



## Senate of Pennsylvania

Hon. Allison Beam  
Acting Secretary  
Pennsylvania Department of Health  
Health and Welfare Building  
8th Floor West  
625 Forster Street  
Harrisburg, PA 17120

February 12, 2021

Dear Acting Secretary Beam:

Thank you for participating in the Senate Health & Human Services and Aging & Youth Committees Joint Hearing on the COVID-19 Vaccination Plan on February 4, 2021. It was helpful for members to speak with you, Interim Acting Physician General Dr. Braund, and Cindy Findley, Deputy Secretary of Health Promotion & Disease Prevention as we continue to field questions from constituents who are looking for clarity surrounding COVID-19 vaccination efforts in the Commonwealth. Our members appreciate the on-going dialogue with the legislature regarding the status of our vaccination plans and the progress that must be made. As a result of the significant interest in your testimony, not all of the Democratic members of the committees were able to ask you and the Department their pressing questions. In an effort to continue our conversation, we have included below outstanding questions we hope you will address expeditiously:

### **Sen. Schwank**

1. What are the plans if any to schedule vaccination appointments for people who cannot access the internet or use a cell phone?
2. Based on a hearing held by the Women's Health Caucus this week expert testimony indicated that pregnant women should be receiving the vaccine as soon as possible. Can we move them into 1B if not 1A groups?

### **Sen. Comitta**

1. Many of my constituents are, understandably, eager for schools to fully reopen. Given that 1A is already established, are there any plans to prioritize educators or school staff when we get to 1B? I have been working with local superintendents and the Pennsylvania Department of Education on other challenges to fully reopening schools but remain concerned that fully reopening without a vaccinated staff will only lead to further interruptions to learning and instruction.

**Sen. Cappelletti*****Immunization Rates***

Pennsylvania seems to be lagging behind other states on several measures of vaccine administration. According to [one source](#), the Commonwealth ranks 7<sup>th</sup> from the bottom in percentage of first doses administered. Montgomery County, for example, has a large population of older adults and has experienced exponential traffic to pre-registration website since expanding the 1A category. There are currently over 100,000 people pre-registered, but only about 400 appointments are made every week due to availability. Colleges and universities continue to be hotspots, risking the safety of local communities as well as the university community, with the recent [spike in cases at Villanova University as one example](#).

I understand the difficulty of distributing the vaccine to those most at risk while also wanting the process to be as efficient as possible. I can appreciate the challenge of finding this balance. However, it appears Pennsylvania has performed quite poorly in terms of both volume of doses administered and equitable access to the vaccine.

1. What factors account for Pennsylvania's lag in vaccine distribution and what steps is the Department taking to mitigate these challenges?
2. When can we expect most of the individuals within Phase I to be immunized, and what is the Department's timeline for moving through each of the priority categories and having the bulk of the population immunized?
3. Regarding Montgomery and Delaware Counties specifically, what can we expect regarding scaling vaccine availability? How will college campuses be covered in vaccine planning?

***Equity and Access Issues***

I appreciated the Secretary's mention of the Department's commitment to equitable distribution of the vaccine across the Commonwealth. Given that persons of color are among those that have experienced disproportionately high rates of COVID, it is particularly imperative that we focus attention on access to the vaccine among communities most at risk. Moreover, for a significant percentage of the population English is not their primary language. Unfortunately, serious concerns have been raised about the lack of attention and the accessibility of vaccines to these communities.

1. What is the Department doing to ensure that data is being collected by pharmacies, healthcare providers, and other distribution sites on the race and ethnicity of all individuals receiving vaccines and that accurate data is being reported on a publicly-facing dashboard? What are the data trends and how is it being used to target vaccination efforts?
2. What are the Department's plans to ensure equitable distribution to marginalized communities and populations with disproportionately higher rates of infection, hospitalizations, and death from COVID-19?
3. How is the Department ensuring adequate and appropriate communication, outreach and scheduling options to areas where residents may be challenged in navigating a web-based scheduling process? Are there plans to mandate or require that counties and other distribution entities offer multilingual telephonic outreach to seniors and residents of lower income neighborhoods?

