good quality jobs, and that manufacturing has a multiplier effect, right? Giving back into the communities where we have an opportunity to work by not only making sure that the jobs are good quality, but the pay is high, and the workers are skilled. So, for me, I’m just thrilled to see this this forward progress.

Prapti Muhuri: Thanks, Jodie. And just to add to that, you mentioned that you know five states passed just in 2021 including Oklahoma, Arkansas, Arizona, Pennsylvania, and most recently Louisiana. In most states where the legislation has passed, it’s been very bipartisan. In Louisiana specifically, the legislature approved the advanced recycling legislation unanimously in its most recent session. So, it's really promising that there is this increased appetite to welcome these technologies to individual states, and we hope to see that momentum continue.
So, it sounds like our audience is very knowledgeable on advanced recycling. It makes us wonder why we didn't give harder questions. We really appreciate the enthusiasm and the participation from our audience today.

I think in the time that we have left - looks like we have about eight minutes left - Senator Rucker, I'll turn it back over to you to and maybe indulge some questions from the audience.

**Representative Patricia Rucker:** Thank you so much, Prapti and Jodie. That was very informative, and I'm surprised I got so many answers correct that I was just guessing on. To get us started, I have a few questions I like to ask. So, would you tell me what are the biggest barriers besides regulatory to scaling advanced recycling?

**Jodie Morgan:** Prapti, do you want to start with that with your wider view and I can add to that?

**Prapti Muhuri:** Yeah, absolutely. We just touched a few minutes ago on some of the opportunities and welcoming advanced recycling into individual states with a lot of the state legislative approaches. Aside from that, some of the barriers around economic viability have kind of been a concern. Jodie mentioned just a bit ago that a lot of these technologies that are still in early phases have been around for many years perfecting their processes. But technology facilities still take a lot of capital to start up, and getting their foot in the door is sometimes the barrier.

But some of the legislative approaches in the states to accept advanced recycling as manufacturing operations has been very helpful. I think, in addition to other barriers, definitely the environmental footprint of the various technologies and kind of understanding that and garnering support from other plastics value chain stakeholders has also been of interest. There's a lot of work being done to address the environmental benefits of advanced recycling facilities. And Jodie, if you have any additional color to provide from GreenMantra’s perspective, that would be helpful.

**Jodie Morgan:** I think the thing that's interesting about this space is that in most cases, what we're doing is a new approach to an old product. So, if you are looking at the products that we produce today, there have been companies - large multinational companies - that have been doing the same thing or similar things for decades, sometimes as long as 100 years or more. And as a result, they have scale and infrastructure. They have assets that are fully depreciated. It's just a different playing field.

So, getting to scale with these companies is very, very important. And just like anything that's new, you're going to stumble for a bit - it's definitely a bit of a two steps forward and one step back - and making sure that you're resilient enough to say that “what we're doing is good, and what we're doing is important” to keep moving forward.

Prapti is 100% right. You know, getting the funding is important, keeping the investors motivated to move that forward is important, and having good enthusiastic people on your team who are excited enough about what success looks like and how you can help to better the world, so that when you have a tough day in the lab you can continue to get back up and continue to move it forward.
Representative Patricia Rucker: Okay, well, so what are those regulatory barriers that hinder, that are the hurdles? You mentioned the legislation and the states that have passed it. What is it the policymakers can do to help?

Prapti Muhuri: I can take a first stab at that. We covered this a little bit in one of the polling questions. A lot of states don’t have definitions for advanced recycling technologies. We mentioned earlier that there are different types of processes that fall under this umbrella that we call advanced recycling. And Jodie walked us through exactly what GreenMantra does. There are other technologies across the world that have different types of processes to recovered use plastics. With the ambiguity on how advanced recycling could be regulated, that kind of leads to that question. Should advanced recycling facilities be regulated as solid waste treatment facilities or others?

And so what's been done in the 14 states that have passed legislation has really redefined advanced recycling as a manufacturing process and not waste management. That's really you know given transparency to companies like GreenMantra, who you've heard today, that want to do business so that they know kind of exactly what kind of permits to get when they're building a new facility and really enables them to get set up with optic agreements and garner investments.

The legislation also has a kind of a public health benefit. It really protects the public health and ensures that these technologies are indeed regulated. They have to get all of the permits like any other manufacturing process, whether it be an air permit, a permit for water, land usage, etc. so that the waste is disposed of properly.

