

COVID-19 State Stockpile Survey Report

JULY 2020



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To obtain a level of visibility on states actions in terms of creating or maintaining a personal protective equipment (PPE) stockpile to support the COVID-19 response, NEMA stands to the challenge via a brief survey to capture a national perspective. The results dive into the determining factors, procurement, stakeholders, and funding resources for a state owned and operated stockpile. In addition, the results highlight PPE exemplary practices and the changes that are organically evolving due to the COVID-19 response. Thirty-seven states and two territories responses represent the survey results.

State-Owned Stockpiles

All states are managing a stockpile at the state level. One U.S. Territory is not considering the effort for a stockpile simply because the PPE shipments are so slow to reach the territory, the need to stock in heavy supply is not reasonable currently.

Supply List

The top three supplies that 100% of those managing a stockpile will ensure are fully stocked are: medical grade masks (N95 and KN95 most popular), gowns, and gloves. In addition to those major items, over half detailed that their stock consists of face shields, ventilators, and testing supplies. Less than half will also add to the stockpile the following supplies: lab materials, hand sanitizers, disinfectants and cleaning supplies, head/shoe/hair covers, Tyvek suits, cloth masks, coveralls as an alternative to gowns, and non-contact thermometers. Below is a ranking of supplies states seek to maintain in stockpiles.

Rank	Percentage of Response	Item
1	100%	Masks (Medical Grade, N95, KN95); Gowns; Gloves
2	97%	Face shields
3	78%	Ventilators
4	64%	Testing Supplies
5	44%	Lab Materials
6	28%	Vaccination Supplies
Other	Hand sanitizer; disinfectants/cleaning solutions; N95 respirators; hair/shoe/head covers; coveralls; cloth masks; Tyvek Suits; non-contact thermometers	

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Managing a Stockpile

The creation and management of a stockpile on top of responding to a public health crisis is one of the states' struggles that turn to opportunity. State representatives find ways to be creative regarding all aspects of what a stockpile would look like for success. Such as securing stockpile warehouse facilities; determining quantities and the length of time for storage capacity; bringing in the right partners; and identifying funding sources that will maintain for the long term. How states handle those tasks are in explanation below.

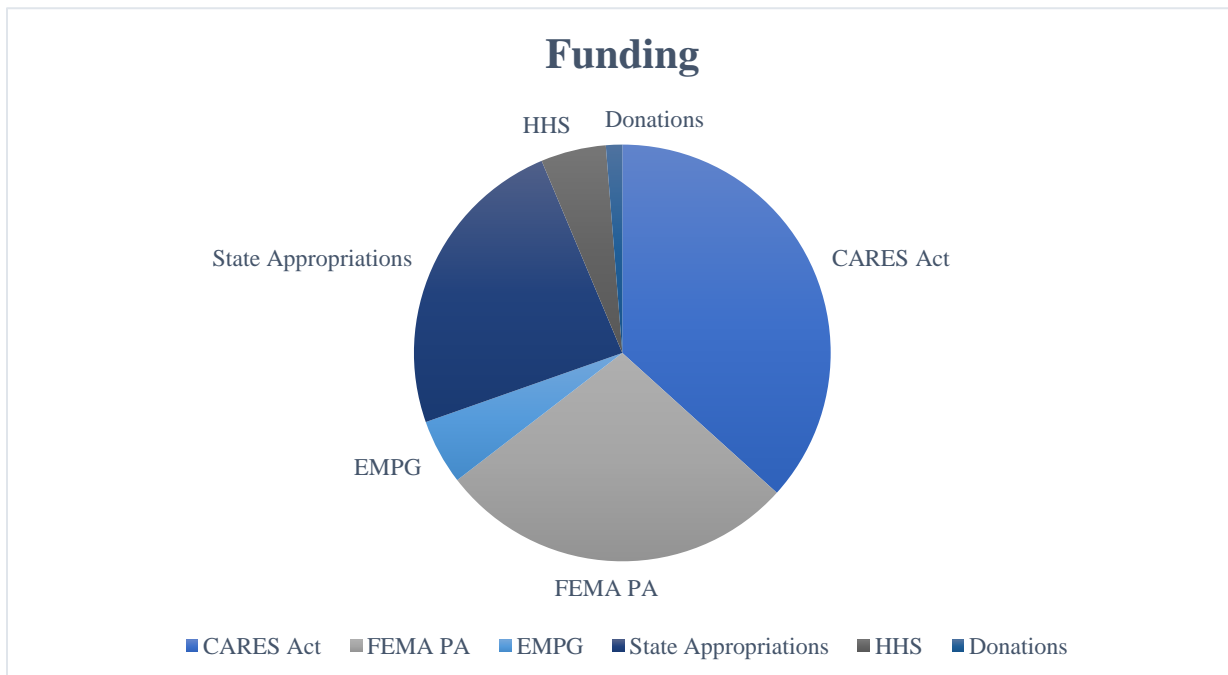
Where states store supplies. 86% of states are leasing or contracting facilities; 56% of states are using state-owned facilities. Of those percentages, 42% are implementing a combination of both leasing or contracting facilities and using state-owned structures. Three states have mixed in donated facilities and another is utilizing local owned storage facilities as warehouses. One of the challenges of owning a stockpile is how to best determine the amount of supplies in need and the length of time those supplies can be stored. The majority (86%) use a burn rate equation or a forecasting formula that derives from the assessment of requests and trends in need during the peak times of performance of the response. Half of

the states observe a 90-day supply and the other half implement a 60 day or less supply. There is one state implementing a 120-day supply of inventory. The others indicate that the assessment of quantity of supplies and the length of time to keep the supplies are still in a planning phase.

