

All hands on deck: How employers can expedite vaccine roll-out for employees and their loved ones using the Closed Point of Dispensing (CPOD) model

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(April 30, 2021) - McDermott Will & Emery attorneys Jennifer Geetter and Allyn Rosenberger recommend that employers consider using a "closed point of dispensing" model to expedite COVID-19 vaccinations for their workforce by arranging for health care providers to inoculate employees using government-provided vaccines.

Call Out: Employers should explore establishing a Closed Point of Dispensing model to expedite the vaccination of their employees and dependents.

The United States is in a massive wartime-like effort to vaccinate hundreds of millions of adults against COVID-19.

It is an unprecedented effort in its scope, made more remarkable by the need for speed, more ethically fraught by the lack of adequate supply (for now), and more complicated by the fragmented health care delivery options and the innumerable actors tasked with inoculating adults in the US.

For months now, we have read about frustrations with chaotic online scheduling systems, long waits for appointments, and public confusion about when vaccines will be available.

The public and health care institutions alike are exceedingly concerned with balancing patient safety and in-person vaccination efforts.

On April 19, the White House announced all adults in the U.S. are eligible for vaccination.¹ With this announcement, the importance of scaling operational capacity intensifies.

Although so-called mass vaccination sites can assist with this, they may not be able to meet the moment alone. As a result, employers are beginning to explore how they can assist in this effort through use of the "closed point of dispensing" (CPOD) model.

A CPOD is, essentially, a public-private partnership where a state or other local government allocates the vaccine (or other product) to an employer and the employer convenes the necessary services (including the healthcare provider) to inoculate the employer's workforce.

A CPOD has a number of advantages, for example it:

- (1) reserves spaces in public, mass vaccination clinics for individuals that do not have other options for vaccination;
- (2) keeps healthy people out of healthcare settings (like hospitals and doctors' offices) that have other priorities during a public health emergency;
- (3) may encourage more people to get vaccinated due to the convenience factor and positive peer-

pressure of seeing co-workers get vaccinated;

(4) addresses vaccine hesitancy as people see their peers, coworkers, and neighbors receive the vaccine;

(5) reduces absenteeism because employees can get vaccinated on-site or close to their workplaces;

(6) may increase employees' sense of security; and

(7) can foster company culture and pride as employees see their companies engaged in an historic moment.

As eligibility for the COVID-19 vaccine expands to all adults, employers should consider whether a CPOD model is right for them.

CPOD models can be developed and deployed to respond to a variety of public health emergencies, from bioterrorism and biological threats, to decontamination, epidemics, and pandemics.

Emergency management practices for local governments or essential employers like hospitals and health systems may include CPOD models.

A 2014 study of CPOD models² (referred to as "closed pods" in the study) found that while CPODs are less common than open POD models, these sites can decrease the burden on open POD sites by 40 to 50 percent.

Recent, pre-COVID-19 examples of CPOD models being developed or tested include the toolkit developed in 2012 by the Oakland County Health Division³ designed to dispense mass prophylaxis in response to a bioterrorism attack, and the 2019 simulated exercise⁴ by a Midwestern health system to administer the flu vaccine to employees as part of its quarterly emergency management practices.

Many companies operate CPOD models annually when they host workplace clinics⁵ to administer the flu vaccine. Though they may not have referred to such efforts as CPODs, the considerations are similar to those required here.

Establishing a CPOD requires a deliberate strategy⁶ but can be done efficiently and proactively by:

- Learning about state CPOD requirements and plans and communicating with relevant government authorities
- Establishing a vaccination planning and education committee
- Identifying a provider to deliver the vaccines
- Assessing workforce interest in receiving the vaccine
- Convening vendors to safely distribute vaccines

While there is uncertainty surrounding the mechanics of the vaccine roll-out, there may be a key role for CPODs in many states. In addition, a number of the steps related to CPOD establishment will be important for employers even if the absence of such a program.

With careful planning and a deliberate strategy, employers can help their workforces, and perhaps

their workforces' families, receive vaccines safely and expeditiously.

Note

1 <https://bit.ly/3u1DVUK>

2 <https://bit.ly/3vn1zLn>

3 <https://bit.ly/3gHUktu>

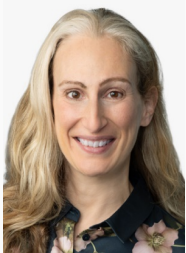
4 <https://bit.ly/2PqLqVY>

5 <https://bit.ly/2QtIfxy>

6 <https://bit.ly/3dTNv6n>

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