

**March 23, 2021**

**From:** Students Promoting Health Advocacy and Synchronized Engagement with Communities (S-PHASEC)

**To:** The Office of Governor Ned Lamont

**Subject:** Mobilizing Health Professions Students in the Solution Towards an Equitable Vaccination Campaign

## **Introduction**

We would first like to express gratitude for the leadership displayed during this public health emergency. S-PHASEC is a rapidly growing organization started by Yale medical students that leads several campaigns surrounding advocacy, community partnership, and innovation. We write to respectfully ask that you consider an executive order allowing appropriately trained Connecticut medical, nursing, and other healthcare students to administer COVID-19 vaccines in furtherance of the state's vaccination and health equity campaign. For the sake of this memo, we will focus on medical students. On March 12, 2021, President Biden authorized the mobilization of health professions students via the Public Readiness and Emergency Preparedness Act (PREP Act).<sup>1</sup> Connecticut needs additional vaccinators to meet demand from expanded eligibility and residents of underserved communities. Many states have allowed medical students to volunteer in COVID-19 pandemic response efforts, including the administration of vaccines.<sup>2</sup> However, there have been no documented instances where health professions students were mobilized in a state level effort specifically towards equitable allocations of vaccinations. The approximately 1,000 medical students enrolled in Connecticut medical programs represent a largely untapped volunteer army to improve the vaccination rate in high social vulnerability index (SVI) communities that have not benefitted from the mass vaccination site model. Involving medical students in the administration of vaccines also allows critical health care workers to return to providing other, more specialized, health services like emergency room or intensive care unit supervision. Mobilizing our state's medical student volunteers will push Connecticut towards a more equitable distribution of COVID-19 vaccinations and herd immunity without sacrificing much efficiency.

## **Scope of Problem**

Connecticut has performed well in terms of COVID-19 vaccination doses per 100,000 individuals. Of the contiguous 48 states, Connecticut was ranked 6<sup>th</sup> by the CDC as of March 7, 2021<sup>3</sup>. However, there is much room for improvement with regards to an equitable distribution of vaccinations. On February 10, 2021, the Connecticut Department of Public Health released data showing that approximately 19% of Black residents 75 and older had 1<sup>st</sup> dose coverage as opposed to, 35% of Hispanic, and 31% of white residents.<sup>4,5</sup> New data released on March 4, 2021 shows 41.4% of white residents are fully vaccinated compared to 19.5% of black residents and 22.4% of Hispanic residents 75 years of age and above.<sup>6,7</sup>

We Stand by Governor Lamont's continued commitment to an equitable distribution of vaccinations, but health equity advocates have criticized the new age-based strategy as a move away from equity.<sup>8,9,10</sup> Recently, attorneys from across the state filed a federal complaint with the Office for Civil Rights, arguing that the new vaccine rollout strategy discriminates against communities of color.<sup>11</sup> Other complaints allege that the new vaccination strategy discriminates against citizens with disabilities.<sup>12</sup> Moreover, some vaccination sites that were intended to target underserved populations are being scavenged by wealthy suburbanites.<sup>13</sup>

Commissioner Gifford has also expressed her commitment to mitigating vaccination disparities, including devising a weekly benchmark for vulnerable communities.<sup>3,14</sup> In addition to the equity/efficiency trade-off, as the supply of vaccines become more predictable and robust, a steady workforce of vaccinators will become a more salient factor. A number of states including Massachusetts, New York, Indiana, New Jersey, and Wisconsin currently allow medical students to administer vaccines through a combination of executive orders and commissioner orders.<sup>15,16,17</sup> Additionally, President Biden amended the Public Readiness and Emergency Preparedness Act (PREP Act)

encouraging states to use medical, nursing, and other healthcare students as vaccinators.<sup>1,18,19</sup> As the more easily-accessed citizens become vaccinated, reaching remaining individuals is expected to be more difficult according to the Chief Medical Officer of the Association of State and Territorial Health Officials (ASTHO)<sup>20</sup>. This could lead to a backlog of vaccine doses approaching expiration as many states are now experiencing.<sup>21,22</sup>

When SB285, a bill allowing Connecticut medical assistants to administer vaccines, had its public hearing, those in support of the bill mentioned how it frees up time for busy physicians and accentuates the primary care workforce.<sup>23</sup> Those who opposed the bill argued that administering a vaccine involves specialized knowledge in addition to the ability to clinically assess a patient afterwards.<sup>24,25</sup> We believe allowing medical students to administer vaccines captures the aforementioned benefits and addresses the concerns.

