

Fall Is Here: Vaccine Time



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IN LAST ISSUE'S COLUMN, I WROTE ABOUT THE UNCERTAINTY

surrounding vaccinations for the fall flu season. The season's vaccine kickoff is generally after the Labor Day holiday. Pharmacies usually start receiving vaccines into inventory in August. Campaigns encouraging people to get their flu shots roll out in earnest in September. Much of the controversies I wrote about in that column because of Robert F. Kennedy Jr.'s leadership and actions at HHS (Department of Health and Human Services) have played out. And even more have emerged. I have spent the last two months at the pharmacy doing my best to provide information as accurately as possible to patients in response to their questions about flu and COVID-19 vaccines for the season. Fortunately, in Minnesota, we have determined that we can move forward in providing both vaccines because they are Food and Drug Administration (FDA) approved, rather than waiting on recommendations from the CDC (Centers for Disease Control and Prevention) Advisory Committee on Immunization Practices (ACIP). The FDA approved the newly formulated COVID vaccine on August 27. The pharmacies where I practice received vaccines during the first week of September. I gave my first COVID vaccination of the season to a patient just yesterday.

Other states were not so lucky. National pharmacy chains determined that in more than a dozen states and the District of Columbia patients would have to present a prescription to receive a COVID vaccination. Those states were Arizona,

Colorado, Florida, Georgia, Kentucky, Louisiana, Maine, Massachusetts, Nevada, New Mexico, New York, North Carolina, Pennsylvania, Utah, Virginia, and West Virginia.

Insurance coverage has also not been guaranteed because it can hinge on ACIP recommendations.

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In the absence of science-based recommendations and the polemics associated with the CDC and the ACIP, states are taking action. Several governors have released executive orders to ensure people will be able to access vaccines (Minnesota and New York); others have signed orders requiring manufacturers to pay for the vaccines if recommended by their state health departments (Massachusetts). California, Oregon, and Washington have teamed up to collaborate on a new advisory body focused on immunization recommendations for their region of the country — the

West Coast Health Alliance. The alliance will act as a source of evidence-based and credible information on vaccine efficacy and safety to counter changes at the federal level that they say are driven by politics rather than science. Those actions, state leaders said, are eroding American confidence in the CDC. "President Trump's mass firing of CDC doctors and scientists — and his blatant politicization of the agency — is a direct assault on the health and safety of the American people," reads a joint statement from California Governor Gavin Newsom, Oregon Governor Tina Kotek, and Washington Governor Bob Ferguson. The statement continues, "CDC has become a political tool that increasingly

peddles ideology instead of science, ideology that will lead to severe health consequences.”

Of course it doesn't help that Kennedy fired the recently confirmed head of the CDC, Susan Monarez, because she refused to ignore science and support recommendations blindly. She has published a scathing opinion piece about the CDC and HHS in *The Wall Street Journal*. Additionally, social and mainstream media skewered Kennedy's appearance before the Senate Finance Committee on Sept. 4, 2025. During the contentious hearing, Kennedy was questioned about his policies on vaccines, turmoil at the CDC, and his general management of the HHS. I am sure readers are well aware of the hearing and reactions to it. I found it difficult to watch.

In the meantime, pharmacy's professional societies are advocating to ensure public access to vaccines. In one recent communication, the American Pharmacists Association's (APhA) VP of Professional Affairs Brigid Groves, Pharm.D., M.S., wrote: “The current political environment is creating confusion for patients and pharmacists, which is placing added stress on your ability to provide the necessary care on which your communities and patients rely. We want you to know that we hear you, we share your concerns, and we are leading in the defense of pharmacists' role as our nation's leading vaccinators on the front lines of public health.” She went on to outline the association's effort in several key areas:

- Safeguarding vaccine access.
- Standing up for science and pharmacists.
- Driving advocacy at every level.
- Amplifying pharmacy's voice in the media.

I also heard from longtime friend and colleague Glenna Crooks on this issue. Glenna served as a senior health policy advisor in the Reagan administration, followed by a stint as SVP Policy at APhA for many years. She has also held senior positions in Merck's vaccine division. She is a longtime



Minnesota Independent Pharmacies (MNIndys) began as a simple Google Group in 2019, providing a space for local pharmacies to support each other. What started as a small group has grown to 106 pharmacies. The group's expertise helps lawmakers understand and address PBM abuse through legislative reform. This collaborative effort empowers local pharmacies and protects patients across Minnesota.

public health, vaccine, and pharmacy advocate. Given the dynamic that is moving vaccine advocacy to the states and the expansion of anti-vaccine coalitions, Glenna is working to bring organizations together to create effective vaccine tool kits for state legislators that are balanced and accessible, with appropriate evidence-based, empathetic messaging. The need is great. The time is now. I am helping Glenna with outreach to get these important resources to the finish line. Please contact me if you have questions or ideas or want to be part of the effort.

Finally, I am continually amazed at how effective all of us can be when we advocate and work together. I was reminded of this during a recent visit with colleague Deborah Keaveny, owner of Keaveny Drug, an independent pharmacy serving Winstead, Minn., a rural area about an hour west of the Twin Cities. Deb has helped organize her colleagues into an effective pro-pharmacy advocacy group called MNIndys — Minnesota Independent Pharmacists. I'm excited to share more about the visit and the organization's successes with you in next month's column. In the meantime, check out <https://www.mnindys.org/>. **PTMR**

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