4. How does the Department plan to address vaccine hesitancy? What is the communication strategy for communicating where the vaccine is available and that the vaccine is safe and effective?

### ***Monitoring and accountability***

Based on some of the testimony at the February 4<sup>th</sup> Hearing, I am concerned the Department lacks a stringent system for monitoring vaccine providers and holding them accountable for following state protocols. It appears that hospital systems and pharmacies are being given a great deal of leeway in how they communicate vaccine availability to the priority population, how vaccines are scheduled, and who they are vaccinating.

1. What systems and processes are in place to ensure vaccination providers are adhering to the Department's guidelines for prioritization, methods of communication with priority populations, and process for scheduling appointments?
2. Due to the uncertainty and multiple systems for vaccine distribution, people are registering for vaccines through multiple systems. How will the Department assist in ensuring vaccine registration lists are up to date and people who received a vaccine from one distribution stream are removed from other waitlists? For example, if someone is on the county waitlist, but also has an appointment scheduled through a hospital system, once that person receives the vaccine will they be removed from the other list?
3. As increasing numbers of providers and sites have vaccine distribution authority, what are the Department's plans for monitoring them and ensuring strict compliance with Departmental requirements?
4. With the emergence of virus variants, what is the Department's plan for monitoring variants and, if necessary, removing ineffective vaccines from the distribution system?

### ***Priority Populations: Public schools***

I am deeply concerned about the disproportionate impact of remote learning on low income students. It is becoming clear that [low income students are falling behind more compared to others](#). At the same time, educators and school-related workers should not be expected to return to in-person classes without being vaccinated while case counts are still high and community spread is prevalent. Many other states are well underway in vaccinating teachers and other school employees, and this must become a priority for the Commonwealth as well.

1. When does the Department plan to prioritize teachers and other school-related workers for vaccinations? This includes but isn't limited to teaching assistants, administrative staff, janitorial staff, bus drivers, and crossing guards.
2. Once they are eligible under state guidelines for receiving the vaccine, what is the plan to ensure school staff will be able to secure appointments and get vaccinated? Will they be getting vaccinated through the Federal Pharmacy Partnership system or through local hospitals or other healthcare providers?

***Priority Populations: Prison staff and inmates***

COVID-19 has overwhelmed many of the Commonwealth's prisons and jails, resulting in high death and hospitalization rates, strict lockdowns, and untold suffering among incarcerated people and staff. No doubt infections within facilities have spread to the communities where the staff live. Prioritizing jails and prisons helps to keep the larger community safe as well. As congregate settings with poor ventilation, a medically vulnerable population, and an inability to socially distance, it is absolutely essential that inmates and staff be vaccinated.

1. When does the Department plan to prioritize prisons, jails, and detention facilities in its vaccine distribution guidelines?

***Priority Populations: Firefighters***

Fire fighters are first responders. They protect the health and safety of our communities. They do more than enter burning buildings and put out fires. They're often first to respond to accident scenes, can be used to assist with the transportation of COVID patients. Like police officers and EMS, they are on the frontlines of uncertainty, regularly placing themselves at risk for contraction of the virus in the name of serving the public. Yet they have been placed in the Department's Phase 1B category. In order to be able to safely serve the public, they must be prioritized for receiving the vaccine with the rest of first responders.

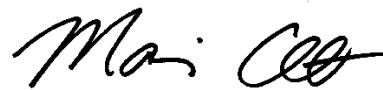
1. When does the Department plan to prioritize firefighters in its vaccine distribution guidelines?

Thank you again for sharing your time with the committees and for staying engaged with the legislature throughout the COVID-19 vaccine deployment process. We look forward to your responses and to further discussions regarding how we can support and improve Pennsylvania's vaccine rollout process.

Sincerely,



Sen. Art Haywood  
4<sup>th</sup> Senatorial District  
Dem. Chair, Senate Health & Human  
Services Committee



Sen. Maria Collett  
12<sup>th</sup> Senatorial District  
Dem. Chair, Senate Aging & Youth  
Committee

CC: Senator Jay Costa, Democratic Leader  
Senator Michele Brooks Chair, Senate Health & Human Services Committee  
Senator Judy Ward, Chair, Senate Aging & Youth Committee