## **Current Law**

According to the Connecticut Department of Public Health only the following personnel are allowed to administer vaccinations: podiatrists, veterinarians, dentists, and paramedics, dental hygienists (if they are trained to administer anesthesia), advanced emergency medical technicians, and emergency medical technicians (given they have completed the DPH-approved intramuscular epinephrine administration training).<sup>26</sup> The absence of medical students in this setting means that a large fraction of vaccinators are high wage workers able to provide more specialized care (e.g. dentists, physicians). While it is true that medical students would be supervised, a higher medical-student-to-supervisor ratio could help free up additional physicians and other advanced practitioners.

Connecticut also has a number of vaccination clinics in high SVI communities at community health centers, churches, and mobile clinics.<sup>12,27</sup>

## **Policy Proposal Framework: 3-stage Mobilization of Medical Students**

On behalf of S-PHASEC, we recommend a three-staged approach to the training and mobilization of medical students in Connecticut to augment the vaccination campaign in underserved and high SVI communities:

### **Stage 1: Defining the Medical Student Workforce**

We believe that all medical students with appropriate training should be able to administer the COVID-19 vaccine. Some states only allow 4<sup>th</sup> year medical students (MS4's) to vaccinate, while others, like Indiana, include all medical students, including first year students (MS1's) in this workforce.

### **Stage 2: Training**

The Connecticut Department of Public Health (CT DPH) requires the indicated vaccinators to complete one of three DPH approved vaccination programs before being allowed out into the field.<sup>28</sup> Medical assistants would have different vaccination training requirements under SB 285. They would have to complete no less than 24 hours of classroom training and no less than 8 hours of training in a clinical setting regarding administration of vaccines.<sup>29</sup> We believe this is an appropriate training requirement for medical students.

### **Stage 3: Mobilization**

Medical students should be mobilized primarily to high SVI communities. We are not aware of any state that has mobilized medical students at the state level in an official effort to address racial equity in the context of COVID-19 vaccinations. Connecticut could be the first to do so. Medical students could be used in mobile clinic operations, on-foot teams, or stationed at specific locations like community health centers in high SVI communities. The GOTVax initiative in Boston has utilized students to bring vaccines to the doorsteps of over 200+ public housing residents in the hardest to reach communities.<sup>30,31,32</sup>

## **S-PHASEC Policy Proposal**

Using the three-stage framework discussed above, S-PHASEC will make the following recommendation. For stage 1, the subset of medical students should be those who have 1 year of clinical experience pursuant to chapter 270, sec-2011a. For stage 2, the selected subset of medical students should be required to complete one of three approved vaccination programs approved by CT DPH, similar to the majority of the Commissioner approved vaccinators. For stage 3, medical students should be used to target underserved and high SVI communities. These communities and sites could benefit the most as it is a more intentional effort, as opposed to mass vaccination sites. Medical students in these settings could accentuate both mobile health clinics and community health centers.

The drawbacks of this approach are that the proposed stage 1 has the potential to drastically limit the available medical students to be vaccinators, especially after accounting for the percentage of medical students in a subset that do not volunteer as vaccinators. For instance, out of 400 MS4's in Connecticut, only 30% may decide to volunteer. As it stands, only rising 4<sup>th</sup> year medical students qualify as both clerkship eligible pursuant to chapter 270, sec-2011a and have 1 year of clinical experience. Additionally, it does not take a MS4 to administer a vaccine per se, since stage 2 gives students the adequate training. This limited approach could always be shifted to a more moderate approach by changing stage 1 to subset more medical students if needed.