And so, what policymakers can do to help - I think previously we kind of glanced over a slide with the 14 states that have passed legislation. That slide has a map showing the 14 states that have passed advanced recycling related legislation. There are many more states to go, so support from policymakers to further this type of legislation would be extremely instrumental.

Representative Patricia Rucker: Thank you for that answer. Jodie, did you want to add anything?

Jodie Morgan: I could not have done that any better. No.

Representative Patricia Rucker: Yeah, that was pretty perfect. As a legislator from one of those states, we obviously need to get going on drafting something. How does advanced recycling complement work with traditional recycling? Are they considered competitors, or do they complement each other?

Jodie Morgan: No, they absolutely complement each other. Mechanical recycling is a great way to help again to reduce the amount of product that's going into landfills and others. So, if you're building a park bench and you want to use post-use plastic, you're getting the majority of that post use plastic likely from a mechanical recycler. But the reality is that you need other products to complement that, and that's where the advanced recycling comes in. And so, at GreenMantra, we don't replace the primary plastic that you're using to make the apartment. We just make it easier for you to make that park bench.
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And we also are able, in advanced recycling to use forms and types of plastic that don’t easily recycle. The reality is, if you have a water bottle that's made with PET - and a lot of water bottles incorporate post-use plastics - so that has high demand. But there are other types of plastic where the demand is very low, and as a result of that demand being really low, the mechanical recyclers can't afford to process that. That's going to automatically go into a landfill. But we can process it and we can turn it into something valuable, so it's very much complementary to what we're already doing and the infrastructure we've built in mechanical recycling.

**Representative Patricia Rucker:** Wow, that is really awesome. I really can't thank you guys enough. This information is super useful to me as a legislator, and I hope to the others listening. So, thank you, Prapti and Jodie, for a really informative session.

All Summer Summit resources will be posted on the WIG website after the program, so please don't forget to check that out, and you can share it. And also, don't forget to check out WIG’s newest toolkit on Malnutrition in the Policy Library.

Okay, I think we are just about out of time and can now transition to the next segment, so we’re going to jump into the next session: “Beyond The Prep Act: Ensuring Pharmacists Can Continue To Support Community Health.”

With us today, we have Christie Boutte, the Senior Vice President of reimbursement innovation and advocacy at the National Association of Chain Drugstores and Kayla McFeely, Director of Pharmacy Care and Health and Wellness Programs at the National Association of Chain Drug Stores.

Welcome, Christie and Kayla, and welcome to anyone who may have joined us just now. Just as a reminder, please write questions and comments in the Chat Box, Christie, the floor is yours.

**Christie Boutte:** Thank you so much. Thank you to all of you joining today, and thank you for having us. Just a little bit about NACDS and who we represent - NACDS represents traditional drugstores, supermarkets and mass merchants with pharmacies. Chains operate nearly 40,000 pharmacies at the moment, and NACDS chain member companies include chains with a minimum of four stores and traditional companies. So, as you can see, with everything that's going on with pandemic and the Prep Act, NACDS members have really been involved in have really stepped to the plate.

Getting into what we’re here to discuss today beyond the Prep Act, over the past 16 months, the virus has dramatically changed our world. It has changed the way the health system operates, and it has actually created an environment where healthcare members and community partners, including community pharmacies, are being leveraged and ensuring continuity of care and making sure that shots get into arms.

We have been very fortunate with the federal government recognizing the impact of leveraging pharmacies within communities and issued guidance and advisory opinions that have authorized pharmacists and pharmacy staff to be engaged in these efforts across the board. What you see on the slide here is an outline of some of those things that we have been granted thus far.

In April 2020, the Prep Act actually gave pharmacists the ability to do COVID testing, which was a huge effort early on in the pandemic. That was followed up in May 2020 with the Prep Act pre-empting any state and
local restrictions that would have prohibited pharmacists from acting in this space. Followed by August 2020, right around the time when you're starting to hear news about a potential vaccine, the PREP Act gave pharmacists vaccine authority for childhood vaccines that allow patients to bring their children into pharmacies and get those vaccines for children three to 18 years old.

In September - that was followed up by realizing that pharmacists would receive a lot of patients to get vaccines - in September 2020, pharmacist interns were also given the authority. Followed by October 2020, pharmacy technicians were also given the authority to administer vaccines. As it stands now, that authority is in place and could be in place until 2024.

