AGENDA

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>TIME</th>
<th>SPEAKER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Welcome and Opening Remarks</td>
<td>5 min</td>
<td>Sally Phillips, R.N., Ph.D. Deputy Assistant Secretary for Policy HHS/ASPR</td>
</tr>
<tr>
<td>2. Introductions and Event Objectives</td>
<td>15 min</td>
<td>Nicolette Louissaint, Ph.D. Executive Director Healthcare Ready</td>
</tr>
<tr>
<td>3. Pharmacy and Preparedness Landscape Analysis Overview</td>
<td>15 min</td>
<td>Sarah Baker Programs Manager Healthcare Ready</td>
</tr>
<tr>
<td>- Key Findings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Hurricanes Harvey and Irma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. FEMA Private Sector Division Presentation <em>(Invited)</em></td>
<td>10 min</td>
<td>Ron Robbins NBEOC Manager FEMA Private Sector Division</td>
</tr>
<tr>
<td>5. HHS Critical Infrastructure Protection Program: Role of Partnerships during Hurricanes Harvey and Irma</td>
<td>10 min</td>
<td>Laura Wolf, Ph.D. Chief, Critical Infrastructure Protection HHS/ASPR</td>
</tr>
<tr>
<td>6. Hurricanes Harvey and Irma Patient Medication History and Resources for Pharmacists</td>
<td>10 min</td>
<td>Mary Martin Vice President, Strategic Alliances Surescripts</td>
</tr>
<tr>
<td>7. Facilitated Discussion</td>
<td></td>
<td>Moderators: Laura Runnels and Nicolette Louissaint, Ph.D.</td>
</tr>
<tr>
<td>- Hurricanes Harvey and Irma: Initial Lessons Learned</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Regulatory and Legal Issues</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Disease Outbreaks and Public Health Emergencies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Next Steps and Concluding Remarks</td>
<td>5 min</td>
<td>Sally Phillips Deputy Assistant Secretary for Policy HHS/ASPR</td>
</tr>
</tbody>
</table>
Objectives

- Review persistent challenges to protecting access to medication in the spirit of determining how existing resources/technology/partnerships can be used to address challenges

- Identify new or emerging challenges in the spirit of identifying mitigation activities

- Review model programs and resources in an effort to determine how they might be taken to scale or adapted for other uses
Meeting Proceedings: Roundtable Discussion on Pharmacy and Emergency Preparedness

Meeting Date: September 21st, 2017

Location: The Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR), Washington, D.C.

Attendees: Public officials and retail and community pharmacy owners and operators, payers, healthcare preparedness experts and other pharmacy stakeholders.

Subject: Pharmacy and Emergency Preparedness – A Review of Emerging and Persistent Challenges

Background

There are many types of emergencies that impact access to medication and medical care – natural disasters, disease outbreaks, cyber-attacks, and more are all possibilities for which the nation needs to consider and prepare. In our increasingly electronically dependent world and interdependent critical infrastructure systems, the likely consequences of emergencies, such as power outages and road closures, can be debilitating for pharmacy, the supply chain, and the health system in general. In order to mitigate the disruptions these events can have on patients and their continued access to medicine, it is critical to take steps to prepare emergency management frameworks across stakeholders that ensures that medicines, medical supplies and medical care are available to people in need.

Pharmacy partners have made remarkable progress in preparedness and response in recent years. As the complex healthcare system continues to evolve, it is vital stakeholders continue to proactively address identified challenges with the resources available.

Event Overview and Aims

The roundtable discussion was designed to bring public officials and retail and community pharmacy owners and operators, payers, healthcare preparedness experts and other pharmacy stakeholders together to review challenges associated with ensuring access to medicines during and emergency and building health resilience year-round. Discussion was framed to identify opportunities for innovation and share best practices. The event was additionally designed to inform Healthcare Ready’s Resilient and Ready: Healthcare’s Impact in Emergency Preparedness report.

The series of unprecedented hurricanes immediately leading up to the event – Hurricanes Harvey, Irma, and Maria – lent a sense of urgency to the discussion and allowed participants to share immediate lessons learned and identify new and emerging challenges.

The goals of the event were two-fold:

1. **Serve as a listening and information gathering session**, allowing representatives from the private sector, public sector, and advocacy groups in the pharmacy arena to share experiences with preparation before, management during and recovery efforts following disasters, and to
discuss barriers that each organization has faced. The roundtable served as a convening point, allowing for participants to see the challenges which they share as well as different approaches to those challenges and creating opportunities for increased cross-sector connectivity and partnership building.

2. **Review persistent challenges**, in different areas of the pharmacy and emergency response sector we face some of the same challenges to protecting access to medication. Around the table, and on the phone, participants discussed how we could use existing resources, technology, and partnerships to address these persistent challenges. The group discussed supply chain issues and how we as a sector can be more effective and efficient in handling disasters.

Major themes from discussion included:

- **Communication**: The group agreed that communication across the sector during emergency situations is critical to a successful response. Having communication systems and relationships with private, non-profit, and governmental organizations in place before a disaster was also highlighted as an important part of emergency preparedness. Communication was also referenced in relation to how information about resources and systems is relayed to those in disaster areas, and how that could be executed more effectively.

