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COVID-19 Vaccination: Data, Distribution and a Developing Workforce

BY ERIK SKINNER

The COVID-19 vaccination campaign was the largest vaccination campaign in [U.S. history](#) and states played a critical role in making the vaccine available to residents. The initiative posed [unprecedented challenges](#) for federal and [state governments](#), which mobilized to allocate vaccines to eligible populations. Legislative and executive leaders at all levels [enacted measures](#) to balance vaccinating communities quickly and equitably. As the nation moves into a new phase of COVID-19 response, lawmakers may consider the continued use of pandemic vaccination policies and how to adapt those policies to guard against new waves of COVID-19 and future pandemics.

Federal Action

From [Operation Warp Speed](#) to the [American Rescue Plan Act](#), the federal government took a central role in distributing and administering COVID-19 vaccines. The U.S. government purchased all the COVID-19 vaccines in the United States

and required any eligible providers seeking to administer the vaccine to enroll in the [Centers for Disease Control and Prevention \(CDC\) COVID-19 Vaccination Program](#). The program includes [data reporting requirements](#), some of which relate to [state immunization information systems](#).

To support states in their vaccine distribution efforts, the CDC released [operational guidance](#) and a companion document as an [annex](#) for jurisdictions related to logistical and equity considerations. The guidance also includes information about public health challenges exacerbated by the COVID-19 pandemic, such as maintaining routine childhood and influenza vaccination rates.

On Aug. 19, 2020, the Department of Health and Human Services (HHS) [issued an amendment](#) under the Public Readiness and Emergency Preparedness Act authorizing vaccinations by pharmacists. The amendment authorized state-licensed pharmacists and pharmacy interns to order and administer COVID-19 and routine vaccines recommended by the CDC.

Did You Know?

- The COVID-19 vaccination campaign was the largest vaccination campaign in [U. S. history](#).
- The CDC issued [recommendations](#) to increase the supply of COVID-19 vaccines in primary care practices in order to reduce disparities in vaccination rates.
- Some state legislatures granted COVID-19 vaccine authority to providers such as optometrists, podiatrists, dentists and cardiac/emergency technicians.

State Action

Since the end of 2020, state lawmakers implemented policies to expand the vaccinating workforce, address vaccine reporting and achieve equitable vaccine distribution. These efforts continued into 2022 and addressed COVID-19 cases and deaths in the short term and built vaccination infrastructure for new variants and future pandemics in the long term.

■ **Vaccine Workforce.** Expanding the vaccinating workforce allowed many states to increase the number of vaccines administered and overall capacity, reducing the pressure on mass vaccination sites, physicians' offices and other traditional vaccination settings. While pharmacists were the most common provider to receive vaccination authority, states utilized many provider types to bolster their COVID-19 vaccination workforce.

California [AB 1064](#) granted pharmacists authority to independently initiate and administer any COVID-19 vaccine approved or authorized by the [Food and Drug Administration](#), as well as vaccines on the CDC's [recommended immunization schedules](#). Similarly, Ohio [HB 6](#) amended existing vaccination authority for pharmacists. The bill authorized pharmacists to administer the COVID-19 and influenza vaccines to children between 7 and 13 years old without a prescription.

In 2021 and 2022, state legislatures granted COVID-19 vaccine authority to other providers, including optometrists ([Illinois](#) and [New Jersey](#)), podiatrists ([South Carolina](#)), dentists ([Wisconsin](#)) and cardiac/emergency technicians ([Georgia](#)). State legislatures can also work with the executive branch to ensure compliance with state and federal requirements for COVID-19 vaccination. In 2022, Kentucky [SB 25](#) approved and extended an [emergency administrative regulation](#) to ensure pharmacists' compliance with federal COVID-19 vaccination training regulations.

■ **Vaccine Reporting.** Amid the push to vaccinate eligible Americans against COVID-19, vaccine data collection emerged as a tool for state legislators to measure state vaccination progress and any gaps in the response. States addressed COVID-19 vaccine documentation in immunization information systems (IIS) and other systems for vaccine tracking and reporting.

Georgia [HB 80](#) appropriated funds to replace and modernize the public health surveillance system to improve pandemic response and future epidemiologic surveillance capacity. The bill appropriated additional funds to implement the new vaccine management system.

Virginia [HB 2061](#) required health care providers that administer immunizations to participate in

the Virginia Immunization Information System (VIIS) and report patient immunization history and information to the system. Under previous law, participation in VIIS was optional.

In 2022, [Washington](#) enacted legislation requiring the department of health to report to the legislature on vaccine distribution efforts as well as fiscal aspects of those efforts. [Illinois](#) enacted legislation requiring nursing homes to report COVID-19 vaccination and other pandemic data to the state.

■ **Vaccine Equity.** States prioritized equitable COVID-19 vaccine access relative to race, ethnicity, geography and medically underserved communities.

Maryland [HB 588](#) directed the Maryland Department of Health (MDH) to equitably allocate COVID-19 resources and vaccines across all partners and vaccine sites. The bill requires vaccine distribution to account for the disproportionate impact of the pandemic on underserved and minority communities. It also required MDH to collaborate with and fund trusted community-based organizations with a history of working in zip codes with the highest levels of COVID-19 infection rates.

Texas [SR 469](#) required the Department of State Health Services to report on disparities in the distribution of or access to COVID-19 immunizations and vaccine hesitancy rates based on an individual's race, gender, socioeconomic status and geographic location.

In a special session on COVID-19 measures, Kentucky enacted [SB 2](#), which requires the Cabinet for Health and Family Services to develop a plan to increase the distribution of COVID-19 vaccines to primary care providers. The legislation cited [CDC recommendations](#) that indicate access through primary care providers can help address disparities in vaccination. The bill required the cabinet to provide technical assistance and support to those providers regarding public confidence in vaccines and vaccine access.

In 2022, [Massachusetts](#) enacted legislation requiring a detailed COVID-19 vaccination equity plan.

As state legislators work to keep COVID-19 cases down and manage the pandemic, the policies above provide options for the present as well as insight for the future.

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Additional Resources

- [State COVID-19 Database](#)
- [State Public Health Legislation Database](#)
- [Vaccine Policy Toolkit](#)
- [Health Policy Snapshot: COVID-19 Vaccine Infrastructure and Access](#)

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