Prior to the PREP Act, we do know that all 50 states authorized pharmacists to administer adult vaccines for flu, pneumonia, and shingles - but that authority was pretty much a hodgepodge of a variety different things as it varied across the states. And it was a patchwork of inconsistent laws and regulations that place restrictions on age, type of vaccines, and the number of support staff that can give vaccines. What the PREP Act did was not only did it broaden that authority and preempt state laws and regulations, it also removed these barriers, now creating a pathway for pharmacists and pharmacy staff to provide these services to patients.

What you see on the right hand of the slide - I won't repeat them all - but some things to point out. Since the PREP Act was in place, pharmacies have been able to give more than 85 million COVID vaccines. They've also been very influential in equitable distribution with 40% of those doses being given to racial and ethnic minorities and 3 million doses to adolescents. Pharmacies have also been very helpful in getting vaccines to people in those hard-to-reach areas. They've done over 8,000 pop-up clinics.

Kayla McFeely: So, we wanted to walk you all through how the changes for pharmacy made under the PREP Act actually changed the national landscape for public access to vaccinations and testing. And we've also done some examples of states that have made permanent changes to improve access to care beyond the current pandemics, so we don't have to worry about an expiration date.

This is really important because we're not just trying to better prepare for the next pandemic. We want to build on the lessons learned during this pandemic to improve access to the routine and everyday care that improves underlying health and well-being.

I will orient you all to the maps quickly. The dark blue shows the broad ability for pharmacists to provide COVID vaccinations to individuals three years and up. The light blue means that pharmacists can do this, but there might be some hoops to jump through or additional restrictions such as a protocol or maybe an age restriction. And then the light gray shows either no ability for pharmacists to do this or very limited ability.

But essentially, what you see here is that the actions taken under the PREP Act - so the map in the middle there - removed any undue barriers or restrictions nationwide, really proving that the restrictions imposed were not needed. And we've seen this demonstrated clearly, especially over the last several months, with pharmacists providing these COVID vaccinations safely and effectively.

But unfortunately, the map on the right shows that there's plenty of opportunity for more permanent changes. A number of states have made some real progress, but there's more opportunity, and
unfortunately, some folks would lose access to COVID vaccines at pharmacies if the PREP Act were to expire today. So, how do we prevent this?

We'll go through one of these permanent changes in Oklahoma. So, prior to the PREP Act and prior to the COVID pandemic, pharmacists in Oklahoma could only administer vaccines to individuals, pursuant to a prescription protocol or some other arrangement with the prescriber. But this year in April, some of those restrictions were removed, and actually now, you can see that a pharmacist can administer immunizations that have been approved or authorized by the FDA without a prescription or protocol restriction in place.

This language you see for FDA authorized or approved - that piece we've learned has been so critical during the current pandemic because it really prevents delays and streamlines access for the public to receive new vaccines. So, in other states, you might see they list out specific vaccines pharmacist can give. But that doesn't provide any flexibility for new vaccines and essentially laws and regulations would need to be amended when something new comes to market.

So, that reactivity doesn't provide the agility that the public needs to receive new vaccines, as we saw with the COVID vaccination when it came out. We really need that proactive language, as shown here in Oklahoma, to set pharmacies up from the start, to be able to jump right in and provide access to new vaccines when needed.

So here, you see pharmacist authority to provide ACIP-recommended vaccines to those 3-18. Again, you'll see the PREP Act washed away any undue restrictions or barriers, but if the PREP Act were to expire, children and adolescents in many states will lose this access option. And unfortunately, we've seen routine vaccination rates job drop for children, adolescents, and adults during the pandemic. That puts us at risk for outbreaks of vaccine preventable diseases outside of COVID, which is really important to consider, especially with schools hopefully opening back up this fall.

We really want to encourage parents to catch themselves up on their routine vaccines and get their families caught up on routine vaccines. One important way to do this is to make it easy for them by maintaining all access options for recommended vaccines, including at pharmacies. So, we want folks to have that option to visit pharmacies for routine vaccines today and also want to provide that option moving forward beyond the pandemic.

So, walking through a quick example here in Arkansas, before the PREP Act, pharmacists could only administer flu shots for those seven and up and then other vaccines for seven years of age and up, but they needed a protocol. And in March 2020, some of those restrictions were removed, and actually dropped the age down to three years and older and removed some of the additional barriers. That three years aligns with the PREP Act, so that was that was great to see.

