

# Coronavirus (COVID-19) Pandemic Whole-of-America Response

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Attached you will find today's FEMA Daily Briefing Points and a Reference Document for Messaging and Resource Links for the Whole-of-America response to coronavirus (COVID-19) pandemic. These briefing points include Topline Messages, as well as Supply Chain Task Force; By the Numbers; FEMA and Department of Health and Human Services Response; and Guidance from Federal Agencies.

Topline messaging includes:

- FEMA, HHS, and our federal partners work with state, local, tribal and territorial governments to execute a whole-of-America response to COVID-19 pandemic and protect the health and safety of the American people.
- FEMA continues to expedite movement of commercially pre-sourced and commercially procured critical supplies from the global market to medical distributors in various locations across the U.S. through [Project Air Bridge](#).
- Data and information-sharing **are critical** for moving forward in this response and equipping areas expected to be the next medical hot spots.
  - Considering both scarcity of ventilators in the Strategic National Stockpile (SNS) and current capacity of the private sector to meet demand, the federal government has adopted a process to manage allocation of federal ventilator resources to ensure the right amount of ventilators are shipped to the to the right states to sustain life within a 72-hour window.
  - Emergency managers and public health officials submit requests for ventilators to FEMA/HHS, providing detailed data on total medical/ hospital beds; total acute care (ICU) beds; normal occupancy; predicted surge occupancy; and number of ventilators available in the state.
  - States can send requests outside of the 72-hour window for consideration by the federal government; allocation decisions and/or shipments, however, should not be expected until the state is within the immediate 72-hour window.
- Hospital administrators across the country are being asked to provide daily reports on testing, capacity, supplies, utilization, and patient flows to facilitate the ongoing public health response.
  - On April 10, HHS Secretary Azar sent a follow up letter to hospital administrators, reinforcing the need for this data to be provided daily to facilitate planning, monitoring, and resource allocation in response to COVID-19.
  - Our objective is to allow states and hospitals either to leverage existing data reporting capabilities or, where those capabilities are insufficient, to provide guidance in how to build on them.



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- The letter included a set of frequently asked questions that details federal government's data needs, explains the division of reporting responsibility between hospitals and states, and provides clear, flexible options for the timely delivery of this critical information.
- These FAQs will be updated if additional data delivery methods become available.
- The letter also recognizes that many non-Federal entities may already be requesting this information from hospitals; therefore, the federal government has done its best to minimize the burden of sharing this data and to reduce further duplication of effort.
- On April 10, HHS began delivering the initial \$30 billion in relief funding to providers in support of the national response to COVID-19, with \$26 of the \$30 billion expected to be delivered to providers' bank accounts the same day.
  - The payments are part of the distribution of the \$100 billion provider relief fund included in the CARES Act.
  - To expedite providers getting money as quickly as possible, the initial funding was distributed immediately proportionate to providers' share of Medicare fee-for-service reimbursements in 2019.
  - The Administration is rapidly working on future targeted distributions to hospitals and providers that will focus on providers in areas particularly impacted by COVID-19, rural providers, and providers with lower shares of Medicare reimbursement or who predominantly serve the Medicaid population.
- On **April 8**, HHS announced the first contract for ventilator production rated under the Defense Production Act, to General Motors. A second contract was awarded to Philips on the same day for ventilator production.
  - The Philips contract was for \$646.7 million for the delivery of 2,500 ventilators to the Strategic National Stockpile by the end of May 2020 and a total of 43,000 ventilators to be delivered by the end of December 2020.
  - GM's contract, at a total contract price of \$489.4 million, is for 30,000 ventilators to be delivered to the Strategic National Stockpile by the end of August, with a production schedule allowing for the delivery of 6,132 ventilators by June 1.
- On April 3, President Trump issued "[Memorandum on Allocating Certain Scarce or Threatened Health and Medical Resources to Domestic Use](#)" directing DHS and FEMA, in consultation with the HHS, to use the Defense Production Act to keep scarce medical resources within the United States for domestic use. CBP is assisting FEMA in temporarily detaining export shipments of PPE. PPE subject to this policy includes: N95 respirators, and a variety of other respirators; surgical masks; and, surgical gloves.

## Contact Us

If you have any questions, please contact FEMA Office of External Affairs, Congressional and Intergovernmental Affairs Division:

- Congressional Affairs at (202) 646-4500 or at [FEMA-Congressional-Affairs@fema.dhs.gov](mailto:FEMA-Congressional-Affairs@fema.dhs.gov).
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- Private Sector Engagement at (202) 646-3444 or at [nbeoc@max.gov](mailto:nbeoc@max.gov).

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