

February 15, 2021

The Honorable Weston Newton  
Chairman, House Legislative Oversight Committee  
228 Blatt Building  
Columbia, SC 29201

Chairman Newton and Members of the House Ad Hoc Committee to Study DHEC's Receipt and Distribution of COVID-19 Vaccines:

Thank you for your attention to the important issue of COVID-19 vaccine distribution and administration in South Carolina. As we approach the anniversary of the first COVID-19 case in our state, we are still faced with many challenges and continue to see death from this disease daily. Efficient distribution and administration of the vaccine is our best defense against serious illness and death. SCHA appreciates the opportunity to provide an update on how South Carolina's hospitals are contributing to the vaccine effort in the state.

#### Vaccine Administration Update

At your meeting on January 21, I shared that hospitals are working hard to quickly administer the vaccine supply they receive. This continues to be true. Hospital providers consistently outpace other vaccine providers. Here are some key statistics about vaccine administration by providers:

- Hospitals have received approximately 50% of the state's total vaccine supply to date and have administered more than 70% of all shots given in the state.
- Hospital providers have consistently been South Carolina's most effective vaccine administrators; throughout the past month, we have administered more than 100% of the first doses we have received (this percentage is achievable due to the frequent ability to draw six doses from a five-dose vial).
- Despite the lower utilization rates among Moderna administrators, South Carolina has ranked #5 in the nation for vaccine administration for the weeks of January 18, January 25, and February 2. Data for the week of February 9 is not yet available.

The biggest challenge facing our hospitals now is the uncertainty of vaccine supply week-to-week. Hospitals request first and second vaccine doses for the next week based on scheduled appointments and their need and capacity to administer the vaccine, but often do not know how much vaccine they will receive until their shipment arrives. Over the past few weeks, this uncertainty has resulted in the cancellation of appointments and frustration at vaccination events as individuals are rescheduled and turned away due to lower-than-expected vaccine supply. **Vaccine providers need certainty in supply to schedule appointments and staff vaccine events. A baseline vaccine supply of first doses over the next two to three weeks for each provider would provide at least a minimum certainty from which to schedule appointments, plan staffing, and administer vaccinations.**

### Needed Resources Update

At the January 21 meeting, I noted that hospitals need three primary resources to assist in the COVID-19 vaccination effort: vaccine supply, vaccinators, and money.

#### 1. Vaccine Supply

The amount of vaccine entering the state is largely at the discretion of the federal government. SCHA staff continues to communicate with South Carolina's federal delegation about the needs of the state as conversations on vaccine allocation in Washington continue. We appreciate your efforts as state lawmakers to ensure South Carolina continues to predictably receive our fair share of vaccine.

#### 2. Vaccinators

A Joint Order by DHEC and LLR issued last month expanded the pool of individuals able to administer the COVID-19 vaccine in South Carolina. That order was needed and appreciated, but it left out several groups that are important to maximize flexibility and vaccine administration capacity. H. 3707 includes language similar to the Joint Order but adds nursing students and optometrists to the group. As the state's vaccine supply increases, our state will need the staffing flexibility to quickly stand up new vaccination sites.

#### 3. Money

I mentioned last month that hospitals receive the vaccine from the federal government at no cost but have generally been bearing the cost of administering the vaccines and conducting any size vaccine event, from small events in hospital conference rooms to mass events at Gamecock Park. This includes staff for scheduling appointments, staff for putting the needle in an arm, staff for entering the vaccine data into VAMS (or another system) on the back end for reporting, as well as costs associated with larger sites like security, traffic control, parking, tents, bathrooms, and other miscellaneous costs. H. 3707 provides funding to reimburse vaccine providers for eligible expenses associated with administering the vaccine, which is greatly needed to maintain the vaccination effort.

I was asked at the last meeting whether hospitals were billing insurance for vaccine administration. At that time, very few hospitals were billing insurance for the administration fee, for which Medicare reimbursement is around \$45 for administration of both doses. The reasons they gave for not billing at the time mostly centered around the added step in an already cumbersome process to recoup only a small portion of the true cost of administering the vaccine, particularly at off-campus events. Many of those being vaccinated were age 70 or older and had already been forced to wait as long as half an hour to be processed in the VAMS system before they could be vaccinated. Given that individuals must be observed for 15-30 minutes after vaccination (or longer), many hospitals felt that it was inappropriate to also ask seniors to go through insurance verification queues as well. Since January 21, an informal survey identified

seven hospitals that were billing insurance, with more planning to begin billing in the near future as the vaccination process improves.

**The most important contribution the South Carolina House can make right now is to support H. 3707. The bill is on the House calendar for Tuesday after being amended in the Senate last week.**

SCHA and our member hospitals are grateful for your interest in ensuring the COVID-19 vaccine supply is distributed efficiently and administered to patients quickly. SCHA staff stands ready to assist however we can and provide additional information as needed.

Thank you for your continued support of South Carolina's hospitals and commitment to the people of our state. Please reach out to me directly at [tkirby@scha.org](mailto:tkirby@scha.org) or 803.744.3500. You can also contact Christian Soura ([csoura@scha.org](mailto:csoura@scha.org)), Krista Hinson ([khinson@scha.org](mailto:khinson@scha.org)) or Allan Stalvey ([astalvey@scha.org](mailto:astalvey@scha.org)) anytime.

Sincerely,



J. Thornton Kirby  
President & CEO