Pharmacy technician authority to administer vaccine- so, you'll see that technicians had really limited ability to administer vaccines, despite strong evidence showing the safety and efficacy, and that was before the PREP Fact. However, with the PREP Act underway now, this is allowing pharmacy technicians to step up across the nation and provide vaccinations. And once again, few states have taken permanent action so far.
We'll walk through another example here in Iowa. I also think it's important to mention that when pharmacy technicians are authorized to perform activities at the top of their skills, pharmacists can better leverage their clinical expertise to take care of patients. That's been shown a number of research studies and pilots, for years now actually. But this new law in Iowa keeps it broad, so it allows pharmacists to delegate more duties to technicians - whereas other states might have a do's and don'ts list that's really specific about what activities technicians can and cannot perform.

But keeping it broad like this change in Iowa and not tacking on additional restrictions is what allows technicians and pharmacists to better meet the needs of their patients. And it's especially helpful during a pandemic when pharmacists might be called to do expanded activities, and they need their technicians and support staff to support them in different ways. And it could also be helpful in peacetime outside of a public health emergency.

The last one is point-of-care testing. So maybe you can tell from the maps, but we had to add some additional textures on top of colors, as in some places this one can be really nuanced. You have pharmacy restrictions at play and lab restrictions that play, so there's really a lot going on here. But we tried to simplify it as best we could to show you the visual. But again, the PREP Act wiped the slate clean and allowed pharmacies to step up for their communities and provide new and needed access to COVID testing.

So, let's look at a permanent positive example - actually from before the pandemic, so we're kind of breaking our own rules here, but you'll see why. In Idaho, prior to the PREP Act and the COVID pandemic, pharmacists could actually order, administer, and initiate treatment, based on CLIA-waived tests. That change took effect back in 2017 and it's been refined in the years since. But essentially, pharmacists can prescribe treatments in accordance with FDA labeling for conditions that have a tests like a CLIA-waived test to guide diagnosis or clinical decision making.

And it may seem surprising that pharmacists in Idaho can provide the full range of point-of-care tests because in most other states they're very limited. But I think it's important to remember that, by definition, CLIA- waived tests are simple tests with a low risk for an incorrect result. So, generally, they're very easy to perform and read the results. And actually, CLIA-waived tests exist for a number of other important clinical areas - so we're talking about COVID, but also there's CLIA-waived tests for flu, strep throat, even A1C, HIV, Hepatitis-C, and many more.

It's also important to note that patients don't just receive the test result, but they have the clinical expertise of their pharmacists to educate on the result, provide follow-up and referrals when needed - and again, not just for COVID, but there's a lot of opportunity here. Why is this important?

So, primarily improving access but also generally pharmacy-based testing is important to help undiagnosed patients be identified sooner and help them faster prevent costly ER visits, especially on weekends and evenings, and overall build community capacity for care access. So, this will be really important this flu season for flu testing and also COVID testing, but as I mentioned, plenty of opportunities, beyond the pandemic to leverage pharmacies here. And with that, I'll turn it to Christie for the next slide.

Christie Boutte: Thank you. So, in addition to the PREP Act authorities and flexibilities that were given to allow pharmacists and technicians and staff to provide vaccines, there were other additional key state
flexibilities that were granted outside of those by the federal government. So, what you see here in the six squares are other flexibilities that have been in place across the states throughout the public health emergency. Things like remote processing, remote work, and tele-pharmacy have really been key to ensuring that not only that pharmacies limit exposure to patients but also limit exposure among staff.

Early on in the pandemic and well throughout the middle of it, emergency refills to make sure that patients had their medications and other maintenance medications on hand and had them filled without having any unnecessary disruptions in care. Also, relaxations on technician ratios and permissible duties to allow technicians to really step up and help pharmacies continue to provide those services.

Another flexibility was in delivery waivers where states, especially payers, have some restrictions on delivery service and what is in place with deliveries requiring signatures and things of that nature. So those delivery waivers were put in place, also to minimize exposure, and to waive those signatures that are needed when prescriptions are delivered - again to minimize exposure to the patients as well as the pharmacy staff and those entities that were delivering those prescriptions.

Of course, for some payers like Medicaid as well as all payers, pretty much, there's counseling that's required with prescriptions. These flexibilities allowed for telephonic counseling just like tele-pharmacy as well as therapeutic interchange where there is a need for interchange on medications to ensure, again, that there are no unwanted disruptions in patient care.