How much stock with the state plan out?	
Day supply	Number of States
90-day supply	17
60-day supply	6
30-day supply	4
15-30 day supply	1
120-day supply	1

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Relying on partnerships brings the most success in any challenge. All but two states have their stockpiles as the responsibility of one agency. The rest are utilizing a variety of agencies and organizations to aid in the procurement, storage, and planning efforts of the stockpiles: emergency management, public health, medical centers, National Guard, administrative and financial services, forestry, FEMA, universities, and private sector partners. In most cases, no rock is unturned in the vast span of expertise and assistance. Funding is also a piece of the puzzle. Where 81% of the states are utilizing the CARES Act to fund stockpiles, five states have chosen to strictly use CARES funding while the rest are implementing a combination of sources. 61% use FEMA Public Assistance (PA). 53% use state appropriations. 11% use Health and Human Services (HHS) grants. Other sources in use are the Emergency Management Performance Grant (EMPG) and the State Homeland Security Grant Program. As states sift through the eligibility of federal aid and seek the state support; more will have a better determination on what funds they will utilize to support the stockpiles.



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Come Together

Even as states plan to creatively build up PPE supplies, they are willing to share with their counterparts. *94% agree to share their supplies via EMAC* if another state makes the request. Eight states are members of a region or consortium of states considering purchasing and stockpiling PPE to gain better pricing and perhaps will share among the region. *One state has creatively maximized buying power by partnering with universities and medical centers when making PPE purchases.*

Medical Countermeasures (MCM) Program

Twenty-four states are not seeing any changes to the overall management of the MCM program. There are a few states that will wait on the completion of after-action reviews once the response settles that may in the future help to identify changes. But for the states that are observing changes, they find those to be in active roles, structuring of supplies, and overall mindset. The emergency management role is elevating in operations and decision-making processes. During activation for one state, the MCM is under the operational control of the state emergency operations center when traditionally it lies under public health. In some cases, procurement, distribution, and/or warehousing of PPE is moving from public health to other agencies. For some states, their program is undergoing an evolving structural change with increased need for on-hand inventories; inventory shifts that focus on vaccines are now identifying needs for more inclusivity with the addition of PPE; and identifying needs for warehouse operations. Overall, the public health mindset is more operational based now for some states than previously.

PPE Exemplary Practices

Through the ask of states to identify any best practices, we learn:

Allocation Equations. In order to buy and distribute supplies, one state bases allocation on county census, licensed health care facility beds, and the COVID-19 case count.

Resource Network Framework. To assess and fill the need, some states have done the following:

- Requests go thru WebEOC, reviewed by ESF 7 Logistics Management and Resource Support liaison officer who divides allocation based on requests to a hub-and-spoke model using points of distribution (PODs). Each five state regions have two PODs; one for municipalities and one for healthcare agencies. Each POD operates once a week on different days. All PPE stored on leased central warehouse and distributed from there. State agencies which license private non-profits handle their own requests and directly distribute to their agencies to streamline the process.
- The state utilizes the planning and infrastructure built for the distribution and dispensing of medical countermeasures from the Strategic National Stockpile, such as warehouse space, an inventory system, and partner agreements. Many relationships were built and maintained through this planning. Also, the state utilizes planning and procedures put into place to promote administrative preparedness to ensure that fiscal, procurement, human resources, and other administrative processes are ramped up quickly for response. There were many Governor's and Health Secretary's orders to bolster these processes as well as emergency use credit cards authorized by the Governor's Office. Having the infrastructure in place and these processes expedited means reductions in time for ordering and storing supplies until they could be distributed where they are needed most.
- First, the plan is to have all state agencies consuming PPE and county partners opting into the program to acquire their PPE through the state supply system. The organizations will need to maintain a two-week supply of PPE at the consumption level and the state will maintain a 90-day supply in inventory. Second, the state maintains a supply to back stop the healthcare

organizations (hospitals, long-term care, etc.) based on their supply burn rate. The healthcare organization cache may not be a full 90-day supply because of warehousing capacity, but it must be at least a 30-day supply. The state also optimizes the use of the Battelle system.

- The state has authority with current state laws to handle all aspects of the procurement, warehousing, and distribution. Allocation of PPE is managed currently at the state emergency operations center.
- State emergency management is stockpiling, county emergency management assists with stockpiling and distribution. Distribution is through a private vendor at each warehouse facility. Hospitals and long-term care facilities enter PPE inventory into a portal to assist with allocating PPE prior to eliminate "just in time" requests.
- Source PPE through the state procurement office. Once PPE is approved by Industrial Hygiene and sourced, the procurement representatives enter the information into WebEOC. The state-logistics creates the purchase order. On receipt, the distribution may be by UPS, National Guard, Civil Air Patrol or a contracted transportation. We currently have over 3M N95s and 1M Iso Gowns in our warehouses.

PPE working groups get it done. One state utilizes a working group comprised of public health, university, procurement, and administrative representatives to allow for greater coordination and efficacy of sources. Another state developed a logistics team that had experts in medical PPE and logistics to determine a process to purchase and distribute the appropriated \$70 million the state provided to purchase PPE.

Public/Private Partnerships. States hire private companies to assist with the management and organization of items in the warehouse.

List of States/Territories Represented in the Survey

Alabama	Nebraska
Arkansas	Nevada
California	New Hampshire
Connecticut	New Jersey
Delaware	North Carolina
Florida	North Dakota
Georgia	Ohio
Idaho	Oklahoma
Illinois	Oregon
Iowa	Pennsylvania
Kansas	South Carolina
Kentucky	South Dakota
Maryland	Tennessee
Massachusetts	Utah
Michigan	Vermont
Minnesota	Washington
Missouri	Wisconsin
Mississippi	American Samoa
Montana	Guam