



February 3, 2021

The Honorable Frank Pallone
Chair
House Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Cathy McMorris Rodgers
Ranking Member
House Committee on Energy and Commerce
2322 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Anna Eshoo
Chair
House Committee on Energy and Commerce
Subcommittee on Health
2125 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Brett Guthrie
Ranking Member
House Committee on Energy and Commerce
Subcommittee on Health
2322 Rayburn House Office Building
Washington, D.C. 20515

Dear Chairs Pallone, Eshoo, and Ranking Members McMorris Rodgers and Guthrie:

Thank you for holding this important hearing to examine the COVID-19 vaccine supply chain and distribution process. Like all Americans, AARP's 38 million members urgently want to see an end to the coronavirus pandemic. We are heartened by the fact that we have two authorized vaccines to fight this deadly virus, and possibly more on the way. It is critical that these vaccines are administered as efficiently and quickly as possible, and we look forward to working with you to achieve that goal.

Since the start of the pandemic, nearly 95 percent of the deaths from COVID-19 have been among people age 50 and older. That is why it is so important that older adults be prioritized to receive these vaccines. The situation in America's nursing homes is particularly dire: although residents of long-term care facilities represent fewer than one percent of the population, residents and staff represent nearly 40 percent of the deaths.

Thankfully, millions of vaccine doses have been administered to date, with approximately one million doses delivered daily. However, we continue to hear from older adults having difficulty accessing COVID-19 vaccines. In many instances, demand has far outstripped supply. For example, during the week of January 18th, Minnesota's vaccine appointment website received over one million hits for 6,000 available appointments. Now the state is ramping up vaccine distribution, but there are over a million people in the "high-priority" category. In other states, individuals must complete multiple steps before signing up for a vaccine appointment, often with little outside guidance. An AARP member in Tennessee was unable to get through to her county's vaccine appointment line, and needed help from our AARP call center to set up an online account to get on a waiting list. We also heard from an AARP member in New Jersey who became desperate after running into multiple obstacles while trying to schedule his second

appointment. We hear about these challenges every day from our members, making it clear that Americans would greatly benefit from immediate steps to increase local supplies of COVID-19 vaccines and improve distribution processes.

We strongly urge you to take immediate action to address access problems and mitigate whatever barriers may be causing these delays. Full-scale mobilization is necessary, and any slowdowns or early bottlenecks in the production and distribution systems need to be urgently addressed. We believe federal and state governments should improve the current vaccine infrastructure, while expanding the ways that individuals can receive a vaccine. We support utilizing existing vaccinators (e.g., pharmacies) to supplement vaccine administration and build upon existing vaccination systems. At the same time, we support building mass vaccination centers and utilizing mobile clinics -- especially in areas with few health providers -- as well as developing new, critical modes of providing in-home vaccination to home-bound individuals.

As noted above, we continue to hear from members who are struggling to make appointments, including those who do not have access to the internet. Currently, the process to make an appointment varies state to state, or even county by county. Americans over the age of 50 are unsure how to make or confirm their appointment and are deeply frustrated and increasingly desperate. Many do not have access to the internet or do not have experience using online appointment systems. In addition, some states require individuals to visit multiple websites just to monitor vaccine appointment availability. We urge the federal government to work with states to develop 1-800 numbers for scheduling vaccine appointments that are centralized, well-staffed, and offer culturally competent customer service in several languages.

We also strongly encourage the federal government to ensure that all consumers have access to a centralized, regularly-updated online tool that will allow them to use their ZIP code to search for where they can get a vaccine and what they should expect. This tool should also be available in a variety of languages and easy to use for consumers, including those Americans over the age of 50 that do not regularly use the internet. We also strongly encourage Congress and the Administration to find ways to streamline any associated processes, such as allowing individuals to review and sign necessary forms in advance, to help reduce potential barriers to vaccinations. For example, steps should be taken to standardize the information a patient needs to present when they arrive at their appointments, including issuing guidance for states to use. Finally, we urge you to pay special attention to communities that may need specific education and outreach, such as rural communities and diverse communities. AARP will continue to help share this information with people as quickly as possible.

Moreover, in order to increase public awareness of vaccine allocation decisions and improve confidence in a fair distribution process, it is important that we all have access to accurate, timely, and transparent information, including how many residents and staff of long-term care facilities have been vaccinated. We appreciate that the Biden Administration has committed to expanding the collection and reporting of vaccination data, and we urge this data be available on a state-by-state basis. In addition, we believe vaccination data needs to be broken down by age, race, and ethnicity for states, the federal government, and consumers to fully understand where

the gaps are in vaccination administration. It is also of utmost importance that this information be updated as quickly as possible, even daily.

While we are pleased that Congress and the Administration have taken steps to eliminate any out-of-pocket costs for patients receiving the vaccine, we have seen unfortunate incidents where individuals receive a bill from their provider after receiving the vaccine. For example, AARP helped to resolve instances where providers in Alaska and Wisconsin billed their patients, likely for the administration fee associated with the vaccine. This is deeply confusing for Americans over the age of 50 who have been told that vaccines would be available to them at no cost. It is critical that COVID-19 vaccines be administered by health care providers who agree not to charge patients regardless of their insurance status or—at minimum—are fully transparent about potential charges during the registration process.

Additionally, considering the horrific death toll in America's nursing homes and other long-term care facilities, we are deeply concerned about reports that many facility staff are choosing to forgo COVID-19 vaccines. We appreciate the ongoing efforts from the CDC, but more must be done to save lives and ensure that staff, residents, and their families feel confident in COVID-19 vaccines.

Finally, while some older adults remain hesitant about COVID-19 vaccines, we cannot stress enough how eager many are to receive a vaccine, which offers so much promise for a return to normalcy. We have heard so many questions from AARP members about when and how they can expect to be vaccinated, who will notify them, what information they will need to provide, and where they can sign up. Clear information on what they can anticipate and when they may have the opportunity to receive the vaccine would be of tremendous value and will help to reduce the growing frustration around the COVID-19 vaccination process.

We appreciate your efforts and stand ready to work with our federal and state governments to address these challenges. Together, we can defeat this virus and help ensure a brighter future for Americans of all ages.

Sincerely,

A handwritten signature in black ink, appearing to read "Nancy A. LeaMond". The signature is fluid and cursive, with the first name being the most prominent.

Nancy A. LeaMond
Executive Vice President and
Chief Advocacy and Engagement Officer