So, in addition to the flexibilities that have been put in place during the pandemic, there are some of those things that we need to consider in terms of post-pandemic and services that pharmacies continue to provide. Even with the pandemic and outside of it, pharmacists are still able to do flu and strep testing and treatment of other minor ailments through CLIA-waived testing that Kayla just described.

Again, routine vaccinations - which will be very important, as we move to opening up America and moving back to normal - making sure that we can close all those gaps in vaccines that have been missed while we've been in a public health emergency. Again, pharmacies still provide mental health support and testing, HIV testing and prevention and both pre- and post-exposure for HIV, as well as addressing social determinants of health and continuing to ensure health equity and also substance use screening for substance use disorder.

Kayla McFeely: Thanks, Christie. I think we're running low on time, so I'll try to be quick here. We wanted to highlight that the actions taken under the PREP Act and removing those undue scope of practice barriers and restrictions have allowed pharmacies to really hone in on reaching people's arms and minds to educate and have meaningful conversations about COVID vaccines.

So, we've listed some examples here. Pharmacies have actually conducted over 8,000 pop-up clinics at employers, homeless shelters, churches, working with community and faith-based leaders, partnering with rideshare companies. Making sure that appointment times are available late in the evenings and on weekends, as we mentioned, and making sure walk-in opportunities are available. But before walk-ins were available, pharmacies were helping folks without technology actually access appointments. So, just a few examples here.
And then, here we wanted to share with you just some polling data to highlight that pharmacies are really among the most trusted. They're available where people live and work. They've integrated into the communities that they serve. The people working there are neighbors and friends.

And they provide an additional access point, especially right now, during the pandemic, but can do so much more moving forward. And we have some polling data here showing that even among minority groups, there's established trust with pharmacies and pharmacists.

**Christie Boutte:** To round this off and tell you where we're going, and looking back and looking ahead, in all the nastiness that COVID presented to the healthcare system, there’s a lot that could be leveraged here. There's a lot to be learned in looking back, looking at the safety and efficacy of the flexibilities and what that has provided in terms of ensuring that patients have continued access to care. And looking ahead again, COVID has provided an opportunity for us to leverage all of those flexibilities to help us reopening schools and businesses and economics, as well as keeping that moving forward.

As we continue to move through the pandemic and moving on the other side of the pandemic, we do know that there may be a need or there is potential for a COVID-19 booster, and pharmacies can continue to provide those services. Again, we still have to deal with the fact that there are several areas where there's low vaccination rates and some of these are hard-to-reach areas, and there's still health equity concerns. So, ensuring access and fostering equity in care and in peace time for those patients. Again, how can we leverage the lessons learned in COVID and prevent future outbreaks and future pandemics and other preventable diseases?

Again, this will be very important as we move forward because what COVID has shown us is that there could be another case, especially as we look at the DELTA variant and DELTA plus variants and whatever comes to mind. With these low vaccination rate demographics and locations, there is a possibility that this will continue to spread and continue to be a need for further care.

So, where do we go from here? At the top, you see that we're “stronger together.” And what NACDS does and its members have embarked upon is taking these experiences and these lessons learned and turning these temporary waivers into permanent care. These permanent flexibilities will allow pharmacies and their staff to continue to operate in the space and continue to provide these services to patients.

Life as we knew it before the pandemic has changed and we are now looking at a new normal. As patients have come to continue to rely on pharmacies who have been open and have remained open and have gone to for these services, they will continue to go to where they're comfortable for the services. So, it will be extremely important that we continue to maintain access to healthcare, access to equitable health care, and making sure that we get as many of these flexibilities permanent as possible. And with your help, we can do that.

**Representative Patricia Rucker:** Okay. Well, thank you, guys, so much for laying this out to us. It does look like we have one question. What is the type of engagement needed from state legislators in the state or with the districts they serve?
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Christie Boutte: So, as we move forward, the PREP Act authority is in place for a while. In most cases, it is in place until the end of the public health emergency or until 2024. A lot of states have found a little bit of comfort in that it's still in place, but our concern is that as we continue to move in this space - because a lot of states are lifting their declarations of public health emergency and lifting their flexibilities - but at the same time, a lot of these needs still need to be met in terms of patients, especially younger kids, needing the vaccines.