## **Conclusion**

Allowing medical students to administer the COVID-19 will ensure that Connecticut maximizes both equity and efficiency. Furthermore, it preserves the more specialized workforce, allows us to capitalize on the Health and Human Services (HHS) amendment of the PREP Act aligning with President Biden's national strategy, and bolsters the gubernatorial commitment to health equity. Those in underserved and high SVI communities are disproportionately impacted by the pandemic, and we have a duty to make sure that these communities have access to the vaccine. Vaccine hesitancy has begun to shrink across the nation, presenting a ripe opportunity to deploy medical students into these under-vaccinated communities.<sup>33</sup> Medical students around the nation have been eager to administer vaccines and remain enthusiastic<sup>1,34,35</sup> and the Biden-Harris Administration recommends allowing medical students to administer vaccines.<sup>14,15,19</sup> We at S-PHASEC ask you to please consider an executive order to allow medical students to administer vaccines in Connecticut.

Please feel free to reach out with any questions or any way that we can be of assistance.

Very Respectfully,

Students Promoting Health Advocacy and Synchronized Engagement with Communities for Crisis Response  
(S-PHASEC)

## **S-PHASEC (Students Promoting Health Advocacy and Synchronized Engagement with Communities)**

empowers students to aid health campaigns and serve in emergency response through advocacy, community academic partnership, and open innovation. Founded by Yale medical students Miyagishima, Shekhar, and Haleigh Larson, S-PHASEC leads several campaigns for COVID-19 response. Public Immunization Education and Community Effort (PIECE) mobilizes student led, hyperlocal vaccine communication campaigns nationwide, scaling and adapting from our model in Connecticut, GOTVax's model in Boston, and ProCuro's model in Florida. Student Tools for Emergency Policy Engagement (STEP-E) organizes students to advocate for public health, emergency response, and health equity. SpikeSupport (SS) delivers and makes accessible the latest information on COVID-19 vaccines, vetted by expert immunologist, Dr. Iwasaki.

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- <sup>1</sup> <https://www.hhs.gov/about/news/2021/03/12/biden-administration-takes-action-through-hhs-increase-number-vaccinators.html>
  - <sup>2</sup> <https://www.aamc.org/news-insights/covid-19-vaccines-roll-out-medical-students-help-inoculations>
  - <sup>3</sup> <https://covid.cdc.gov/covid-data-tracker/#vaccinations>
  - <sup>4</sup> <https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/Communications/misc-documents/Race-and-Ethnicity-Data-2-10-21.pdf>
  - <sup>5</sup> <https://www.courant.com/coronavirus/hc-news-coronavirus-racial-disparities-vaccine-distribution-20210210-zqg6ezxwwzbt5gnwch3e3o7xjq-story.html>
  - <sup>6</sup> <https://data.ct.gov/stories/s/CoVP-COVID-Vaccine-Distribution-Data/bhcd-4mnv/>
  - <sup>7</sup> <https://ctmirror.org/2021/02/25/black-and-hispanic-residents-continue-to-be-vaccinated-against-covid-at-lower-rates-than-white-residents/>
  - <sup>8</sup> <https://portal.ct.gov/Office-of-the-Governor/News/Press-Releases/2021/02-2021/Governor-Lamont-Coronavirus-Update-February-18>
  - <sup>9</sup> <https://ct-n.com/ctnplayer.asp?odID=18261>
  - <sup>10</sup> <https://ctmirror.org/2021/02/22/breaking-with-national-recommendations-lamont-says-connecticuts-vaccine-rollout-will-now-be-prioritized-by-age/>
  - <sup>11</sup> <https://ctmirror.org/2021/03/08/vaccine-rollouts-discriminates-against-ct-residents-of-color-federal-complaint-alleges/>
  - <sup>12</sup> <https://ctmirror.org/2021/02/25/disability-rights-ct-files-federal-complaint-over-age-based-vaccine-rollout/>
  - <sup>13</sup> <https://ctmirror.org/2021/03/08/data-show-mass-vaccination-sites-are-reaching-the-general-population-not-the-vulnerable-areas-they-are-supposed-to-target/>
  - <sup>14</sup> <https://ct-n.com/ctnplayer.asp?odID=18261>
  - <sup>15</sup> <https://www.mass.gov/news/order-of-the-commissioner-of-public-health-allowing-certain-individuals-to-administer-1>
  - <sup>16</sup> <https://www.governor.ny.gov/news/no-20282-continuing-temporary-suspension-and-modification-laws-relating-disaster-emergency>
  - <sup>17</sup> <https://www.reuters.com/article/us-health-coronavirus-vaccine-nurses/u-s-states-enlist-medical-nursing-students-to-give-out-covid-19-vaccine-idUSKBN28Y124>
  - <sup>18</sup> <https://www.whitehouse.gov/wp-content/uploads/2021/01/National-Strategy-for-the-COVID-19-Response-and-Pandemic-Preparedness.pdf>
  - <sup>19</sup> <https://www.washingtonpost.com/politics/2021/03/11/joe-biden-speech-live-updates/>
  - <sup>20</sup> <https://www.nytimes.com/2021/02/28/health/covid-vaccine-sites.html>
  - <sup>21</sup> <https://khn.org/news/article/covid-vaccine-waste-accidentally-thawed-expired-spoilage-reports-nationwide/>
  - <sup>22</sup> <https://abcnews.go.com/Health/leftover-covid-19-vaccine/story?id=76092299>
  - <sup>23</sup> <https://www.cga.ct.gov/2021/PHdata/Tmy/2021SB-00285-R000208-Watson,%20MD,%20Kevin-TMY.PDF>
  - <sup>24</sup> <https://www.cga.ct.gov/2021/PHdata/Tmy/2021SB-00285-R000208-Williams,%20Mary%20Jane,%20Senior%20Policy%20Advisor-CT%20Nurses%20Association-TMY.PDF>