- **Coordination**: The group cited coordination as a central challenge that we are working to make progress on. It is true that there are many organizations that are addressing the same issue; the group addressed a need for a more centralized network for situational awareness and to promote effective coordination among entities. As of now there are gaps in communication and coordination among organizations within the pharmacy and emergency preparedness sector.

- **Persistent Challenges**: Two of the most pressing were controlled substances and the uninsured and the obstacles that these present during an emergency situation. With the opioid crisis that we are facing, the group conferred that more guidance and clarity was needed on the subject. Regulations on prescription refill and the emergency prescription assistance program vary among states which poses a challenge for national organizations. The group agreed that these challenges require further discussion and coordination.

**Discussion Highlights and Takeaways**

**Preparing for Emergency Situations**

- The group seemed to echo one another, all agreeing on the significance of preparing ahead of emergencies. Conversation around cybersecurity concerns and nuclear attacks brought to light the idea that we need plans for how to operate during situations that we perhaps have not experienced before.
Importance was placed on having channels of communication and up to date resources to share with members and patients.

- Anticipating and planning for a possible emergency is the most ideal way to address any situation rather than waiting for something to happen and reacting after the fact. When it comes to medication and pharmacy making arrangements ahead of time can make the difference between life and death for a patient in a disaster situation.
- Memorandums of Understanding (MOUs) as discussed in this context are agreements that outline provider authorities for each state. An example of provider authorities could be the ability to vaccinate or in some states dispense antibiotics in a state of emergency. MOUs were a tool that several people around the table mentioned as something that is useful but need to be honed, indicating that more work is needed to be done on a state and local level to prepare agreements ahead of time. The idea that there should be a database where resources can be gathered on different states and MOUs so that national organizations are better able to know the differences among states. The all-hazards approach that states like Washington and Michigan take were mentioned as examples of different ways to define emergency situations.

The Uninsured

- Members of the group conferred that during emergency situations the uninsured were a population that were especially vulnerable, and faced a challenge in getting prescriptions. The Emergency Prescription Assistance Program (EPAP) and its strengths and weaknesses were discussed at length.
- One participant pointed out that barrier for many uninsured or underinsured patients is lack of knowledge about what EPAP is or how it works, it is important to communicate how to enroll in EPAP and the specificities in individual states. Also, the importance of expanding EPAP in some states to cover the financially vulnerable not just those who are uninsured.
- Another participant pointed out that most insurance plans do have emergency plans in place and work toward opening up hotlines. This was identified as an area for improvement in keeping insurance companies in the loop and updated.
- Some of the team members from ASPR indicated that it is important to understand where the burden is, evoking and using EPAP is not something that the department of Health and Human Services has very much control over. The group also made the point that they are able to amend the EPAP to better fit the needs of communities, and they are open to suggestions.

Controlled substances

- The group identified controlled substances as an area that presents persistent challenges. The US is currently facing an opioid epidemic which makes this topic especially important. There is some concern regarding “pharmacy shopping” (utilizing the lack of communications networks between pharmacies during an emergency to get more medication) and how that can be mitigated.
- The group looks to the government agencies for guidelines and clarity on how to approach this situation. There was talk of reaching out to the CDC and perhaps even DEA for more clear
and cohesive guidelines to follow for this issue. A member of the group pointed out that in order to get these answers; we must reach out and ask for them.

- The issue with conflicting laws on the federal and state level was also brought up by the group as a potential roadblock. The group concluded that further collaboration with government agencies and other pharmacy groups will be necessary in order to have a solid plan to handle controlled substances during emergencies.

**Information Sharing and Coordination**

- To be able to best respond to disaster situations, the group agreed that information sharing and coordination among organizations is necessary. Additionally the group discussed sharing up to date and useful resources with people in crisis situations. It was agreed that having useful resources is one step but they must also be widely known and communicated to the public to be best taken advantage of. Bidirectional information sharing to get situational awareness was one suggestion for how we could have more concentrated impact on a local level.

- Several group members touched on certain states like Florida and Washington that have disaster resource centers and how useful that can be for information sharing and coordinating relief efforts.

- FEMA’s National Business Emergency Operations Center’s (NBEOC) and the NBEOC event dashboard were identified as excellent resources for connecting and information sharing. Some members utilized this every day during the hurricanes while others didn’t, those who did consider it to be very useful. One group member shared that they collect the information from the NBEOC network to share with their members so they have the most up to date information and resources.

- The concept of communicating with the right people came up as topic of conversation after a member who was on the phone shared challenges that she faced on the ground in the USVI, which some people around the table hadn’t been aware of. From this, the group discussed how important it is to make sure that we are asking the right questions and communicating with people who have reliable information.

- Coordination was another concern for many of the participants, for example coordination among different pharmacies in an area and insurance if your pharmacy is closed and the only open one in your area is out of network- expanding networks in emergency situations to help patients gain access medication. The variance in processes that insurance companies use causes communication issues as well. One group member suggested that it would be better if everyone in the industry used the industry recommended process.

**Next Steps and Recommendations**

During the group discussion, there was a heavy focus on next steps and what should be done in the future to be more prepared and resilient to emergencies.

- All participants demonstrated interest in continued communication with fellow participants’ organizations and working with state and federal government to ensure that patients are safe and healthy during emergency situations.
Several participants stated a compilation of resources available to pharmacies, pharmacists, and patients would be useful, as well as highlighted success stories.