And without these authorities in place, there will be a void. So, what we what we really need is for states to move in the direction of having this permanent authority and not rely on the PREP Act as much because that will eventually go away. So, whether it is Boards of Pharmacy, Departments of Health, Medicaid Departments - it all depends, but we need the support there to stress the importance of the permanence of these flexibilities and these business efficiencies that have allowed pharmacists and pharmacies and pharmacy staff to operate in the space. Kayla, do you have anything to add?

Kayla McFeely: The only thing I'll add is that we're happy to be a resource. And every state has something different going on and different rules and things in place, and we have a great state team that works on the ground on all of these issues. And I just wanted to open it up so that if folks have specific state questions or issues, we're happy to be a resource and continue the conversation after today's presentation.

Representative Patricia Rucker: Thank you so much. I assume that ways to contact you will be made available to the participants. I have to say I’m really grateful for the information you’ve provided me. Just one last kind of wrap up question. What do you see as the hurdles, or what would be the opponents? What would they say if someone were to try to increase access in all these many ways?

Christie Boutte: One of the hurdles or opponents, of course, is the American Medical Association, because you have pharmacists actually operating in that space to provide clinical services and administering vaccines. And the approach that we have there is that pharmacists are not trying to strip that authority away from physicians, but we're here to help.

When you look at the number of Americans that have received vaccines and the number that still needs to receive vaccines, and then you add that to the number of kids that will need vaccines to go back to school, we're not here to take away their authority. We're here to help because the health care system will be inundated with those requests, especially now that there's guidance that these vaccines can be required.

And we know that it's even something as simple as five-year-olds, when that vaccine becomes available, and then returning to kindergarten, we realize the concerns with that age group. But when you look at the number of kids five-year-olds that are just merely be going to kindergarten and starting school in September, those numbers are staggering, so pharmacists and community pharmacies are here to help. And they have relationship with patients, so they're here to make that something that's more doable and more possible in that space.

Representative Patricia Rucker: Great. Kayla, did you have anything to add?
Kayla McFeely: No, I think that was great. One thing I’ll note is that the past year has really been a big pilot project, and I feel like folks have seen what pharmacies can do and how they can step up. So, hopefully that helps to alleviate any concerns that opponents may have because we’ve seen this work in the real world at a really fast pace, and we’ve seen pharmacies be really effective and also show safety in what they’re doing too. So, I wanted to note that.

Representative Patricia Rucker: Excellent. It looks like we might have time for maybe one more question if you guys don't mind. Can you tell us about some of the waiver programs that help pharmacies broaden access?

Christie Boutte: So, on the slide, some of the waiver programs - one huge one was delivery of prescriptions and the waiver of signature requirements. Medicare Part D requires signatures as proof of delivery, but in that instance, we needed those waivers from CMS as well to make sure that those patients can receive delivery, that delivery will be covered, that delivery would be reimbursed, and waive that signature requirement, also to minimize exposure.

So, that waiver has been very helpful, especially for those seniors, realizing that most seniors require or rely on others to get them to the pharmacy. But when you're in a situation of a public health emergency and everything is shut down, those seniors don't have the transportation, or they don't have their helpers to get them to the pharmacy or their helpers can't go and get it for them. So that signature waiver was extremely important because it kind of put our members and their pharmacies in a place to be able to provide that service and not risk exposing themselves or the patient to the virus.

Another example is remote processing. That is huge when you're looking at a situation where you have a shutdown. And a waiver to allow remote processing allowed pharmacies and allowed support staff to continue to help pharmacists in our member companies process those prescriptions and get them done for patients without having as many individuals in place in the pharmacy risking exposure to staff. So that was very helpful.

So, it's things like that, those types of waivers. And we call them flexibilities, but truly they are business efficiencies and operational efficiencies that have allowed pharmacies to continue to operate under regulations as set by the Board of Pharmacy while at the same time meeting the needs of patients.

Representative Patricia Rucker: Well, thank you for that. That’s really great. I was trying to understand what that meant when you were mentioning it, so thank you so much. Well, I don't see any other questions. I can't thank you enough. You guys were great. And for all of the participants, thank you for being here with us to learn more about this important issue and seeing how we can prepare for the next - hopefully not any time soon! - pandemic or emergency.

Please don't miss the last session for the WIG’s Summer Summit on Thursday July 1 at 3pm Eastern time. Take care, everyone, and have a wonderful day.
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