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- <sup>25</sup> <https://www.cga.ct.gov/2021/PHdata/Tmy/2021SB-00285-R000208-Brady-2.%20John.%20Vice%20President-AFT%20Connecticut.%20AFL-CIO-TMY.PDF>
- <sup>26</sup> <https://portal.ct.gov/DPH/Public-Health-Preparedness/DPH-COVID-19-Specific-Resources/Staffing-Resources-for-COVID-19-Vaccination-Sites>
- <sup>27</sup> <https://portal.ct.gov/Office-of-the-Governor/News/Press-Releases/2021/02-2021/Governor-Lamont-Coronavirus-Update-February-18>
- <sup>28</sup> <https://www.cga.ct.gov/2021/PHdata/Tmy/2021SB-00285-R000208-Watson.%20MD.%20Kevin-TMY.PDF>
- <sup>29</sup> <https://www.cga.ct.gov/2021/TOB/S/PDF/2021SB-00285-R00-SB.PDF>
- <sup>30</sup> <https://gotvax.org/>
- <sup>31</sup> <https://www.boston25news.com/news/health/doctors-go-door-to-door-housing-units-asking-who-hasnt-had-vaccine-shot-yet/Z6PGNJ6AJFBPHEJJ3DJ2PNVGUU/>
- <sup>32</sup> <https://static1.squarespace.com/static/604d92bbdad32a12b2413a0b/t/605148ac8dbff27212a65deb/1615939783896/PREPActPressRelease.pdf>
- <sup>33</sup> [https://www.axios.com/vaccine-hesitancy-is-shrinking-8f7c8635-c873-4244-ada4-19c51a67d962.html?utm\\_campaign=KFF-2021-Drew-Columns&utm\\_medium=email&\\_hsmt=113520738&\\_hsenc=p2ANqtz--b6OnoOh2EK3sECmAfl1iJ1JEldicTHtgZXKb80FOEnKVvUeqTzUTM\\_3nOJbdPvhOKGNq4f6pc3wJ4iXrMdqOYLM2yGzw&utm\\_content=113520738&utm\\_source=hs\\_email](https://www.axios.com/vaccine-hesitancy-is-shrinking-8f7c8635-c873-4244-ada4-19c51a67d962.html?utm_campaign=KFF-2021-Drew-Columns&utm_medium=email&_hsmt=113520738&_hsenc=p2ANqtz--b6OnoOh2EK3sECmAfl1iJ1JEldicTHtgZXKb80FOEnKVvUeqTzUTM_3nOJbdPvhOKGNq4f6pc3wJ4iXrMdqOYLM2yGzw&utm_content=113520738&utm_source=hs_email)
- <sup>34</sup> <https://www.usatoday.com/story/news/health/2021/01/23/covid-medical-students-administer-vaccines-speeding-up-slow-rollout/4201799001/>
- <sup>35</sup> <https://nsrnhealth.org/#about>